

## St Joseph's Catholic primary school



### Autism offer

September 2017

This is our school Autism offer which has been drawn up in collaboration with staff and governors, the views of our parents and pupils have been considered and this will be ongoing for us as a school. This should be viewed in light of our Mission Statement as follows:

### **At St Joseph's, we live, love and learn by the example of Jesus.**

Our school is passionate about the progress of every child. Our SEN School offer clarifies what we give to every child with SEND. We are taking this further to Autism and sharing our school offer on what we provide for Autistic children. What do we believe in for every child including being positive about the child and having a can-do approach - making the student the centre of all approaches and valuing student opinion - working in collaboration with parents - using special interests as a teaching tool - assessing and meeting sensory needs - teaching social skills as well as academic topics - working on ways to minimise sources of anxiety for pupils

#### **What is autism?**

Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. (National Autistic Society).

It is a complex developmental disorder that affects more boys than girls, in the ratio of 4:1. Autism is described as a spectrum disorder because of the wide variation in the intensity of the condition and the associated learning difficulties that may accompany the disorder. The generic term autistic spectrum disorder includes a wide range of young people from those who have severe learning difficulties and limited communication skills to young people who are cognitively able and have good verbal skills, such as those described as having Asperger's Syndrome.

Autistic people see, hear and feel the world differently to other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'. Often people feel being autistic is a fundamental aspect of their identity.

Autism is a spectrum condition. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilling life of their own choosing.

## Characteristics of autism

### **1 Social relationships and interactions**

- Lack of appropriate social interaction and empathy
- Poor integration of social, communicative and emotional cues
- Little interest in sharing pride or pleasure with other people
- Difficulties making and sustaining friendships
- Social naivety

### **2 Social communication and language**

- Lack of or inappropriate social chat
- Idiosyncratic, unusual use of language
- Literal understanding
- Inappropriate use of gestures, eye contact or facial expressions
- Difficulties maintaining a topic of conversation
- Difficulties adapting communication to different social contexts

### **3 Social understanding and imagination**

- Limited range of imagination, interests and activities
- Repetitive, rigid routines
- Distress at, or resistance to, change
- Circumscribed interest patterns
- Focus on 'parts' rather than 'wholes' in context
- Donna Williams (1996) describes her own experiences:
- "I am diagnosed as having autism. If you ask me what the word means, I would tell you that, for me, it is about having trouble with **connections**....this also causes trouble with **tolerance** and trouble with **control**."

## Diagnosis

A diagnosis is the formal identification of autism, usually by a multi-disciplinary diagnostic team, often including a speech and language therapist, paediatrician, psychiatrist and/or psychologist.

### **The benefits of a diagnosis**

Getting a timely and thorough assessment and diagnosis may be helpful because:

- it helps autistic people (and their families, partners, employers, colleagues, teachers and friends) to understand why they may experience certain difficulties and what they can do about them
- it allows people to access services and support.

Find out more about diagnosis and how to get one.

### **How autism is diagnosed**

The characteristics of autism vary from one person to another, but in order for a diagnosis to be made, a person will usually be assessed as having had persistent difficulties with social communication and social interaction and restricted and repetitive patterns of behaviours, activities or interests since early childhood, to the extent that these "limit and impair everyday functioning". (NAS)

### **Difficulties & characteristics;**

#### **Social relationships and interactions**

- 1 Aloofness and indifference to others.
- 2 Passive acceptance of social approaches by others.
- 3 Makes social approaches to others which are one-sided, and may indulge in strange or unusual interests, eg railway timetables, vacuum cleaners, plastic bottles.
- 4 Makes social contact, but lacks understanding of subtle rules of social behaviour.

#### **Social communication and language**

- 1 Absence of any desire to communicate with others.
- 2 Communication confined to the expression of needs only.
- 3 Makes factual comments, not part of a social exchange, and often irrelevant to the social context.
- 4 Talks a great deal, but regardless of response of listeners, and does not engage in reciprocal conversation.

#### **Social understanding and imagination**

- 1 Copying and pretend play are absent.
- 2 May copy actions of others, but without understanding meaning and purpose.
- 3 Repetitive and stereotyped enacting of a role, but without variation and empathy, eg a TV or video character.
- 4 Awareness that something goes on in the minds of others, but has no strategies to discover what this may be. (Minimally impaired people appear to have ability to recognise others' feelings, but this is learnt rather than empathetic.)

#### **Common but not essential features**

- Language difficulties

- Abnormal responses to sensory experiences, over-sensitive, processing difficulties
- Abnormal visual inspection, eg uses peripheral vision, little eye contact
- Motor control, eg flaps, rocks, tiptoe walking, clumsiness
- Inappropriate emotional reactions, lack of reaction, excessive fear
- Special skills, eg drawing, music, mathematics
- Atypical attentional patterns, difficulties in switching and maintaining attention outside of their immediate interests.

### School vision for autism

Every child regardless of need receives a personalised education catering for their specific needs. Every child is understood and is given the life chances they are entitled to, to thrive.

### Inclusion

Children are fully included in every aspect of school life.

- Assemblies
- Masses
- Prayer services
- Trips
- Activities and experiences
- Learning opportunities.
- Timetables are balanced to include targeted work and full inclusion. The needs of the child are fully understood and strategies used to incorporate this.

### Understanding the individual

As a school we use a person centred approach and look at each child's individual needs. We have initial meetings on entry and discuss the transition process. If the child's autism is only first identified in school then we would communicate very carefully and quite often with parents initially. The relationship with the family is key to identifying the needs of the child.

All ASD children have a pupil passport which is completed by parents and school and updated by both regularly.

## Planning for individual needs



## Transition

- Transition from pre school or home in to nursery or Reception

The class teacher would meet with the setting and make the first link with school and parents. Class teacher and SENco would make a home visit and discuss the transition plan. This would include taking pictures, making them comfortable and familiar in the setting, additional visits. Regular contact with the family will then be arranged. After starting then parents would discuss settling quite early on.

- Transition from year groups within our school

SENco would meet with the Class teacher and tA and plan the best transition. This could involve weekly visits to the new classroom, social stories, meeting the teacher, if a new TA meeting those. The Senco would meet the new classteacher and share the child, look at passport and provision. Parents would be informed of new staff and introduced through a meeting or early meet the teacher meeting.

- Transition from another school

Initial contact with parent and school. Senco would contact parents and meet parents and child. Visits would be arranged and plan put in place which could include photographs and social stories. Schools will liaise and possibly meet to handover. On first day child would be met with parents and gradually introduced to class. Parents would be contacted and updated regularly while settling.

- Transition to secondary school

Meeting to name the school. Once agreed schools would discuss. Senco's would liaise. Child could receive additional visits and parents would meet new school.

- Transition to a specialist setting

Meeting to name the school. Once agreed schools would discuss. Senco's would liaise and set a necessary transition plan. Child could receive additional visits and parents would meet new school.

### Communication with parents

We have excellent relationships with the parents of ASD children. We meet at least half termly but this is usually more regular at different times. Children have a home / school communication book by which we encourage daily communication between both.

We share support group information and workshops available as well as our own coffee mornings. Parents supporting parents can be key at times to gaining greater insight and not feeling alone.

### Training

Class teachers who have an ASD child will receive in school training from the SEN team and attend a Hertfordshire or ADDvance course. All Teaching assistants who work directly with ASD children will receive more detailed training courses.

We seek advice from NAS and from the advisory teams supporting the child.

We receive training from our outreach school – Middleton.

The advice and monitoring that outside agencies involved will give is invaluable in house training.

Support from ;

- Communication team
- EYSEND
- Speech & Language
- Outreach schools
- Herts Steps team
- Andrews lane behaviour base
- EP services

### Agency support

- Speech & Language
- Occupational Therapy
- Physiotherapy
- Communication team
- Early advisory team
- Educational psychologist
- Outreach schools – Middleton and Andrews lane behaviour base
- School nurse and medical professionals

### Structure of support

This is dependent on the specific needs of an individual child. Where possible we always encourage a group support ratio but with needs and sometimes certain times lessons then 1-1 is needed. We always encourage an independence so will try to hover support even if 1-1 at times. The structure of the plan and activities is key to progress and the use of the adult in understanding the specific need.

### Specific Activities & Programmes

- TEACH
- ISI

- Sensory Circuits
- Sensory activities & Room
- Messy play
- Dough disco
- Speech & Language
- Scerts
- Sherborne

**What some of our parents say;**

‘We have received first class support from the St Joseph's SENCO team for a number of years now, supporting my autistic daughter. During this period, we have always communicated on a regular and "open" basis, building trust within our team. Through regular meetings and emails we keep everything "live" in supporting my child. We have also received help/support from several external specialist autism agencies to add value to my daughters targets. I am confident that my child is receiving the best package of education from a mainstream setting’. *Mr N Tagliarini*

‘My son started at St Joseph School in 2013, we were awaiting a diagnosis at this time, from day one the teacher (Senco) had concerns that support would be needed, so they very kindly gave one to one support as a good will gesture. After the diagnosis of ASD the one to one support continued, however behaviour increased and violence to the extreme, for the safety of all involved all members of staff had Herts Step on training and then specific staff had step up training, and radio controls introduced as absconding was a daily occurrence.

The staff, SENCO and head always gave support to me and my son; they would continue to change tactics, strategies to ensure the well-being of my child. They would always be looking for new opportunities and techniques to enable learning and inclusion, even given his own classroom (den), and given a choice how to decorate it. We worked very closely towards the end with finding a suitable school, educational health care plan and on a personal level. Everything involved with special educational needs is such a battle, I could not of made that journey without the help and support of the school’. *Joanne & Ethan Edwards*

Further support available – National Autistic society

Senco – Mrs Barbara O’Connor

Autism lead – Mrs N Bonsignore

## Glossary

*The following terms are commonly used in relation to autism.*

### **Asperger's syndrome**

*A condition with strong similarities to autism, but where the individual's early language development is not delayed and may even be precocious. Language, however, is still used in a stilted and stereotyped manner. Intellectually, individuals with Asperger's syndrome usually function in the normal range of ability.*

### **Atypical autism**

*A diagnosis usually reserved for those individuals who display the characteristics of autism in two of the three key areas.*

### **Developmental receptive language disorder**

*A disorder characterised by a difficulty in understanding speech and language.*

### **Echolalia**

*A term referring to the repetition of words or phrases. Echolalia may occur immediately after the phrases have been said, or may be delayed and occur some time later.*

### **Elective mutism**

*A disorder characterised by mutism in specific situations (i.e. the child speaks only in certain circumstances). Often there is evidence of extreme shyness and sensitivity.*

### **Epilepsy**

*A group of conditions resulting from abnormal electrical discharges in the brain which can produce seizures and disturbances of consciousness.*

### **Hyperlexia**

*The ability to read fluently and often with correct expression, but without understanding the meaning of the text.*

### **Pervasive developmental disorder**

*This is a term often used synonymously with autism when there are insufficient features for the diagnosis of autism.*

### **Pragmatics**

*Are defined as the rules governing the use of language in a given context or culture. The individual with pragmatic difficulties lacks awareness of these rules and of the needs of their conversational partner.*

### **Savant abilities**

*Having special talents, often in music, drawing or calculation, much in advance of other skill levels.*

### **Semantics**

*Are defined as 'understanding the precise meaning of words'. Semantic difficulties involve failing to understand words and to differentiate meaning.*

### **Specific language delay**

*Where language is delayed in relation to overall development.*