



**Villa Real School**  
*together we achieve*

# Autism Spectrum Disorder Policy 2022

Responsibility: ASD Team

Updated: May 2022

Signed & Adopted by the Governing Body:

Chair of Governors

Date: 16.05.22

Date to be reviewed: April 2025

## **INTRODUCTION**

Villa real School holds Autism Accreditation and is committed to providing the best of care for all with Autism Spectrum Disorder.

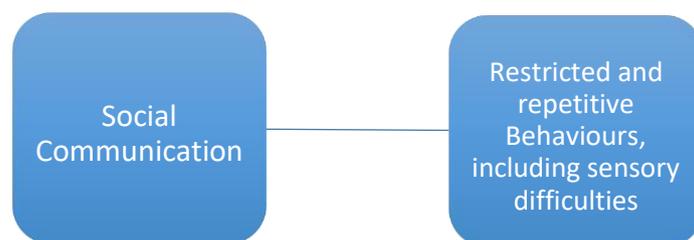
## **DEFINITION**

Autism Spectrum Disorder (ASD) is a lifelong complex development disorder that affects the way a person communicates and interacts with people around them. ASD is a spectrum condition, meaning that there is a wide range of disability and areas of need. No two individuals are affected in the exact same way but all individuals will share common characteristics. These are difficulties with social communication and restricted and repetitive behaviours including sensory differences. All children with an ASD will be recognised as having a communication difficulty.

Children with an ASD often have additional needs such as ADHD, language impairments and mental health difficulties such as anxiety. There is also an increasing body of evidence that individuals with an ASD have particular difficulties with functional skills such as activities of daily living.

There have been recent changes to the diagnostic criteria for ASD and as such ASD is now often diagnosed based on impairments in two key areas. These are

1. Social communication
2. Restricted and repetitive behaviours, including sensory difficulties



These two areas of impairment are described below:

### **1) Social Communication**

An impairment in communication which affects their ability to understand and use verbal and non- verbal communication.

This can include facial expression, gesture, body language and social timing in addition to speech and signing or symbol communication. Facial expressions, other body language, verbal intonation and responses reflecting emotion are all often misunderstood or not understood at all.

Difficulties developing and maintaining joint attention skills i.e. the capacity of the child to attend to and respond to the social communication of others, hinder the development of communication skills. Pupils and students rely on watching adults to model words and actions to provide a reference in order to develop their understanding of the world around them.

A young pupil with ASD and difficulties with joint attention leads to issues such as missed cues within communication, difficulties with learning vocabulary and a reduced ability to share meaning effectively with those around them.

The difficulties described above mean pupils and students with ASD have to work harder to understand how to interact with others. The difficulties and abilities are unique to each individual, but in addition to the issues discussed above common concerns can include:

- A delay or absence in acquiring and using functional language
- Difficulty in understanding speech
- Having unusual speech patterns e.g. Echolia- the automatic repetition of sounds and words made by another person.
- Having the ability to use speech, for instance they may be able to repeat whole chunks of a favourite song or video, but may lack the ability to communicate effectively with others or to tell others how they are feeling.

Speech is only one method of communication; it may be necessary to find other ways of helping a person to communicate their needs, wants and feelings appropriately.

An impairment of social relationships and effectively lacking the inherent ability to develop social ability and understanding. Impairment causes problems with developing and maintaining relationships. Inappropriate responses to situations may occur, for example, laughing or giggling when someone is hurt or upset. These traits affect social relationships and may cause anxiety and behavioural issues. It can also cause a lack an understanding of human behaviour and therefore an inability to anticipate others actions. The inability to recognise (in both themselves and others) and control emotions presents a great challenge to a person with an ASD.

Impairment also causes a lack of understanding of the rules of social etiquette and social priorities. It can decrease the ability and independence of an individual to function within a community.

## 2) Restricted and repetitive behaviours (RRBs)

Individuals with ASD show a variety of behaviours that can be categorised as restricted or repetitive. These will vary in nature and intensity for each individual. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) states that individuals with ASD will have at least 2 of the following RRBs

- Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypes, echolalia, repetitive use of objects, or idiosyncratic phrases).
- Excessive adherence to routines, ritualized patterns of verbal or nonverbal behaviour, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes).
- Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
- Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

RRBs have been shown to cause significant challenges for both the individual with ASD and his or her family. Likewise, they can impede learning and socialization by decreasing the likelihood of positive interactions with peers and adults. Parents of individuals with ASD also report that RRBs are one of the most challenging features of ASD due to their significant interference with daily life.

In addition to the above areas of difficulty individuals with ASD often have difficulties in the following areas;

- **Executive function:** the ability to plan tasks; motor planning; problem solving; responding to a request on demand and on time. Causing difficulty in prioritising and planning and organising of information and activities.
- **Central coherence:** the ability to see all the details as one big picture rather than focussing on each separate detail.
- **Theory of mind:** the ability to understand that another person has a view, thought or belief of their own which is different to our own; understanding other people's emotions; understanding that their actions will affect others; imagination – difficulty in understanding fiction/ characters / dreaming; inability to understand deceiving / deception
- **Functional skills deficit:** There is an increasing body of evidence that suggests that for many individuals with ASD their functional skills (their ability to perform activities of daily living, such as washing, dressing,

shopping) are significantly below their cognitive abilities and chronological age.

As with all children and young people it is important to consider each individual's strengths and needs and the impact that their ASD has on them individually.

## **ROLES AND RESPONSIBILITIES**

### Management Team

- To ensure staff adhere to the ASD policy
- To ensure that all staff have basic ASD training that includes a range of ASD strategies as part of their induction
- To support staff to develop their knowledge and skills of ASD strategies
- To ensure that all staff working within the ASD provision will have specialist training in ASD strategies such as sensory integration, PECS and TEACCH
- To have an oversight and understanding of the range of ASD strategies used in school
- To identify funds for purchasing resources, equipment and for accessing relevant training

### Class Teacher

- To adhere to the School ASD policy
- To create an ASD friendly classroom environment which is low distraction with differentiated areas
- To integrate ASD strategies throughout the School day
- To work collaboratively with the School ASD team, occupational therapy and other professionals to devise and monitor individual programmes of support
- To attend relevant training
- To ensure necessary resources are available throughout the School day
- To ensure that all relevant information and resources are passed over at transition
- To inform all relevant parties e.g. the School Communication Team of what professionals are currently working with that pupil/student

### School ASD Team

- To provide regular in house ASD training
- To work collaboratively with the class team to devise and monitor individual programmes of support
- To monitor the use of ASD strategies such as TEACCH timetables, systems and PECS

- To support the class team to implement structures and routines that support learners with an ASD
- To work collaboratively with parents and carers to support the pupil/student's development across the School settings

#### Support Staff

- To adhere to the School ASD policy
- To attend relevant training
- To maintain an ASD friendly classroom environment which is low distraction with differentiated areas
- To work collaboratively with the School ASD team, Occupational Therapy and other professionals to devise and monitor individual programmes of support
- To ensure necessary resources are available throughout the School day
- To support the class teacher

### **PARTNERSHIP WORKING**

Villa Real recognises and promotes the importance that all partners in the pupils' and students' learning are involved in the development and evaluation of the Curriculum, to make sure it meets the needs of the pupils and students in a holistic and challenging way. This is especially important for parents/carers, members of the multi disciplinary team and the pupils and students themselves. Parents/carers have a crucial role to play in the development of their child's skills and well being. They are in the ideal position to support their child in the acquisition and refinement of independence and social skills. A close working relationship between staff and parents/carers will optimise each pupil or student's potential for learning. Staff work closely with the multi disciplinary team, working together to set targets and implement strategies/programmes to ensure pupils and students are challenged and supported in their learning. Staff will seek additional advice and support when needed. Pupils and students are kept involved and informed as much as possible in their learning and assessment. We will initiate contact, provide information and support about appropriate strategies to be used in all contexts e.g. school, home, respite and out in the community. School plays its part in communication with other agencies in relation to transition, child protection and information sharing.

### **PARENT PARTNERSHIP**

Villa Real strives to develop close working relationships between staff and parents/carers in order to optimise each pupil and student's potential for learning. As a school we support parents/carers and respite services to help provide the pupils and students with the chance to have a range of varied experiences and opportunities at home and out in the community. We will initiate contact, provide information and support about appropriate

strategies to be used in the home providing consistency and always welcome parents/carers into their child's class. Staff communicate with parents/carers through home school diaries on a daily basis.

### **APPROACHES TO SUPPORTING STUDENTS WITH ASD**

The approaches used to support pupils and students with ASD are individualised to each pupil/student's strengths and needs. Below are some of the strategies that are used within school. Training and support on using these strategies will be offered to staff on a needs led basis.

TEACCH: Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH) aims to increase independence in pupils and students with ASD through the use of visual cues. This includes having a structured visual environment with clear areas for different tasks, predictable events, through the use of individualised visual timetables and clear expectations through the use of TEACCH work systems..

PECS: The Picture Exchange Communication System (PECS) is a unique augmentative/alternative communication intervention package for individuals with ASD and related developmental disabilities. It focusses on developing spontaneous, functional communication. It is a structured 6 phase approach to developing expressive language and communication. In order to become effective PECS users, it is essential that learners are given the opportunities to use PECS through their day across a variety of settings. PECS is an individual voice and should be available to them at **all** times.

Intensive Interaction: Intensive interaction is a way of interacting with pupils and students based on early parent-child interaction. It aims to develop the fundamentals of communication which includes joint attention, turn taking and eye contact. It is about interacting with a student whatever way is most meaningful to them.

Sensory Integration: Some of these approaches such as TEACCH and SCERTS are used with all students with an ASD. Sensory integration may be used with specific students following assessment by members of the multi-disciplinary team such as the OT.

Attention Autism- Attention Autism is an intervention model designed by Gina Davies, Specialist Speech and Language Therapist. It aims to develop natural and spontaneous communication through the use of visually based and highly motivating activities. Gina's primary objective is that the sessions are fun and "*offer an irresistible invitation to learn*"!

## Aims of Attention Autism

1. To engage attention
2. To improve joint attention
3. To develop shared enjoyment in group activities
4. To increase attention in adult-led activities
5. To encourage spontaneous interaction in a natural group setting
6. To increase non-verbal and verbal communication through commenting
7. To build a wealth and depth of vocabulary
8. To have fun!

## Stages of Attention Autism

The Attention Autism programme progresses through a series of stages, building on each skill level. Each new stage is introduced when the group is ready to expand attention skills.

- **Stage 1: The Bucket to Focus Attention**

A bucket is filled with visually engaging objects and toys, aiming to gain the shared attention of the group. The adult leader shows each item to the group and uses simple repetitive vocabulary to comment on the various objects.

- **Stage 2: The Attention Builder**

Visually stimulating activities are shown to the group by the adult leader, aiming to sustain attention for a longer period. The activities are fun, visually engaging and can often involve delightful mess!

- **Stage 3: Turn taking & Re-engaging Attention**

The adult leader demonstrates a simple activity, often modelled with another adult in the group. Some children are then invited to have a turn but only if they are comfortable to do so. Not every child in the group will get a turn, which then teaches important emotional regulation skills, as well as the essential skills of waiting, turn-taking and learning through modelling.

- **Stage 4: Shifting & Re-engaging Attention**

Stage 4 aims to develop the skill of engaging and shifting attention. The adult leader demonstrates a simple creative task, and then gives each child an individual kit to copy the task. The children take their kits to a table, complete the task independently, and then everyone returns to the group to show their completed tasks.

More complex skills can be introduced as confidence and social skills develop e.g. sharing materials, working with a partner, problem solving.

Attention Autism principles can then be generalised to curriculum activities (e.g. literacy and numeracy) to facilitate learning and skill development.

This list is not exhaustive and all strategies and approaches need to be individualised.

## **SENSORY ISSUES**

The central nervous system (brain) processes all the sensory information sent from various sensory systems in the body and helps to organize, prioritize and understand the information. Using this information, the body responds appropriately throughout our bodies we have various sensory receptors, which pick up on sensory stimuli. Our hands and feet contain the most receptors. Mostly the processing of sensory information is automatic. Pupils and students with ASD often have trouble in the organisation and processing of this sensory information. This can lead to confusion, stress and presentation of challenging behaviours-behaviours that challenge themselves and/or others.

Martin (1991) states "Sensory systems are not only our only means for perceiving the external world, but are also essential to maintaining arousal, forming our body image and regulating movement."

This confusion can occur in one or more of the five senses - sight, sound, smell, touch and taste. Listed below are the 8 different systems linked to the five senses;

- 1) Vestibular (balance) system
- 2) Proprioception (body awareness) system
- 3) Olfactory (smell) system
- 4) Visual (sight) system
- 5) Auditory (hearing) system
- 6) Tactile (touch) system
- 7) Gustatory (taste) system
- 8) Introceptive (awareness of internal processes) system.

Sensory difficulties can be divided into three main areas: Hyper sensitivity, Hypo sensitivity or Sensory seeking.

- I) Hyper sensitivity** – where an individual's response to stimuli is high or over responsive.
- II) Hypo sensitivity-** where an individual's response to stimuli is too low/ under responsive.
- III) Sensory seeking-** where an individual's response to sensory stimuli starts out as too low, the individual then does something to increase their sensory input – but doesn't always know when to stop and the response can then become too high.

Individuals may fluctuate from over responsive to under responsive to sensory seeking behaviours depending on the circumstances in each moment/ day/context. An individual's sensory difficulties may occur continuously and sometimes only occasionally.

There is an additional sensory condition called Synaesthesia separate from ASD, which some individuals on the spectrum say they experience. Current research suggests that a high percentage of people diagnosed with Synaesthesia have a diagnosis of ASD. This is a rare condition and occurs when confusion in the sensory channels occurs. A sensory experience goes in through one system and out through a different system. For example, an individual hears a sound (auditory system) but sees colours (visual system). At Villa Real all pupils/students have access to a sensory diet and support from Future Steps.

### **DIET**

Some individuals with ASD can have problems relating to eating and difficulties surrounding their diet. These dietary problems can relate to both over- and under-eating. These issues are often due to sensory sensitivities or rigidity of thought.

### **PUPILS WHO LACK SELF CONTROL**

Some but not all pupils and students with ASD can present challenging behaviour. This behaviour may be challenging to the pupil/student themselves or others. As previously stated each individual is affected by their ASD in a different way and their needs and behaviours need to be addressed in an individual way, as with all pupils and students at Villa Real school. Every behaviour has a function. We as professionals/ parents/ carers need to interpret what each behaviour is saying. Staff will work in conjunction with information from parents and other professionals to interpret individual behaviours. The individual then needs to be taught a different/ more appropriate way of expressing/ communicating their feelings/ needs. Sometimes, a person with an ASD may behave in a way that you wouldn't immediately link to sensory sensitivities - but these sensitivities may be the underlying cause.

Each pupil/ student who has exhibited severely challenging behaviour will be offered a PHP (see Behaviour Policy).

### **Areas of strengths**

After the discussion of the dyad of impairment it should be recognised that some pupils may have some of the following attributes:

- 1) Good visual skills
- 2) Good visual memory
- 3) Good focus in repetition
- 4) Accuracy and consistent accuracy
- 5) May be knowledgeable in areas of particular interest.

The Dyad of impairment can also be viewed as a "Dyad of Strengths"

"Individuals diagnosed on the autistic spectrum often exhibit a dyad of

strengths, good attention to detail, deep narrow interest, and islets of ability" (Kaliouby et al 2006 P228).

The Dyad of Impairment is used as a basis for the strategies used within ASD specific services such as our ASD specific provision in school. However, our experience in working with people with ASD has shown us that people with ASD have many strengths and our focus must be on the person, focusing upon what they can do and want to achieve rather than focusing just on their difficulties / weaknesses. It should also be noted that some pupils might be attending the school as a result of their severe ASD rather than a severe cognitive disability. In such cases appropriate teaching strategies will be employed to meet their educational needs. Likewise, the presentation of other pupils may emphasise their cognitive disability and in such cases a curriculum delivery relevant to PMLD pupils and students would be employed, incorporating elements of ASD specific strategies.

### **MORE ABLE**

Pupils who have been identified as More Able will have specific strategies and interventions appropriately planned by the class manager and overseen by Senior Management to ensure that their specific needs are met.

### **PRINCIPLES FOR GOOD PRACTICE**

These practices will be presented as applicable to the dyad of impairment and others areas of difficulties and discussed above. There will inevitably be overlap of strategies.

### **The Development of Social Relationships and Social Ability/Understanding**

It is our aim to enable access to an inclusive setting for all pupils within the School. It is primarily the environment presented to pupils with ASD that initiates difficulties. In order to enable social inclusion, we aim to provide ASD specific environments and a wider ASD friendly environment, throughout the school. We make regular use of the local community and initiate and support links to the home in order to develop further social competence. Specifically, we will:

- Develop communication from the early stages of interaction, such as joint attention, through to social discourse between child and adult and student and peer
- Emphasise the development of shared and group activity
- Use sensory diet programmes for pupils and students to help them cope with the social implications of social interaction
- Provide integration with peer groups both within school and within main-stream schools when appropriate for individuals.

- Promote social interaction and understanding whenever possible both through planned and spontaneous activities
- Teach appropriate ways of social interaction within a variety of contexts. e.g. how to greet others appropriately
- Use visual structure, symbol/word timetables, PECS, communications devices- where appropriate, reward systems and child centred planning
- Use social stories, which may be supported by photographs, pictures and symbols
- Use Team Teach behaviour management strategies to develop pupils and students' knowledge of emotions both in themselves and in others
  - Focus/emphasise the recognition, control and expression of emotions.
  - As well as work upon empathy
- Use functional behavioural analysis procedures to address inappropriate behaviours, giving due consideration to environmental and bio-behavioural factors
- Pupils and students with ASD tend to have one style of learning and often show mono- tropism i.e. they cannot cope with more than one form of information at one time and will focus on one form, blocking off other sources. This must be taken into consideration when working with individuals with ASD
- Bereavement – Young people with ASD find social interaction difficult and often have difficulty in forming and maintaining relationships. However, this does not insulate them from the process of bereavement in response to the death of a familiar person. In fact pupils and students with ASD may also feel bereavement in response to a loss of an object/ activity, as well as in response to change e.g. staff changes in school/ divorce/ changes in school/classes peer group etc.
- Therefore, to prepare a pupil or student for a bereavement, preparation planning and the pupil or student's involvement is the key. School works closely with parents/carers to help the pupil or student prepare/ cope with bereavement as well as include the family's beliefs/ religion whether the bereavement is death/ divorces change etc. As pupils and students with ASD have difficulty with communication and therefore their expression of emotions, their response to grief can be very different and could even be delayed or inappropriate. Due to their flexibility of thought pupils and students with ASD need help to recognise emotions both within themselves and in others. Pupils and Students will also need to be taught a meaningful and appropriate way of expressing these emotions
- Sex education is taught throughout the school differentiated to the individual according to age, ability and need
- Sex Education is taught in four ways-
  - 1) Learning what to do where, when and how

- 2) Personal hygiene
  - 3) Body parts and functions
  - 4) Sex education- friendships to sexual relationships
- The social implications of transition both to and within school e.g. form classroom to classroom are carefully considered and planned for. Pupils and students are prepared and supported according to their individual needs e.g. staffing, social stories etc.
  - Use Special Needs Assessment Profile (SNAP) as appropriate

### **Development of Flexibility of Thought**

It is our aim to encourage pupils and students to be independent learners and to be able to monitor and control their own learning and behaviour in a positive way. In order to do this, we will use the following strategies;

- The use of a structured environment and routine within a setting to provide stability and reassurance
- The development of play/ drama skills (differentiated play responses, functional, symbolic and social play)
- The use of desensitisation techniques for perceptual/sensory integration problems – use of sensory diets throughout daily routines
- The development of the attention process (awareness of attention difficulties, switching attention, joint attention, joint closure, structuring of tasks and management of the environment as necessary to pupils'/students' needs)
- The development of memory through the use of visual cues during experience and recall, symbols and photographs
- The development of choice making skills through a variety of means e.g. speech, PECS, gesture etc.
- The development of problem solving techniques (initial presentation of tasks where problem solving element is at a minimum, development of making choices with PECS, transference of skills, using computers, encouraging prediction, use of emotional marking within a task, i.e. stating if child finds it easy or difficult, makes them happy or sad.)
- The development of social cognition (stress relief, child centred environment, visual structure, 1:1 teaching, group work and turn taking, specific teaching of emotional states)
- The development of thinking skills (understanding finished, learning they are capable of doing something, visual structure in relation to physical presentation of a subject i.e. arrangement of furniture, space within a room)
- The development of the concept of time- in regards to Daily timetables, weekly timetables, life cycles etc.
- In many instances a low arousal environment may be required. This will be gauged and monitored by staff with the aim of increasing stimulation as and when possible

- The development of routines to teach new skills, (including transition), and develop independence / as well as cope with change/ new routines
- The development of Individual Behaviour Management Plans which aim to understand what function the behaviour serves and to facilitate the pupils and students learn more socially acceptable means of expressing their need for support. The plans also aim to help the pupils and students to recognise and identify their own emotions and therefore to develop self-control

### **Mental Health & COVID 19**

Supporting the mental health of all pupils/students, their families and carer givers has been of paramount importance at Villa Real for several years. The Left Stranded 2020 report carried out by the National Autistic Society highlights the impact of the pandemic on autistic people and their families. Autism is not a mental health condition, but many autistic people develop mental health problems; however, research shows that up to 80% of autistic young people have experienced mental health issues. Those who require full-time support were significantly more affected by lockdown (The National Autistic Society, 2020).

AT Villa Real, we have worked alongside parents, carers and other professionals during these uncertain times creating highly bespoke social stories to reduce anxiety for our pupils around returning to school. Social stories have been produced at differing levels of ability to support pupils understanding of COVID bubbles, Social Distancing and the importance of handwashing. The Recovery curriculum and actions plans were created to ensure the educational, social and emotional, communication and sensory needs of all pupils/students are achieved following the lockdown period.

### **REVIEW**

This policy will be reviewed yearly by the ASD team and Senior Management Team to ensure that it continues to meet the needs of the School. This policy needs to be read in conjunction with the:

- Communication Policy
- Behaviour Policy
- Teaching and Learning Policy