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Autism Toolkit for Primary Provision

Services and support for children and young people aged 0-25 with special educational needs or disabilities.

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NHS
Birmingham and Solihull
Clinical Commissioning Group

Children's Services and Skills Directorate
SEND 0-25 Service
Specialist Inclusion Support Service
Autism Team

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Autism: the positives

Understanding, embracing and celebrating different ways of thinking and doing can release the true power of the autistic mind. Here we look at the positive features of autism.

Attention to detail
- Thoroughness
- Accuracy

Methodical approach
- Analytical
- Spotting patterns, repetition

Deep focus
- Concentration
- Freedom from distraction

Novel approaches
- Unique thought processes
- Innovative solutions

Observational skills
- Listen, look, learn approach
- Fact finding

Creativity
- Distinctive imagination
- Expression of ideas

Absorb and retain facts
- Excellent long term memory
- Superior recall

Tenacity and resilience
- Determination
- Challenge opinions

GOAL

Visual skills
- Visual learning and recall
- Detail-focussed

Accepting of difference
- Less likely to judge others
- May question norms

Expertise
- In-depth knowledge
- High level of skills

Integrity
- Honesty, loyalty
- Commitment

Remember

Every experience of autism is **unique**. No one person will identify with every positive feature of autism. We all have **individual** skills, attributes and characteristics that are as unique as our personalities – this is the **power of neurodiversity**.

Harriet Cannon
Disability Services, February 2018
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Welcome to the SISS Autism Team Toolkit for Primary Schools.

This toolkit has been produced by our team to support Primary schools to further develop their understanding of good Autism practice and the implementation of strategies for pupils with Autism.

These strategies are offered as a starting point and show a good Universal provision that we would hope to see in all classrooms and settings.
We have also included some more Targeted support strategies, where pupils may need further support.

There are numerous further strategies that schools can use and we have included links to further reading and support where we can.

Please also remember to refer to your AET Tools for Teachers resources, the Solihull Local Offer and our Twitter feed:

Solihull Local Offer: https://socialsolihull.org.uk/localoffer

SISS Autism team on the Local Offer: https://socialsolihull.org.uk/localoffer/education/children-and-young-peoples-send-service/siss-2/the-autism-team/

SISS twitter feed: https://twitter.com/SISS_Solihull

For further information, please contact your Specialist Teacher.

Wendy Fitzmaurice

Lead Professional, SISS Autism Team.

**This toolkit has been produced by: -
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The Graduated Approach.

As required by the SEND Code of Practice 2014, we should be following a Graduated Approach to support for all pupils who need it. We should see this happening as a matter of course, alongside Quality First Teaching, in all classrooms.

'The 'graduated approach' outlines four types of action that need to be taken for effective support for pupils with SEN to be in place.
They form a cycle where earlier decisions and actions are revisited and revised with the growing understanding of a pupil's needs and the support that this needed to ensure good progress.

The four stages of the cycle are:
* *Assess*
* *Plan*
* *Do*
* *Review.*

The graduated approach starts at whole-school level. Teachers are continually assessing, planning, implementing and reviewing their approach to teaching all children.' Nasen, 2014.

You can use the information in this toolkit to help you review and revise your support and interventions for the children you are working with.

Remember to keep a record of what you have done and what you are going to do next, based on your review of the current provision.
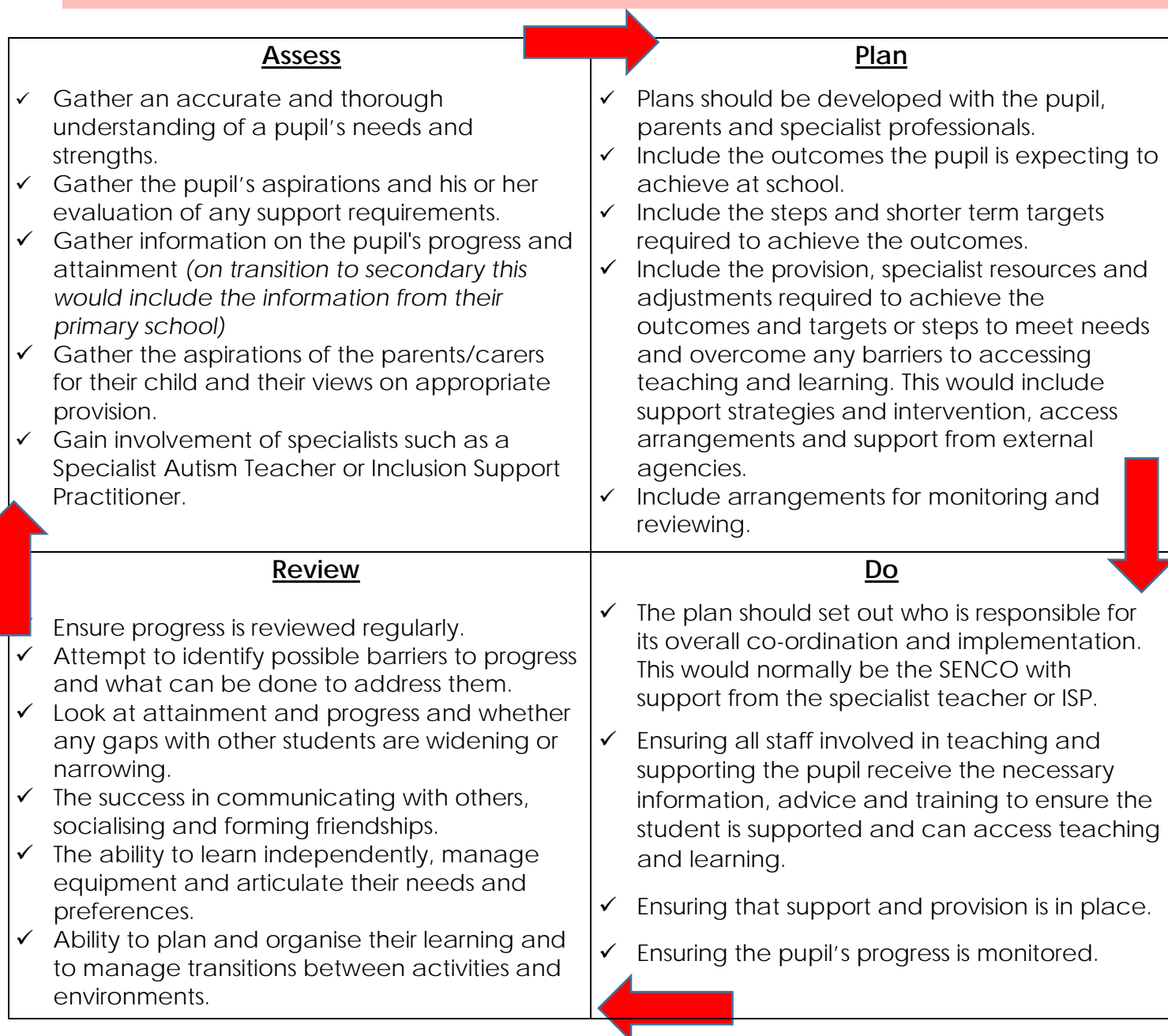
Assess - Plan - Do - Review

Important Information

The SEND Code of Practice requires settings to apply a graduated response to meeting the needs of learners based on the assess-plan-

> *Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people.*
>
> para 6.44, DfE SEND Code of Practice[1]

Assess

- ✓ Gather an accurate and thorough understanding of a pupil's needs and strengths.
- ✓ Gather the pupil's aspirations and his or her evaluation of any support requirements.
- ✓ Gather information on the pupil's progress and attainment *(on transition to secondary this would include the information from their primary school)*
- ✓ Gather the aspirations of the parents/carers for their child and their views on appropriate provision.
- ✓ Gain involvement of specialists such as a Specialist Autism Teacher or Inclusion Support Practitioner.

Plan

- ✓ Plans should be developed with the pupil, parents and specialist professionals.
- ✓ Include the outcomes the pupil is expecting to achieve at school.
- ✓ Include the steps and shorter term targets required to achieve the outcomes.
- ✓ Include the provision, specialist resources and adjustments required to achieve the outcomes and targets or steps to meet needs and overcome any barriers to accessing teaching and learning. This would include support strategies and intervention, access arrangements and support from external agencies.
- ✓ Include arrangements for monitoring and reviewing.

Review

- Ensure progress is reviewed regularly.
- ✓ Attempt to identify possible barriers to progress and what can be done to address them.
- ✓ Look at attainment and progress and whether any gaps with other students are widening or narrowing.
- ✓ The success in communicating with others, socialising and forming friendships.
- ✓ The ability to learn independently, manage equipment and articulate their needs and preferences.
- ✓ Ability to plan and organise their learning and to manage transitions between activities and environments.

Do

- ✓ The plan should set out who is responsible for its overall co-ordination and implementation. This would normally be the SENCO with support from the specialist teacher or ISP.
- ✓ Ensuring all staff involved in teaching and supporting the pupil receive the necessary information, advice and training to ensure the student is supported and can access teaching and learning.
- ✓ Ensuring that support and provision is in place.
- ✓ Ensuring the pupil's progress is monitored.

do review cycle.

People with a diagnosis of Autism often have their own 'spiky profile' of strengths, needs and differences. This means that one approach or provision will not meet the needs of all children with Autism. We need to consider the *four areas of difference* when completing an 'Assess, Plan, Do, Review' process when supporting these individuals.

Communication   Social Understanding

Processing Information   Sensory Processing

The range of abilities within each of these areas will vary from individual to individual, so each pupil will require a differentiated approach. Observing and identifying your pupils individual level of need is key before planning Universal, Targeted or Higher Needs provision.

Universal provision strategies

Tick	Provision	Page
	Quality first teaching	9
	Visual timetable	11
	Now and next board	19
	Task board	20
	Reminder/to do/don't forget lists	22
	Autism friendly environment	24
	Pupil profiles/Needs based plans	25
	Regular observations in class and in social environments	28
	Supporting, monitoring and pre-warning of change and transition	
	Use the Autism Education Trust Progression Framework to identify and set achievable targets for the child	31
	Gather the child's voice on how they are feeling and managing school and use the Autism Education Trust 'Priorities Questionnaire' to identify areas they would like to work on	31
	Regular SENCO updates with parents following Assess, Plan, Do, Review process – ensure notes/minutes are taken	
	Ensure pupils know where to go and who to speak to within school when they are feeling distressed, anxious or angry	
	Ensure all staff are aware of pupils with Autism and that they have access to their pupil profile or needs based plan	
	Ensure all staff have had up to date training at the required level through Autism Education Trust – use the AET 'staff confidence questionnaire' to regularly assess the training needs of staff	32

It is good practise to provide a universal approach when supporting pupils with Autism in your school. If the previous strategies are not proving effective in supporting these pupils, try using both universal and targeted strategies when implementing an 'Assess, Plan, Do, Review' process. Not all targeted strategies will help every child, so think about what reasonable adjustments need to be made to support the individual.

Targeted provision strategies

Tick	Provision	Page
	Red card/brain break/time out card	33
	I am working for/token boards	34
	Use of ABC/ STAR charts to record behaviour and identify patterns and triggers – all staff working with the child should have access to these	36
	Use of emotion scales/charts to help identify feelings	39
	Reasonable adjustments to uniform. Speak to your Specialist Teacher if you need advice.	
	Provide a soft start to the day – see suggestions.	44
	Regular meet and greet and check ins with a key adult	
	Use of social scripts to teach some social skills	46
	Differentiated work containing the interests of the child to motivate them	
	Additional adult support in subjects where the child is struggling to make progress	
	Additional resources to support learning – eg. a laptop if struggling to write	
	Identify the child's sensory needs and make appropriate adjustments to meet their sensory needs – eg. fiddle toys	47
	Facilitate a buddy support system	
	Individual work stations or seating in a low arousal workspace	50
	Quantity of work expectations reduced or increased time allowances in lessons	
	Access to quiet space or clubs during break and lunch time	
	Reduction of the amount of homework expected	
	Regular group or individual intervention sessions focusing on the needs of the child. This may include work on anger, sensory needs, social skills, comic strip conversations/social scripts or anxiety	51
	Use the Coventry Grid to help identify whether autism strategies are appropriate to support a behaviour or whether SEMH support is needed to address attachment difficulties	54
	More frequent observations in class and in social environments	
	More frequent SENCO updates with parents following the Assess, Plan, Do, Review process	

Higher needs provision strategies

Tick	Provision	Page
	Adapt or reduce timetable where appropriate	
	Where possible, provide extensive and focused individual intervention frequently in school, based on the needs of the child	
	Hold a Team Around the Child Meeting to holistically assess what is creating barriers for the child to successfully access education and plan next steps on how to support them. This should be attended by all professionals supporting the child at this time, as well as Parents or Carers. It should be noted that the child may like to attend this meeting or they may wish to have input in some other way to include their voice for consideration	
	Within the Team Around the Child Meeting, discuss what else may be affecting the child's ability to access education in school, this may be a medical or behavioural need and consider this when planning next steps	
	Create a positive handling plan for the child if necessary	68
	A Request for Support should be made to SISS's Autism Team, including evidence of graduated response that has been put in place by school when supporting the child until this point	
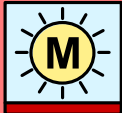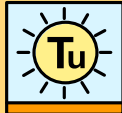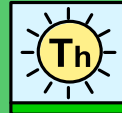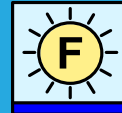
Quality First Teaching Tips for Children with Autism

❖ Keep language simple, short and unambiguous.

❖ Give one instruction at a time. (build this up as and when the child can manage more than one)

❖ Allow extra time for processing verbal information (National Autistic Society and AET recommend 10 seconds minimum)

❖ Gain the child's attention first, usually by using their name. It is unlikely that the child will realise that when you are talking to 'everyone' that this also includes them.

❖ Give definite instructions, not vague choices – use 'you need to' rather than 'would you like to'.

❖ Try to keep your tone neutral, do not shout.

❖ Use visual communication methods as much as possible: visual timetables, objects of reference, modelling, demonstration, Social Stories, social scripts, Now/Next, task boards.

❖ Make sure the child knows what they are aiming for – show them a completed example, give them a clear structure for the work, how long? How many? How will I know I have finished?

❖ Avoid negatives – teach the child what to do rather than what not to do e.g. 'walk in the corridor' rather than 'don't run', as the child needs to know clearly what they must do.

❖ Check for understanding regularly, ask the child to tell you what they are going to do.

❖ Slow the pace down, repeat instructions individually to the pupil if necessary.

❖ Avoid the use of sarcasm, metaphors, idioms – but if you do – be prepared to explain them!

❖ Remember that facial expressions and gestures used in regulating behaviour in classes – 'the look', raised eyebrows, waiting for quiet, the 'clap it back to me' – will not be picked up by children with Autism and so will not work – give a specific instruction.

❖ Do not expect eye contact and do not force it.

❖ Prepare for change, be as predictable as possible (visual timetable etc)

❖ Offer consistent daily routines, plan in changes ahead of time.

❖ Ensure maximum consistency of approach from ALL staff working with the child (including sports coaches, peripatetic teachers, volunteers, lunchtime staff)

❖ See all behaviour as a way of communicating – deterioration in behaviour often tells us of an increase in anxiety / sensory overload. (although the child may not be aware of this)

❖ Reduce distractions and sensory overload where possible. Have a calm, plain area of the classroom where the child can have some time out / work station.

❖ Use of a seating plan can be an excellent tool to ensure reduced anxiety (they know where they will sit) and the teacher can control who sits near them and therefore reduce distraction.

❖ Pre-teach new topic vocabulary.

❖ Keep the classroom clutter free and label all equipment to allow for independence.

❖ Do not do for pupils what they can do for themselves … allow them the extra time to do so.

<u>Visual timetables</u>

- The following examples can be edited as needed.

- Consider the use of photographs rather than symbols for some children.

- A child should be able to remove/tick off each activity once it is completed – encourage them to do this themselves to increase their independence and help them know what is happening next.

- Where appropriate, use an individual whiteboard and write a task list for the children to tick off / rub off when completed.

Monday	Tuesday	Wednesday	Thursday	Friday

	Monday	Tuesday	Wednesday	Thursday	Friday
🕐					
🕐					
🕐					
🕐					

Name: _____   Class: _____

9:00 - 9:10	9:10 - 10:15	10:15 - 10:30	10:30 - 10:50	10:50 - 12:00
Registration			Play time	
12:00 - 1:00	1:00 - 1:45	1:45 - 2:30	2:30 - 2:45	2:45 - 3:00
Lunch			Play time	
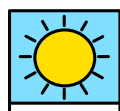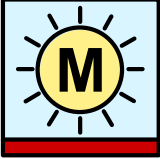
My Day

Lunch

Home

Monday	
09:00	

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maths	literacy	science
PE	art	PSHE
geography	history	RE
music	IT	language
group work	change	writing
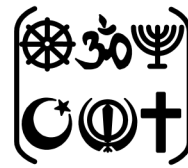
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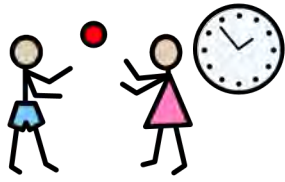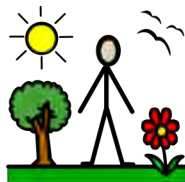
playtime	outside	carpet
reading	water play	bubbles
toys	snack	home
coat	toilet	lunch
movement	chair	workstation
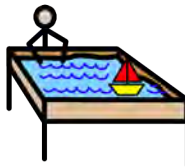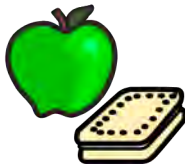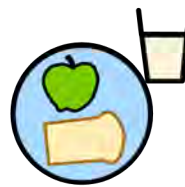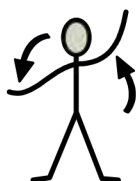
Next

Now

Task sheet.

21
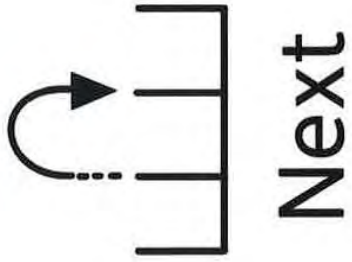
I need:

Task 1
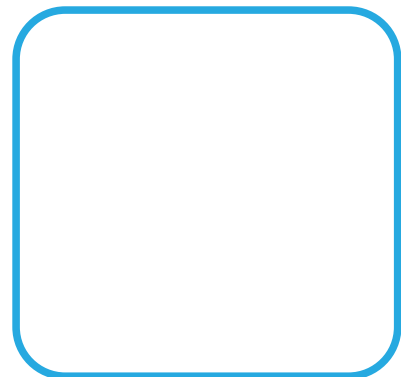
Task2

Task 3

When I have finished I can

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My Tasks

22

When I complete all my tasks I can:

What do I need?

My pencil/pen

My book

A whiteboard and pen

A rubber

A ruler

Remember…

- Cardigan
- Coat
- Bag
- Lunchbox and bottle
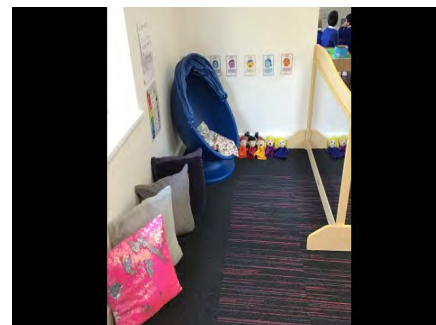- Homework/books
- Letters to go home

Autism friendly classroom

Children with autism can find unstructured and cluttered spaces disorientating and confusing.

An autism friendly classroom area of a classroom could include:

- A calm and open environment with as few distractions as possible
- Be uncluttered and clearly structured – consider efficient methods of storage that will not make the classroom look too "busy"
- Use labels and symbols/photographs to identify areas of the classroom and where equipment is
- These labels should clearly identify what each area of the classroom is for – eg. reading area, calm corner
- Utilise low arousal colours around the classroom, such as cream. Bright colours will be more distracting and should be avoided where possible
- Not have display items hanging from the ceiling as they are likely to cause distraction
- Avoid using bright colours and putting too much detail on display boards - use them as a teaching tool and avoid them being too cluttered and distracting

Pictures taken from Greswold Primary School, demonstrating clutter free workspace.

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schools programme

4 key areas of difference

Team – Needs Based Plan

Social Communication:

Name

School / Year

Named Teacher:

Date of diagnosis

Interaction with others:

Other key Information:

-

Interests and Information Processing:

Sensory Processing:

SISS: Autism Team – Needs Based Plan
Individual Strategies

The Individual Pupil:

Building Relationships:

Curriculum and Learning:

Enabling Environments:

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Pupil Profile

My name is

What I would like you to know about me

What I am good at

What I find difficult

What you can do to help me

See the following link for pupil profile templates that can be personalised
http://www.sheffkids.co.uk/adultssite/pages/onepageprofilestemplates.html?LMCL=GKHfa4

SISS Autism team school observation checklist

This observation checklist has been designed with the four areas of difference in mind and using the AET progression framework. The titles and numbers relate to sections of the framework. Please use this to complete observations of children over time, and use your findings to guide target setting for individuals and to monitor progress.

Social Communication	Yes	No	Dev.
Communication and interaction			
Communication information/commenting on events			
3.1 Answers a question			
3.2 Communicates information about the past and future			
3.3 Expresses opinions/thoughts/feelings			
3.4 Gives instructions/explanations			
3.5 Gives recounts and explanations			
3.6 Comments/draws attention to item/event			
Listening and understanding			
4.1 Responds to sounds			
4.2 Understands single spoken word			
4.3 Understands simple statement			
4.4 Understands instructions			
4.5 Understands questions			
4.6 Extracts relevant meaning/information			
4.7 Understands humour and figurative speech			
4.8 Understands informal speech/slang			
Non-verbal communication			
7.1 Adapts communication/behaviour to suit situation			
7.2 Shows evidence of 'active listening'			
7.3 Understands non-verbal communication			
Social interaction			
Communication and interaction			
Engaging in interaction			
1.1 Responds positively to familiar adult			
1.2 Seeks attention from familiar adult			
1.3 Shares attention focus with adult			
1.4 Engages in interactive exchange with adult			
Making requests			
2.1 Makes request for an item			
2.2 Refuses an item/activity			
2.3 Makes requests for interaction to continue/stop			
2.4 Requests help			

2.5 Requests information/asks a question			
Greetings			
5.1 Responds to greetings/being addressed			
5.2 Greets others			
Conversations			
6.1 Gains another's attention			
6.2 Takes lead in conversation			
6.3 Responds to conversation partner			
6.4 Maintains flow of conversation			
Social understanding and relationships			
Being with others			
1.1 Accepts the presence of others in familiar environment			
1.2 Engages in shared activity			
1.3 Copes with proximity of others in public space			
Interactive play			
2.1 Accepts presence of adult in play environment			
2.2 Engages in interactive play with an adult			
2.3 Engages in object play with adult			
2.4 Engages in play with peers			
Positive relationships (supporting adults)			
3.1 Engages positively with supporting adult			
3.2 Accepts help from an adult			
3.3 Accesses activities/situations with adult support			
3.4 Seeks advice and support from adult			
Positive relationships and friendships (peers)			
4.1 Initiates interaction with peer/s			
4.2 Engages positively in interaction with peer/s			
4.3 Takes account of others interests/needs/feelings within interactions			
4.4 Takes action to sustain positive relationship			
4.5 recognises negative or bullying behaviour towards self or others			
Group activities			
5.1 attends to focus of group			
5.2 Participates in group activity			
5.3 Is aware of self as part of group			
5.4 Understands and conforms to expectations of working in a group			
5.5 Participates in group discussion			
Sensory processing			
Understanding and expressing own sensory needs			
1.1 Expresses sensory likes/dislikes			

1.2 Understands own sensory needs			
Responding to sensory interventions			
2.1 Responds to sensory adaptations to the environment			
2.2 Responds to sensory input from supporting adult			
2.3 Responds to input using sensory 'equipment'			
2.4 Responds to regular sensory programmes			
Increasing tolerance of sensory input			
3.1 Shows increased tolerance of sensory input			
Managing own sensory needs			
4.1 Accepts support to manage own behaviour in relation to sensory needs			
4.2 Requests others' help to manage own sensory needs			
4.3 Takes action to manage own sensory needs			
4.4 Reflects on sensory needs and behaviour			
Information processing			
Interests routines and processing			
Coping with change			
1.1 Accepts change within familiar situations			
1.2 Takes action to cope with change			
Transitions			
2.1 Makes successful transition in everyday situations			
2.2 Engages with preparation for transition to new setting			
Special interests			
3.1 Uses special interests to engage positively in activities/exchanges			
3.2 Engages with a range of activities unrelated to special interests			
Problem solving and thinking skills			
4.1 Makes a choice			
4.2 Uses information available to make an appropriate choice			
4.3 Sorts items into categories			
4.4 Uses information to plan and predict			
4.5 Makes deductions based on information available			
4.6 Recognises and takes action to solve problems			
4.7 Reflects on problems encountered and strategies used			

The AET Progression Framework.

The Progression Framework is a comprehensive interactive assessment tool for children and young people on the autism spectrum **in mainstream and specialist early years, school and post 16 settings**.

It is designed to support staff in **identifying learning priorities and measuring progress** in areas that fall outside the national curriculum.

Please follow the link below to download the progression framework. This will also include the priorities questionnaire to gather a child's voice.

https://www.autismeducationtrust.org.uk/shop/pf-shop/

## Staff Self-evaluation Questionnaire

Autism Education Trust

On a scale of 1 to 4, with 4 being the most confident and 1 being the least, mark how confident you are about the following statements on autism.	1	2	3	4
I can explain what autism is to my colleagues				
I understand what the key areas of difference are and how they affect an individual				
I recognise that autism affects children in different ways				
I am aware of how sensory processing difficulties can affect a child				
I know what to do if I have concerns that a child has autism				
I understand that children with autism can have an uneven profile of development				
I understand the need to develop particularly good relationships with parents of children with autism				
I know how best to support parents of children with autism				
I recognise that communication is important inside and outside the setting/service/provision				
I understand how a child with autism may have differences in their social and emotional understanding of themselves and others				
I know how to support and encourage children with autism to interact with other children				
I am confident in organising a physical environment that is enabling for a child with autism				

- This can be used to help a child communicate when they need help or quiet time on their own, without having to initiate any interaction.

- Cut both cards out, stick them back to back and laminate. Discuss with the child if they would like to add any text to either side, for example "I need help" or "I need space" on the red side or "I know what to do" or " I am ok" on the green side.

- A child can then simply turn the card so red is facing up if they are unsure of what to do and need support, or to tell an adult that they need to go to their designated quiet space for 5 minutes.

- A timer may also be needed to help the child know when their quiet time has finished.

I am working for
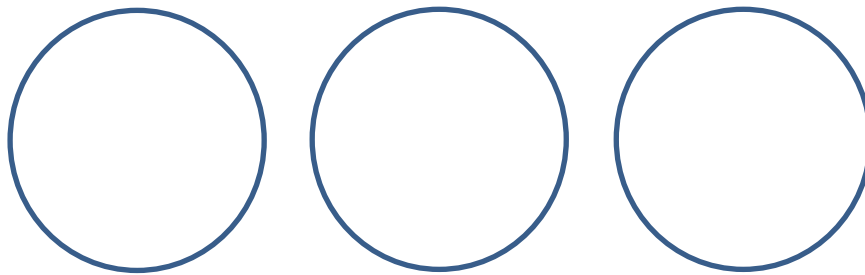
- A visual of the motivator/reward can be placed on the board, and a circle ticked off after each task or after specific amounts of time

- For example, a circle could be ticked after the child completes one question, so once they have completed three can have their reward

- The number of circles can be decreased or increased as needed

I am working for:

- A token board is another way to show a child how they are progressing towards a reward. Once they have been given all their tokens and the board is full, they can have the reward.
- Again, the number of tokens can be adjusted as needed.
- It can also be useful to utilise a child's special interest in their token board so they are more engaged in it. The above example was created for a child who loves dinosaurs.

The following ABC chart can be used to record behavioural concerns.

- 'A' stands for **antecedents**, that is, what happens immediately before the behavioural outburst and can include any triggers, signs of distress or environmental information.
- 'B' refers to the **behaviour** itself and is a description of what actually happened during the outburst or what the behaviour 'looked' like.
- 'C' refers to the **consequences** of the behaviour, or what happened immediately after the behaviour and can include information about other people's responses to the behaviour and the eventual outcome for the person.

It can also be a good idea to keep track of where and when the behaviour occurred to help in identifying any patterns.

Day, date and time	Antecedent	Behaviour	Consequence	Additional notes

STAR Recording Chart.

Name of pupil _____Date: _____ Staff present: _____

Time	Setting – describe the physical and social setting, as well as the situation – what was happening?	Trigger – a factual account of what happened immediately before the incident.	Action – what did the child do? Describe actual, observable behaviours	Result – what happened as a consequence? What did staff do? What was the result for the child?

1		Happy Excited
2		Calm Relaxed
3		Nervous Worried Tired
4		Sad Lonely Scared
5		Annoyed Frustrated Angry

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I am feeling...

43

Today I feel...
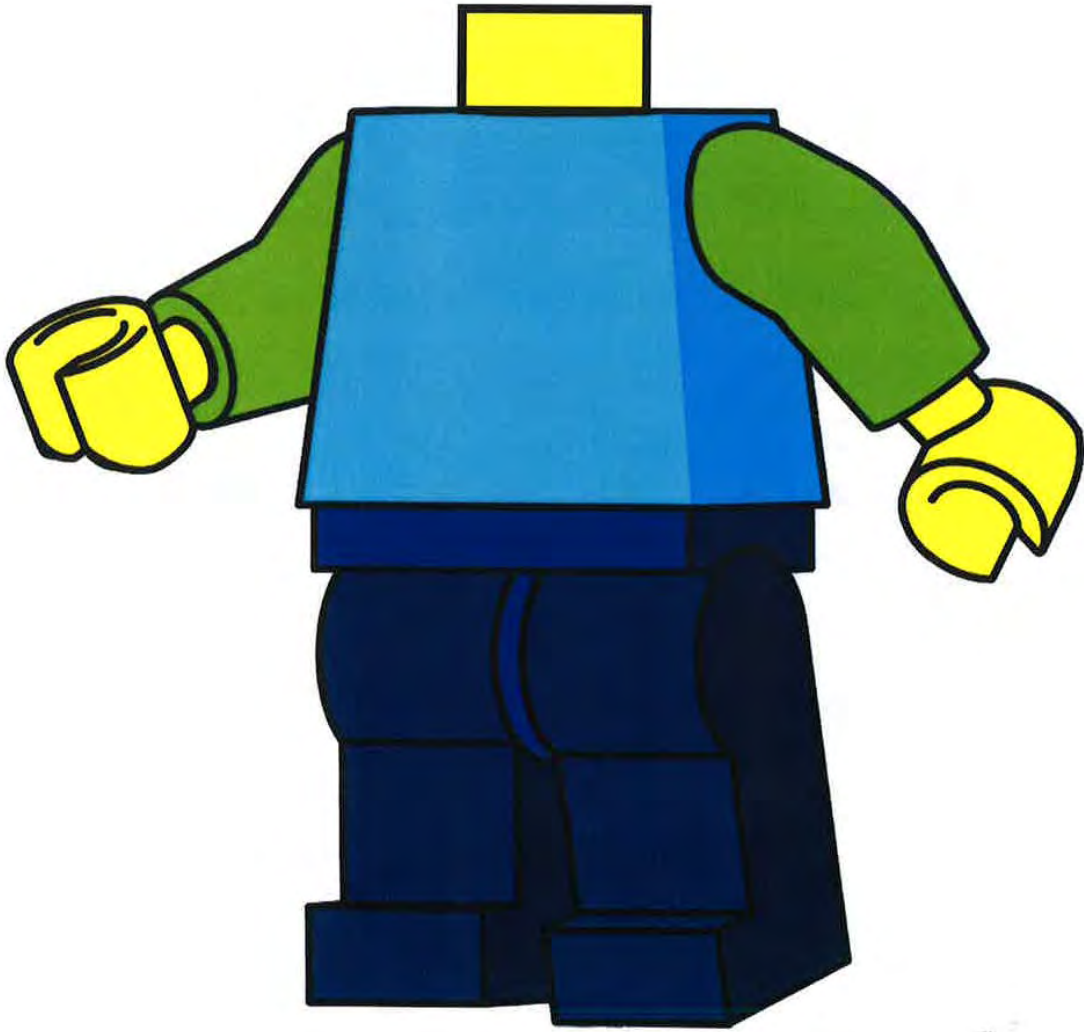
Happy	Excited
Sad	Surprised
Scared	Angry

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Tired	Frustrated
Embarrassed	Shy
Worried	_____

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My Scaling Sheet

1	**2**	**3**	**4**	**5**
I am happy and everything is going well.	I am just about ok	I am beginning to feel unhappy	I am really worried now	My worries have really taken over and they are HUGE

Soft Start Suggestions:

Here are some ideas which can be used to help support our children and young people into school when they need a bit of a 'helping hand'.

o   Coming in before the other children while it is quiet.

o   Coming in after the other children.

o   Meet and greet from a trusted adult (make sure more than 1 fulfil this role within a week so that the child forms a bond with several staff)

o   Check in on arrival to school, a well-being activity that the child really enjoys then into class.

o   A 'responsibility / important job' that the child completes in school before the other children come in – the child can then be in the classroom ready before the others come in.

o   Wake up shake up / sensory circuit / relaxation / emotional check in before going to class.

o   Allow the child to choose the activity to start the day with (out of possible options) so they feel some control.

o   Entering school via the main reception door (or another entrance which is quieter)

o   Being able to come straight in and not wait on the playground.

o   Ensure transition into the classroom is done when they go into class – do they know exactly what they need to do, what equipment they need etc? Don't expect them to just go in and pick up where the other children are.

o   A soft start can also be used when the child is returning from break or lunch time. Some children may need a few minutes to regulate themselves and calm down before being able to re-join their peers at a table/carpet to concentrate and complete work.

o   Allow children to hang their coats and bags at the end of the row in the cloakroom to avoid the busyness.

o   The adult and the child have 5 minutes each to talk about what they did when they went home/or over the weekend (enables the sharing of different emotions).

o Depending on the family and home situation, suggest the child keeps a diary of positive things they have done over the weekend/the previous evening as a fun talking point for when they arrive at school.

o Spend time going through the child's timetable for the day and discuss any changes, like cover teachers and strategies to use if they are feeling anxious when they are in the lesson.
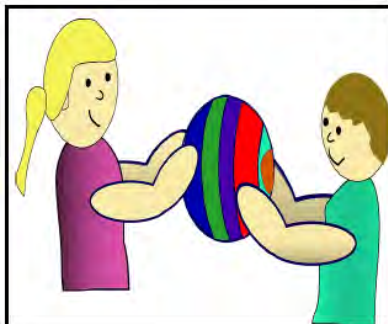
o Try to keep the same routine every morning and if there is a change try to go through it with them the day before or first thing that morning.

o Include a timetable of the following day in a home communication book to help the child feel more prepared for the day.
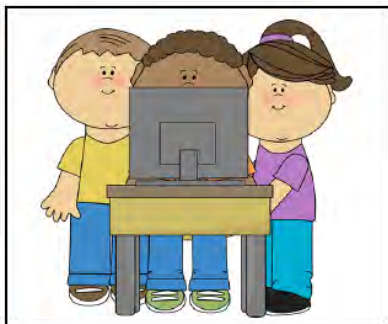
It's good to share

	I have friends at school. We do lots of things together.
	When I am with my friends I need to share.
	I can give them a turn on the computer, let them play with my toys or share Lego with them.
	This would make my friends happy. My teacher and my mummy and daddy will be happy if I share too.
	Sharing will make me happy too because I can carry on playing with my friends.

This is an example social script. Social scripts should be personalised to include pictures of the child/places and names of those involved.

Sensory assessment checklist

(based on the sensory profile checklist from Bogdashina, 2003 and included in the IDP autism spectrum)

Tick which apply and then consider which teaching staff need to know this information.

Where possible, complete this in discussion with the parents or carers and the pupil.

No.	Item	Yes	No	Don't know	Action required
1	Resists changes to familiar routines				
2	Does not recognise familiar people in unfamiliar clothes				
3	Dislikes bright lights				
4	Dislikes fluorescent lights				
5	Is frightened by flashes of light				
6	Puts hands over eyes or closes eyes in bright light				
7	Is attracted to lights				
8	Is fascinated by shiny objects and bright colours				
9	Touches the walls of rooms				
10	Enjoys certain patterns (e.g. brickwork, stripes)				
11	Gets lost easily				
12	Has a fear of heights, lifts, escalators				
13	Has difficulty catching balls				
14	Is startled when approached by others				
15	Smells, licks, taps objects and people				
16	Appears not to see certain colours				
17	Uses peripheral vision when doing a task				

No.	Item	Yes	No	Don't know	Action required
18	Finds it easier to listen when not looking at person				52
19	Remembers routes and places extremely well				
20	Can memorise large amounts of information on certain topics				
21	Finds crowded areas very difficult				
22	Prefers to sit at back of group or front of group				
23	Covers ears when hears certain sounds				
24	Can hear sounds which others do not hear				
25	Is very distressed by certain sounds				
26	Bangs objects and doors				
27	Is attracted by sounds and noises				
28	Does not like shaking hands or being hugged				
29	Likes a hug if chosen to do this				
30	Only seems to hear the first words of a sentence				
31	Repeats exactly what others have said				
32	Very good auditory memory for songs and rhymes				
33	Dislikes the feel of certain fabrics and substances				
34	Seems unaware of pain and temperature				
35	Dislikes certain foods and drinks				

No.	Item	Yes	No	Don't know	Action required
36	Seeks pressure by crawling under heavy objects				
37	Hugs very tightly				53
38	Enjoys feeling certain materials				

No.	Item	Yes	No	Don't know	Action required
39	Dislikes certain everyday smells				
40	Eats materials which are not edible				
41	Likes to have food presented in a certain way on the plate				
42	Dislikes crunchy or chewy food				
43	Quite clumsy and bumps into objects and people				
44	Finds fine motor movements hard				
45	Has difficulty running and climbing				
46	Finds it hard to ride a bike				
47	Does not seem to know where body is in space				
48	Has poor balance				
49	Afraid of everyday movement activities such as swings, slides, trampoline				
50	Has extremely good balance				

Individual workstations

Pictures taken from Greswold Primary School, demonstrating individual workstations.

If you would like further advice on setting up a structured workstation for a child with autism, please contact your SISS Autism specialist teacher

Recommended resources for Primary interventions

- **Moving on Up! Transition book**

https://www.hope-education.co.uk/product/curricular/pshe-and-citizenship/health-and-wellbeing/moving-on-up/he1776330

Communication and Social Interaction

- **Time to Talk: for EY and KS1**

 https://integratedtreatmentservices.co.uk/our-approaches/speech-therapy-approaches/time-talk/

- **Thinking about you thinking about me:**

https://www.thinkingbooks.co.uk/buy/thinking-about-you-thinking-about-me-2nd-edition_10.htm

- **Talkabout for children:**

https://www.amazon.co.uk/Talkabout-Children-Developing-Self-Awareness-Self-Esteem/dp/1138065250/ref=pd_sbs_14_2/257-3355291-2845064?_encoding=UTF8&pd_rd_i=1138065250&pd_rd_r=2aba1203-1ff5-4be8-b3dc-af16739d2965&pd_rd_w=IxZfh&pd_rd_wg=wBXXQ&pf_rd_p=2773aa8e-42c5-4dbe-bda8-5cdf226aa078&pf_rd_r=CKGHVWE0K6X47H9915FS&psc=1&refRID=CKGHVWE0K6X47H9915FS

- **Socially speaking:**

https://www.amazon.co.uk/Socially-Speaking-Pragmatic-Programme-Disabilities/dp/185503252X/ref=pd_sbs_14_17?_encoding=UTF8&pd_rd_i=185503252X&pd_rd_r=0019d367-53d1-40aa-80f4-028a5f82c975&pd_rd_w=BQQTl&pd_rd_wg=M21zU&pf_rd_p=2773aa8e-42c5-4dbe-bda8-5cdf226aa078&pf_rd_r=82D9S2G7GFMZS7K0D0B4&psc=1&refRID=82D9S2G7GFMZS7K0D0B4

- **SEAL – Social and emotional learning - Social and emotional learning helps children and young people to:**

'… learn how to communicate their feelings, set themselves goals and work towards them, interact successfully with others, resolve conflicts peaceably, control their anger and negotiate their way through the many complex relationships in their lives today and tomorrow'.

http://www.sealcommunity.org/

- **The Blob Tree: -**
The Blobs are simple. They deal with deep issues using the primary languages we learn from infancy – feelings and body language. This is why they are used with children as young as 4, all the way through to the elderly. This can be used either individually or with a small group.

https://www.blobtree.com/

- **Free visual supports to support language and communication**
https://www.elsa-support.co.uk/category/free-resources

Rigidity of thought and behaviour

- **The Incredible 5 point Scale:**

www.5pointscale.com was developed to share information about the use of the 5-point scale and other systems to teach social and emotional concepts to individuals on the autism spectrum.

https://www.5pointscale.com/

- **TEACCH**

Link to workstation set up guidance
Link to www.autism.org.uk/teacch

Sensory

- **Smart Moves – motor skills development programme (Reception to KS2):**

http://www.smartcc.co.uk/smart-smartmoves.html

- **Sensory circuits:**

https://www.amazon.co.uk/Sensory-Circuits-Skills-Programme-Children/dp/1855034719/ref=rtpb_18?_encoding=UTF8&pd_rd_i=1855034719&pd_rd_r=dd81b8e5-5fe7-4888-8c54-ef9c50a53a5d&pd_rd_w=ON3b9&pd_rd_wg=kl8NE&pf_rd_p=a8cfd057-ca3a-4bdc-a002-589a7993c909&pf_rd_r=F4R6TCA9DV420PSBZMDN&psc=1&refRID=F4R6TCA9DV420PSBZMDN

- **Chewigem:**

We see a world where sensory seekers are accepted and embraced. Where their needs are met through discreet tools that make them feel part of the world, not different.

https://www.chewigem.co.uk/about/

- **Sensory Education – Where Children of all abilities learn through play:**

https://www.cheapdisabilityaids.co.uk/educational-supplies-37-c.asp

- Resource for children who do not like writing on paper

https://www.amazon.co.uk/YOTINO-Reusable-Assorted-Resources-Including/dp/B07ZTK7624/ref=sr_1_5?dchild=1&keywords=dry+erase+pockets&qid=1593593767&sr=8-5

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The Coventry ASD vs Attachment Problems Grid

Differences between Autistic Spectrum Disorder (ASD) and attachment problems based upon clinical experience and observations

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The Coventry Grid is an attempt to summarise the differences between the behaviour of children with Autistic Spectrum Disorder and those with significant attachment problems. It is based upon clinical work with children rather than research.

There is an emerging body of research which is clarifying the range of social and communication difficulties seen in children and young people who have experienced early adversity (particularly the work of Prof. Sir Michael Rutter; Dr. Helen Minnis; Prof. Jonathan Green; Prof. David Skuse).

The Grid is particularly thinking about children with ability in the mild learning disability to above average range and those who are interested in connecting with people. It is less useful for the more severe learning disability range and those children who are withdrawn and very avoidant of social contact.

This version of the Coventry Grid was added to by a London/South of England group of speech & language therapists who work in youth justice, and after discussions with professionals at CPD sessions about particular parts of the grid. There are no major revisions but there are additional descriptors added to some sections and some small changes to descriptors.

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1. Flexible thinking and behaviour

Children and young people with Autistic Spectrum Disorder and those significant attachment problems and disorders present with difficulties with flexible thinking and behaviour. Their behaviour can be demanding and ritualistic, with a strong element of control over other people and their environment. The different 'flavour' seems to be about personality style, a strongly cognitive approach to the world in Autistic Spectrum Disorder, and a strongly emotional approach in children with problematic attachment. The need for predictability in in children with problematic attachments suggests that the child is trying to have their emotional needs for security and identity met. In Autistic Spectrum Disorder, the emphasis seems to be on trying to make the world 'fit' with the child/young person's preference for order and routine.

Symptoms of ASD	Problems seen in both ASD & AD	Typical presentation in Autistic Spectrum Disorder	Typical presentation in Attachment Problems
1. Lack of flexibility of thought and behaviour	1.1 Preference for predictability in daily life	• Repetitive questions related to own intense interests • Repetitive questioning re changes in routines and new experiences • Ritualised greetings • Becomes anxious if routine is removed and may seek to impose usual routine (e.g. wants same bedtime routine when away on holidays; won' accept the supply teacher) • Inclined to try to repeat experiences and to interpret any repetition as routine (e.g. asks/demands repetition of following the same route to school; cannot cope with a change to appointments) • Distressed when a routine or ritual cannot be	• Preference for ritualised caring processes (e.g. bedtimes, meals) • Repetitive questioning re changes in routines and new experiences • Copes better with predictability in daily routines but usually enjoys change and celebrations • Looks forward to new experiences but may not manage the emotions they provoke (e.g. may not cope with excitement or disappointment) • Takes time to learn new routines • Routines tend to be imposed by adults in order to contain the child's behaviour more easily

		completed (e.g. when cannot follow the usual route because of road works)	
	1.2 Difficulties with eating	• May limit foods eaten according to unusual criteria such as texture, shape, colour, make, situation, rather than what that food is (e.g. will eat chicken nuggets but no other chicken)	• Anxious about the provision of food and may over-eat (or try to) if unlimited food is available • May be unable to eat when anxious • May hoard food but not eat it
	1.2 Difficulties with eating cont.	• May adjust eating because of literal understanding of healthy eating messages (e.g. sell-by dates, avoidance of fat) • Restricted diet seems to be about maintaining sameness and the child is not easily encouraged by people the child is attached to • Connection between high functioning ASD and	• May be unable to eat much at a sitting • May 'crave' foods high in carbohydrate • Eating is transferable from situation to situation and the child can be persuaded by close adults • Children tend to have a range of eating disorders

		eating disorders during adolescence	
	1.3 Repetitive use of language	• Echolalia • Repetition of 'favoured' words which are chosen for their sound or shape, rather than for their use in communication or emotional content • Children's repetitiveness is out of synch with their developmental stage • May use formal or inappropriate language which they don't understand (incorrect use of words/phrases.	• May develop rituals for anxiety provoking situations (e.g. says same things in same order when saying goodnight or leaving for school) • Older young people's self comforting may take form of substance misuse/self harming • Children's repetitive seems to be like that of a younger child – learning and playing with language

| | 1.4 Unusual relationship with treasured possessions | Often uses possessions as ornaments, especially making collections of objects, but does not seek social approval for the collection or for its care Will often be able to say where most treasured possessions are and recognise if they are moved May be unable to dispose of old toys/papers/books even though they are not used Shows a preference for old, familiar items (or toys/items which are part of a series) rather than new and different toys Can be a mismatch between the amount of theoretical knowledge they have and their social use of that knowledge e.g. aware of football facts but doesn't share it socially. | May seek social approval/envy from others for possessions May not take extra care with possessions which have been given an emotional importance May be destructive with toys, exploring them and breaking them accidentally New and different toys are appreciated May lose things easily, even most treasured possessions, and may be unable to accept any responsibility for the loss May deliberately destroy emotionally significant possessions when angry |

2. Play

Play is a clear problem in both groups of children/young people, with a lack of imagination and an inclination towards repetitiveness evident in both Autistic Spectrum Disorder and significant attachment problems. The difference seems to lie in what the way the children/young people play and use their recreational time: those with Autistic Spectrum Disorder are inclined to choose toys which are related to their intense interests and to play with those toys by mimicking what they have seen on DVDs and television. They may also choose play that is cognitive and characterised by collecting and ordering information, such as train spotting or reading bus timetables, and involves little emotional contact with other people. Children/young people with significant attachment problems may lack play skills but their play interests tend to be more usual.

Symptoms of ASD	Problems seen in both ASD & AD	Typical presentation in ASD	Typical presentation in Attachment Problems

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2. Play	2.1 Poor turntaking and poor losing	• May try to impose own rules on games • May see eventually losing a game as unfair if was winning earlier in the game • Preference for playing alone or in parallel with others • Interests may be not be age appropriate and narrow.	• May try to impose own rules on games so that they win • May be angry or upset about losing games and blame others or the equipment for their failure (there is a sense of fragile self-esteem in the style of reaction) • Preference for playing with others who can watch them win • Interests are more usual/age appropriate but response to the activity is emotionally driven.
	2.2 Poor play with toys	• Plays with toys as objects rather than personifying them • May spend all time organising toys and arranging in patterns (e.g. ordering by size, colour) • May 'play' with unusual things (e.g. reading the telephone book, watching water run down the drain) for long periods from a young age	• Uses possessions & actions to engage the attention of other children • May play games which include own experience of traumatic life events and difficult relationships • May have poor concentration on activities and be able to play alone only for very brief periods (or be able to be alone briefly)
	2.3 Poor social play	• Dislike and avoidance of others joining in play • Lacks interest in social play with parents/carers	• Relies upon adults to provide play opportunities and/or to direct play • May prefer to play with adults (esp. carers) rather than children

	2.4 Repetitive play	• Lack of interest in developing a range of play • Strong preference for the familiar and tendency to play alone for long periods	• Plays repetitively with adults much as a toddler likes to play such as hide and seek, lap games • Plays out past experiences and preferred endings repeatedly (e.g. escaping from danger, saving siblings)
	2.5 Poor imaginative play	• Difficulty playing a variety of roles within games • Difficulty incorporating a range of toys into the same game (e.g. using both Dr Who and Spiderman toys in a game) • Preference for toys which have a mechanical rather than emotional nature (e.g. cars, trains, Lego) or which require logic and order (e.g. reviewing and organising collections of objects) or examining objects (e.g. watching spinning objects)	• Difficulty ending role play games • May be able to take various roles but may show a strong preference for a kind of role (e.g. always the baby, always the angry father) • May not seem to enjoy solo imaginative play and lose interest but can play imaginatively with another person

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3. Social interaction

There are key similarities in social interaction: children/young people in both groups tend to have an egocentric style of relationship with other people and lack awareness of the subtle variations in social interaction which are necessary to develop successful relationships with a range of other people.

Symptoms of ASD	Problems seen in both ASD & AD	Typical presentation in ASD	Typical presentation in Attachment Problems
3. Poor social interaction	3.1 Difficulties with social interaction 3.2 More successful in interactions with adults than peers 3.3 Own needs drive interactions 3.4 Lacks awareness of risk and personal danger in interactions with adults	• Interaction is usually one-sided and egocentric with little regard for the response of the audience • Does not often manipulate others emotionally except through angry outbursts (i.e. would rarely ingratiate self with audience) • May perform better in less emotional situations • Poor awareness of own role in interactions • Lack of social imagination – can't imagine what risks might be associated with certain peer /adult relationships (it can look similar to attachment in need to make friends)	• Seeks an emotionally expressive audience for interactions (e.g. seeks to provoke strong reactions in audience such as anger, sympathy, support, approval) • May make persistent attempts to interact with adults or older children rather than with age peers • May initiate interactions with others which allow them frequently to play the same role in relation to self (e.g. as the victim, as the bully). We need to look at the relationships and see what need it meets. In attachment it is likely to be meeting an emotional need, possibly to do with pleasing others.

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| | 3.5 Difficulty sharing and working in a group | • Lacks awareness of the social expectation that the child will share (because the child does not understand or need the social approval of others)
 • May not realise the needs of others waiting for their turn | • Aware of the social need to share but anxious about sharing (especially food) and may refuse or hoard or hide possessions and food to avoid sharing
 • May take things which are important to others with awareness that this will be upsetting for the other person |

4. Mind reading

Both groups have difficulties taking the perspective of another person and reading intentions.

Symptoms of ASD	Problems seen in both ASD & AD	Typical presentation in ASD	Typical presentation in Attachment Problems
4. Mind reading	4.1 Difficulty appreciating others' views and thoughts	• Rarely refers to the views of others	• May be manipulative (or overly compliant) and ingratiate self with adults/children
	4.2 Lack of appreciation of how others may see them	• Lacks awareness of other's views of self, including lack of awareness of 'visibility' of own difficulties (e.g. may volunteer to perform gym sequence even though child is very poor at gym) • Does not appreciate the information parents would like to hear about successes and enjoyment	• Inclined to blame others for own mistakes • Draws attention away from own failures towards own successes • May try to shape others' views of self by biased/exaggerated reporting

	4.3 Limited use of emotional language	• Rarely refers to the emotional states of self and others	• Hyper-vigilant with regard to particular emotions in others (e.g. anger, distress, approval) and often makes reference to these states • Poor emotional vocabulary
	4.4 Problems distinguishing between fact and fiction	• May not realise that cartoons, toys, animations and science fiction are not real • May not realise that fantasy play is a temporary role • May be easily influenced by fantastic claims and advertising • Lies are often easily discovered and 'immature' in style	• Tendency to see self as more powerful and able to overcome enemies, or as vulnerable and powerless to offer any challenge • May talk repeatedly of how to overcome captors/escape from imprisonment/kill enemies even when these adversaries are obviously bigger, stronger and more powerful than the child • May not be able to judge whether a threat is realistic and act as if all threats, however minor or unrealistic, need to be defended against • Lies may be elaborate and also may deliberately be harmful to others' reputations and designed to impress the audience

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5. Communication

There are many areas of similarity in the social communication difficulties because they are about the subtleties of communication.

Symptoms of ASD	Problems seen in both ASD & AD	Typical presentation in ASD	Typical presentation in Attachment Problems
5. Communication	5.1 Pragmatic language problems	• Poor awareness of the purpose of communication • Lacks awareness of needs of audience • Does not repair communication break down • Poor eye contact (may be fleeting, staring, is not synchronised with verbal communication) • Proximity does not signal intimacy or desire for contact • Often does not start conversation by addressing the person • Conversation is stilted • The burden of communication lies with the listener/adult • Assumes prior knowledge of listener	• Lack of attention to the needs of the listener through poor attention to communication (due to poor modeling) • Eye contact affected by emotional state • May be overly sensitive to voice tone, volume and stance of speaker (hyper vigilant to potential emotional rejection) • Better able to initiate conversation • May be overly sensitive to voice tone, volume and stance of speaker (hyper vigilant to potential emotional rejection) • Non-verbal communication may be delayed (this includes reading of facial expressions & gestures) but progress can be good with intervention. This can vary depending on type of attachment difficulties. • Can be hyper vigilant; often described as manipulative because of poor emotional regulation

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	5.2 Poor understanding of inferred meaning, jokes, sarcasm and gentle teasing	• Poor understanding of idiomatic language	• Gentle teasing may provoke extreme distress (self-esteem seems to be too fragile to cope) – internalise/assume it is about them • Poor understanding of idiomatic language (and may take misunderstandings personally).
	5.3 Use of noise instead of speech	• Makes noises for personal pleasure (as with favourite words) e.g. barking	• Attention-seeking noises (e.g. screams/screeches/whines under stress) to signal emotional needs and wishes
	5.4 Vocabulary	• May have word-finding problems • Often have unusually good vocabulary (for age, or cognitive ability, or within specific interest areas) • Less use of vocabulary related to emotions	• Often poor vocabulary range for age and ability • May use more emotive vocabulary (to get needs met) • Often poor vocabulary range for age and ability Acute by the time they get to adolescence. • May use more emotive vocabulary (to get needs met) Lots of basic negative vocab around anger, much fewer vocab items known to describe other emotions. • Can be stuck in 'street' style of communication and doesn't know how to change register depending on audience.
	5.5 Commenting	• Provides detail in pedantic fashion and gives excessive information	• Reduced amount of commenting behaviour

6. Emotional regulation

Although the behaviour may be similar, the causes seem to be different.

Symptoms of ASD	Problems seen in both ASD & AD	Typical presentation in ASD	Typical presentation in Attachment Problems
6. Emotional regulation	6.1 Difficulties managing own emotions and appreciating how other people manage theirs	• Extremes of emotion may provoke anxiety and repetitive questioning and behaviour • Does not easily learn management of emotions from modelling (also likely to need an • explanation) • Poor recognition of emotions • Emotions take over from logic/knowledge of what one should do (e.g. when losing a game) Does not show displays of emotion to everyone – discriminating between people and places (e.g. never has a temper tantrum in school) • Difficulties showing empathy even for significant others in life Cognitive empathy is poor	• Difficulty coping with extremes of emotion and recovering from them (e.g. excitement, fear, anger, sadness) • May provoke extreme emotional reactions in others which tend to cast others in roles which are familiar from their own past experience of less healthy relationships • May be able to learn more easily from a nonverbal example than from talking • Shows emotional displays to people child does not know (indiscriminate) and tends to carry on longer (e.g. temper tantrums occur anywhere and at any time) • Difficulties showing empathy in general but can show better empathy towards a significant other • Highly tuned to non-verbal aspects of emotions
	6.2 Unusual mood patterns	• Sudden mood changes in response to perceived injustice	• Sudden mood changes related to internal states (e.g. to PTSD, flashbacks) and perceived emotional demands

70

	6.3 Inclined to panic	• Panics about change in routines and rituals and about unexpected and novel experiences	• Panic related to not having perceived needs met (especially food, drink, comfort, attention)

7. Executive function

| Symptoms of ASD	Problems seen in both ASD & AD	Typical presentation in ASD	Typical presentation in Attachment Problems
7. Problems with executive function	7.1 Unusual memory	• Poor short term memory unless well-motivated • Very good long-term memory with recall of excessive detail for areas of particular interest to the child	• Fixated on certain events • Recall may be confused • Selective recall
	7.2 Difficulty with concept of time – limited intuitive sense of time	• Rigid reliance on the using precise times (e.g. uses watch and unable to guess the time) • Waiting irritates child because it affects routine	• Time has emotional significance (e.g. waiting a long time for dinner is quickly associated with feeling of emotional neglect and rejection)
	7.3 Poor central coherence	• Inclined to consider the immediate context (not taking into account past experiences and emotional factors)	• Emotional bias leads to ignoring some elements of a situation (attention drawn to elements with emotional significance)

8. Sensory processing

Symptoms of ASD	Problems seen in both ASD & AD	Typical presentation of in ASD	Typical presentation in Attachment Problems
8. Problems with sensory processing	8.1 Difficulty integrating information from senses (e.g. lack of awareness of heat, cold, pain, thirst, hunger, need to urinate/defecate) and lack of physical problem solving skills (e.g. removing coat when hot)	• May be passive and quiet in acceptance of discomfort or may be distressed but does not communicate the source of distress • May be hypersensitive to some light sensations even when pain threshold is high (e.g. labels in clothes irritate but a bitten arm does not)	• Physical discomfort may be accompanied by a strong emotional reaction towards carer (e.g. anger and blame of carer for the discomfort) • Discomfort from basic needs may not be reported to carer (e.g. hunger, thirst) until they are intense • Discomfort connected with physical needs may quickly provoke irritability and distress and provoke the carer to work out and solve the problems for/with the child
	8.2 Unusual physical proximity	• Physical distance is unrelated to intimacy (e.g. they stand too close because they are unaware of social proximity rules)	• Shows awareness that physical closeness is related to emotional reactions (e.g. increases distance to signify rejection; seeks excessive closeness when anticipating separation)
	8.3 Selfstimulation	• Self-stimulation is likely to be related to own sensory needs	• May show sexualised behaviour or present in a sexual way to provoke reactions or to self soothe. • Self-harm is connected with emotional state

Positive handling plan

Name of child:	
Name of staff completing plan:	
Any known medical needs of child:	

Date of plan:	Date of review of plan:

The 'crisis curve'

Crises tend to follow the pattern outlined below. It is important to carefully consider the observable behaviours for a child which would indicate which stage the individual may be at. It is equally important to then identify the most effective de-escalation techniques for each of the first three stages. These will be different for each child and should be specific to the individual.
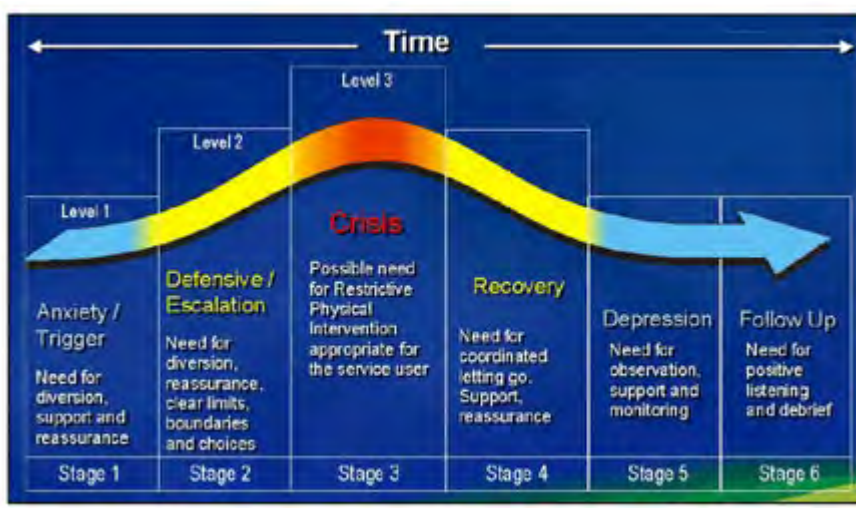
Acknowledgement: Bernard Allen & George Matthews, Team-Teach

Environment and triggers (situations which can cause or lead to difficulties)

Prevention (any changes to routine or environment which might reduce the risk)

Stage 1-3

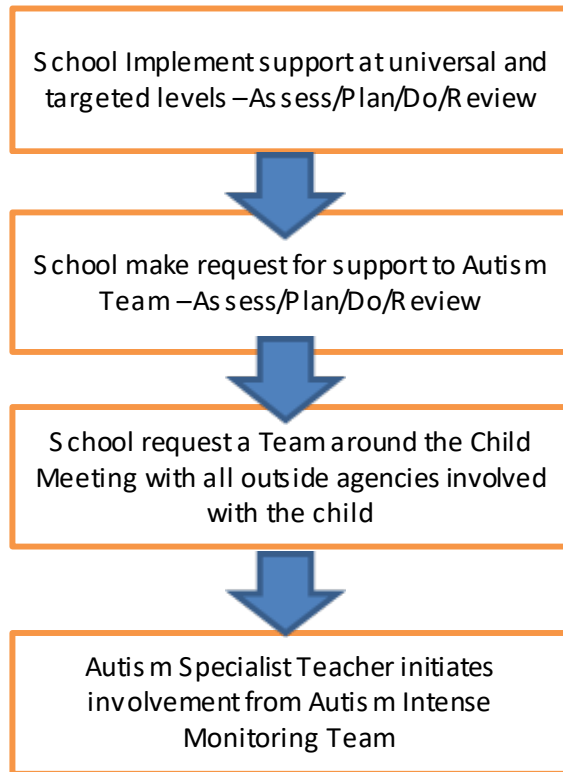**What might happen (what could the behaviour look like or sound like for this particular individual)**

Level 1 (anxiety):

Level 2 (escalation):

Level 3 (crisis):

De-escalation techniques (things that can help calm the child)	Things to avoid

Stage 3

Managing crisis behaviour (what to do step by step and who will do it)

Stage 4-5

Recovery and depression (what will happen step by step, who will support the child, how will they be monitored)

Stage 6

Follow up (listening and debriefing – who will be involved, any resources needed to aid communication for the child, any record of physical intervention to be completed, any staff support required)

Autism Intense Monitoring (AIM) Support from the Autism Team

School Implement support at universal and targeted levels – Assess/Plan/Do/Review

↓

School make request for support to Autism Team – Assess/Plan/Do/Review

↓

School request a Team around the Child Meeting with all outside agencies involved with the child

↓

Autism Specialist Teacher initiates involvement from Autism Intense Monitoring Team

The focus of the Autism Intense Monitoring Team is to maintain school placements for those pupils at risk of exclusion and on significantly reduced timetables, support transitions in and out of settings for these pupils, or to support pupils who are currently out of setting back into an appropriate setting. The team holds a register of pupils with a diagnosis of Autism who are currently out of setting.

Further reading/useful links

<u>Resources on the local offer</u>

SISS Autism team – to find the request for support form

https://socialsolihull.org.uk/localoffer/education/children-and-young-peoples-send-service/siss-2/the-autism-team/

<u>Solihull SEN Banding Document</u>: document for Schools, families and all stakeholders that gives clear information and guidance and description of the different categories of special educational needs that children and young people may experience. It also states the requirements and provision that Schools need to put in place to support a child's additional needs. This document also supports Schools in evidencing a graduated approach to need and the requirements it has deemed that a request for Statutory Assessment for an EHCP is required.

https://socialsolihull.org.uk/localoffer/education/

SISS pages on the local offer:

https://socialsolihull.org.uk/localoffer/education/children-and-young-peoples-send-service/siss-2/training/

AET steps to avoid the exclusion of autistic pupils

https://socialsolihull.org.uk/localoffer/wp-content/uploads/sites/21/2020/06/Steps-to-avoid-the-exclusion-of-autistic-pupils.pdf

AET successful reintegration of autistic pupils following exclusion:

https://socialsolihull.org.uk/localoffer/wp-content/uploads/sites/21/2020/06/Successful-reintegration-of-autistic-pupils-following-school-exclusion.pdf

AET guide to complying with equality law when considering a decision to exclude an autistic pupil

https://socialsolihull.org.uk/localoffer/wp-content/uploads/sites/21/2020/06/AET-obj-B-guide-to-help-gB-understand-sch-duties-re-exclusion-and-EA-2010.pdf

AET school stress and anxiety – school refusal and impact on family life

https://socialsolihull.org.uk/localoffer/wp-content/uploads/sites/21/2020/06/AET-obj-C-School-stress-and-anxiety-sch-refusal-and-impact-on-family-life.pdf

<u>Useful links</u>

The Autism Education Trust (AET):

https://www.autismeducationtrust.org.uk/

https://www.autismeducationtrust.org.uk/kids-zone/

https://www.autismeducationtrust.org.uk/the-den/

National Autistic Society

https://www.autism.org.uk/

Autism West Midlands:

https://www.autismwestmidlands.org.uk/

Autism Matters:

https://www.autismmatters.org.uk/

Young Minds:

https://youngminds.org.uk/?gclid=EAIaIQobChMIypnip9rH6QIVB-7tCh1uUQF2EAAYASAAEgK0DfD_BwE

Carol Gray Social Stories:

https://carolgraysocialstories.com/

The OT toolbox:

https://www.theottoolbox.com/

Calm

https://blog.calm.com/take-a-deep-breath

Go noodle

https://www.gonoodle.com/

Cosmic kid's yoga

https://www.youtube.com/user/CosmicKidsYoga

Useful Facebook pages

Accepting behaviour

The Autism Education Trust

PDA Society