



Cherry Lane Primary School
Autism Spectrum Condition with complex needs
Special Resourced Provision
Handbook

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Introduction

The aim of this handbook is to provide clear information about Cherry Lane Primary School Autism Spectrum Disorder (ASD) with complex needs Special Resourced Provision (SRP) for parents, staff, governors, outside agencies and any other interested parties. We welcome visitors, and anyone wishing to visit should contact the school to make arrangements.

Cherry Lane Primary School is in essence a 2 form entry school however, in the past 4 years has had some bulge years so there are some year groups with more classes. It also has a nursery and a specialist provision for children with an Autism Spectrum Disorder (ASD). At Cherry Lane we aim to provide a foundation for life in a happy, high achieving school, where all individuals have high expectations of themselves and respect each other. Our motto is Support, Celebrate and Achieve, we put equal emphasis on all of these and find that our children thrive academically, developmentally and emotionally with us. We aim to enable every child to reach their full potential through the learning opportunities provided. We want the children to have an 'I can do attitude'; to feel secure, safe, at ease, have clear aspirations, feel supported in learning and feel success.

At Cherry Lane we are committed to ensuring equality of education and opportunity for staff, children and all those receiving services from the school, irrespective of disability. We believe that diversity is a strength, which should be respected and celebrated by all those who learn, teach and visit here.

The SRP opened in September 2015. The unit consists of the following facilities:

- 2 classrooms
- A sensory room
- 5 individual work stations
- An outdoor play area (linked to the mainstream playground so children have the option to join in)
- A toilet

The SRP provision caters for 10 children, 5 in each key stage. Each child is on roll in the SRP provision and also linked to a mainstream class.

The ASD Provision staff include a manager, 2 teachers, 2 HLTA's, 2 specialist teaching assistants and 3 meal time supervisors.

1 day per week of highly specialist speech and language therapy, and music therapy and 2 days of occupational therapy. We are in regular liaison with the Educational Psychologist and the behaviour support team.

We are a school to which the whole school community, children, staff, parents and governors are proud to belong. As a community, we look forward to celebrating the achievements of the children who join us in the SRP.

Quick reference guide to Autism Spectrum Disorder:

- ‘Autism Spectrum Disorder’ is the general term used here to refer to people with a diagnosis of Autism and Asperger Syndrome.
- The triad of impairments is the basis of the diagnosis and identifies key areas of need in: social understanding and relation, social communication and social imagination and flexibility of thought.
- For the many children with a diagnosis of ASD, there may be evidence of sensory processing difficulties resulting in hyper/hyposensitive response to their physical environment.
- Some children with ASD may be very skilful physically, others may struggle with aspects of both fine motor activities (such as doing up buttons or early writing skills) and gross motor skills (such as running in a coordinated way or kicking a ball).

How the SRP provision is set up

Admission criteria

- The child has a EHC Plan with a diagnosis of a ASD with complex needs
- The child has the potential to access the national curriculum
- The child has the potential to benefit from the flexible setting offered by a specialist provision within a mainstream school
- Children must be able to access the mainstream with an ideal ratio of 1:2, adults to children. Children requiring 1:1 support may be considered at the discretion of the SRP Manager and under negotiation with the LA Officer in regards to additional funding.
- There must be evidence that the child’s cognitive ability shows some areas within the low average range or above, and must be on a compatible level with existing children in the unit.
- Children in the foundation stage must show some ability to communicate and, at least, show signs of developing language or another form of symbolic communication.
- Children in Key Stage 1 and above reveal some areas of expressive or receptive language functioning at least within mild to moderate delay.
- Consideration will be given to children with an additional disorder or a range of disorders. However, ASD must be their primary area of need.
- The child, with appropriate support, has the potential to conform with the behaviour standards as expressed in the school’s and the SRPs Behaviour Policy
- Children with complex behavioural needs and high anxiety will be considered at the discretion of the SRP Manager and Inclusion Manager. Significant behavioural needs will be considered in line with the expectations of mainstream school. If levels of aggression are a child’s primary need then they would not be considered, as the safety of our children would be paramount.
- Placements will be allocated by Hillingdon Local Authority Complex Needs Panel

Placement will be agreed if

- The school can meet the child’s needs
- There is a vacancy in the appropriate age group
- It is compatible with the interests of other children already in the school
- It is an efficient use of available resources

Whole School Approaches and Inclusion

The mainstreams school policies promote inclusion and include children with ASD. The impact of ASD is recognised in Cherry Lane Primary School policies and development plans, and reflects our duties under the Disability Discrimination Act and the inclusion framework.

Training and development

All school staff have and continue to receive training in ASD and understand the implications of the condition for learning and behaviour. All the SRP staff have received specific ongoing additional training in ASD and in specific strategies and approaches that are used. The SRP Manager works closely with the School Inclusion Manager and the Local Authority to plan for training and development needs in ASD across the school. Appendix 1 highlights the training staff have received

All staff who teach a child with ASD are aware of their needs. Information is shared regularly between all staff concerned. This may be done in the following ways:

- Through formal annual review process and Provision map review meetings
- Through sharing of Provision Maps, inclusion plans, curriculum targets, reports and additional documentation
- Through observations within provision and mainstream context

There are clear internal mechanisms to access advice and training for staff in the SRP. This is provided by:

- the Provision Manager
- weekly SRP staff meetings
- referrals to external professionals such as speech and language therapist, Educational Psychologist, Occupational Therapists, CAMHS, behaviour managers
- there is a commitment to funding for continued professional development for members of staff

Children in the school receive awareness raising training and are integral to the inclusive practice of the school. This is achieved through

- Whole school awareness through assemblies, disability awareness week and whole school activities
- Class awareness through PSHE
- Groups of children developed to work as peer buddies and within circles of friends

All information about children in the SRP is coordinated by the SRP Manager who works in close liaison with the Inclusion Manager in the support of other children with ASD within the school.

Development of the SRP has its own focus in the school improvement plan.

The Learning Environment

Considerable attention has been given to ensuring the learning environment meets the needs of the children with ASD

By creating a low arousal environment in the ASD provision in the following ways:

- Non-intrusive lighting
- Management of daylight
- Focus on visual clarity and visually defined working areas with clear visual pathways

- Use of designated teaching zones – social area, group work area, individual work stations,
- A specialist withdrawal room and sensory room.
- Low distraction teaching environment, with reduction of displays and a focus on meaningful and relevant visual information

By reducing the arousal levels in the mainstream environment using a range of strategies:

- Use of calming colours
- Use of carefully planned seating arrangements
- Use of individual work stations
- Use of individual screens

By managing playtime opportunities according to individual needs in the following ways:

- A separate play area, where children may be supported by children from the mainstream school
- Use of small group settings to develop play skills
- Supported access to shared play areas

There are a number of ways in which a child may be included with their mainstream peers, depending on the needs of the individual child. Inclusion planning for each child is reviewed with the child and parents at the termly review meetings. Some of the ways used are as follows:

- Child is joined by children from the mainstream class for lessons in the SRP classroom
- Child attends mainstream class lesson with support from SRP staff
- Child attends mainstream class activity with support from SRP, such as swimming lessons, or class outings
- Children from the mainstream class join lunch playtime in the SRP

Children may be supported to access these activities in the following ways

- Preparation by use of social stories and pre visits
- Development of appropriate routines
- Clear expectations and rule structure
- Clear instructions supported visually as appropriate
- Use of peer buddy systems and older buddy systems

There is a flexible and systematic approach to developing the necessary skills for children with ASD to join in whole school experiences. Depending on the needs of the child, this may include:

- Playtime
- Mealtimes
- Assemblies
- Sports events
- School celebrations
- Festivals
- Special curriculum activities
- Breakfast club, after school club and additional clubs run in school.

Communication

Within the provision all staff adopt ASD specific communication strategies depending on the needs of the individual child, this may include

- Picture Exchange Communication System - PECS
- Visual cues, such as visual timetables, schedules, rule lists, reward systems.
- Allowing additional processing time
- Using simple clear instructions
- Ensuring 1 member of staff is talking

Communication is differentiated to reflect the language needs of the individual child and may include a hierarchy of communication supports such as specific objects, the beginnings of representations using part objects, photographs, line drawings, symbols and written text.

Within the mainstream school ASD friendly communication strategies are adopted depending on the needs of the individual child which may include PECS and visual cues and in addition

- Visual support for key subject words and language
- Attention is given to avoiding metaphor and overly long explanations

Children's Personal and Social Development

The children have access to the listening systems that are available across the school, with facilitated access to those systems. In addition to this they have access to their weekly therapists (OT, SaLT and music) where they can discuss any concerns or anxieties they are able to. Weekly counselling is provided if necessary.

The school has a robust anti-bullying policy, however all staff are aware of the potential vulnerability of children with ASD to bullying. Therefore the school has appropriate monitoring and support in place.

Behaviour

Behaviour is understood from the child's perspective in order to identify key issues which need to be addressed. There are protocols in place to facilitate a detailed assessment of behaviours which are presenting barriers to learning and these will be addressed systematically. Key behaviours will be prioritised and addressed accordingly.

Individual Behaviour Support Plans are developed in consultation with the child with ASD and their parents. There is close communication between home and school about individual children's behaviour plans and practices and shared between home and school through daily communication books. Parents are always consulted when there is a significant change to the Behaviour Support Plan. The behaviour support system takes account of the child's ASD and their understanding of behaviour. Autism specific interventions are employed to reduce inappropriate behaviours. Refer to the SRP behaviour policy for more information.

All staff are trained in TEAM TEACH, an approach to behaviour management and positive handling (see the section on the range of approaches used).

Staff understand that behaviour can be linked to anxiety levels and there are appropriate strategies in place to lessen anxieties through the use of:

- The knowledge and understanding of the child and their particular presentation of ASD
- Predictable and consistent responses
- Established and embedded social and behavioural routines

- Use of visual systems to support communication
- Low arousal teaching and learning environment
- Aerobic activity
- De-escalation techniques
- Developing understanding through the use of social stories
- Development of self management techniques

Staff are aware of principles of behaviour management and use them to help them to limit any intrusive behaviours.

There are structured programmes in place which are working towards increasing the child's resilience to and tolerance of specific environmental factors such as noise, smells, touch, proximity and so on as and when appropriate.

Behaviour Support Plans are also used to address issues around feeding, toileting, and other self help skills.

The school curriculum

The SRP offers a curriculum which reflects the National Curriculum and also accommodates the individual child's needs. The children are offered a focused personal and social curriculum which addresses the triad of impairments as appropriate and the development of self help and life skills. The home school communication books ensure that this interaction informs the child's educational programme on a regular basis. There are also scheduled opportunities for all who work with the child, their parents/carers to meet to support the transfer of skills taught in one setting to another.

Curriculum access follows the following principles:

- Curriculum planning in the provision takes account of the different age groups of the children within each class. In practice this means that aspects of the curriculum will be picked up from areas of the school curriculum plan on a rotating basis.
- Work is differentiated to meet the needs of the individual child with clear expected outcomes presented visually
- Account is taken of the child's special interests. Where appropriate, the child's special interest is incorporated in to class and specific work as a motivator.
- Concepts are reinforced by using language appropriate to the comprehension level of the child.
- The National Curriculum is delivered in the context of the ASD needs of the children and ASD supportive structures are used for delivery of the curriculum
- The children's specific objectives as identified in their EHC Plans are met partly through the delivery of the National Curriculum and partly through specific interventions
- Where children are included for part of the curriculum in their mainstream class, access to that curriculum area may be additionally supported from within the provision classroom

There are a number of strategies which are used in the SRP which may then be generalised to the mainstream classroom. These may include:

- Visual and/or written cues or simple instructions
- Colour coding

- Highlighting key points
- Predictable routines
- Use of graphic organisation systems such as mind mapping, use of key notes and so on

Lunchtime arrangements

There is a choice of healthy school dinners cooked on the premises, or of bringing a packed lunch. The majority of the children eat in the dining hall, although some children may be working towards this. The lunch hall can be a daunting experience for a child with ASD due to the proximity of smells, other people, noise and food sensitivities. Lunchtime supervision is covered by SRP staff having staggered lunchtimes and additional meal time supervision staff. If you are on income support, your child may be entitled to free school dinners. Contact the school office for further information.

Provision Maps

Children follow the National Curriculum at an age appropriate level where possible, with appropriate differentiation. For those children operating at an earlier stage of development, they will follow the same broad theme as their same aged peers but may be accessing skills at an earlier level. Careful assessment and observations are used in conjunction with the child's statement objectives to identify needs, set targets and implement appropriate learning programmes and opportunities.

Provision Maps are used to support the children's learning and follow the same format to that used across the school. The Provision Map includes targets that address the child's specific difficulties. The targets focus on social communication and emotional regulation as well as the kind of support needed by the child. Provision Maps are reviewed termly with the parents, but targets may be reviewed and developed as they are met.

The following practices are incorporated into target setting:

- Targets are developed with the child, parents, relevant school staff and outside professionals as appropriate.
- Records are kept of when, where and with whom the targets will be addressed in planning
- Learning tasks are presented in a way that matches the child's learning style.
- Teaching is informed by assessment of the child's progress towards Provision Map targets.
- Home visits may be used to support the progress of targets across home and school settings.

Annual Reviews

Annual reviews are conducted in line with local authority procedures.

The following information is collated for the review:

- Annual Review Report Part A
- School advice form completed
- Child Views
- Samples of child's work
- Parental advice form completed

- Speech and Language Therapy report
- Information from any other professionals involved
- SCERTS targets and progress
- Copy of progress levels, updated and showing progress for foundation stage levels, p-levels or National Curriculum levels
- Copies of last 3 Inclusion Planning record sheets
- Copies of last 3 Provision Maps reviewed
- Copies of last 3 curriculum plans
- Copy of current Behaviour Management Plan
- Any other information pertinent to an individual

The review meeting is written up in the Annual Review Report, which details any action to take place.

Eliciting children's views

A range of differentiated formats, including child questionnaires, photographs, video, child progress books and child attendance at the annual review are used to elicit the child's views in the following areas as appropriate:

- Identify strengths and difficulties and areas for intervention
- State/show preferences for learning style and strategies for intervention
- Share/ show skills and interests
- Curriculum and activities
- Evaluate their progress

Transitions

Children will experience transitions when they join Cherry Lane SRP and when they move from Cherry Lane into secondary school. We aim to make these transitions as smooth as possible for the children to minimise any anxieties and disruption to their education.

We use a range of the following strategies:

- All about me form
- Home visits
- Book of previous setting/new setting
- Visit to previous setting/new setting
- Programme of visits with parent/key worker
- Specific programme of transition related to child's needs
- Staged transition – morning, lunch, whole day
- Home / school link books
- Phone contact
- Incorporate into the Provision Map targets to address potential difficulties with transition.

For transition to secondary school placements:

- We start the planning for this transition in year 5
- We follow a transition programme for all children in year 6

- A transition meeting is scheduled for as soon as schools are allocated to share information and plan strategies to address areas of concern. Parents, outside agencies and the Special Educational Needs Co-ordinator (SENCo) of the primary and secondary school are invited
- An individually planned transition programme is designed with the secondary school placement as an outcome of the transition meeting

Working with parents/carers

The importance of the relationship between parents and school is recognised in the Warnock Report 1978 as having a crucial bearing on the child’s educational progress for children with special educational needs. The Disability Discrimination Act 1995 expands this to valuing the greatest possible degree of partnership between parents and their children and schools, Local Education Authorities and other agencies. The Code of Practice 2001 identifies some key principles to make communications effective. These include drawing on parental knowledge and expertise, recognising the personal and emotional investment of parents, respecting the validity of different perspectives and respecting the differing needs of parents themselves.

The Scottish Society for Autism uses a mnemonic to remind professionals of the important components of their work with families. It is RESPECT and stands for

Recognising and valuing parents’ expertise in their own child

Enabling parents in their understanding of ASDs and its impact on their child

Supporting families’ emotional needs

Providing practical advice, ideas and information

Evolving support systems to respond to changing needs

Cooperating with other parties involved in the family situation to assist progress

Teamwork – awareness of our role, recognition of its limitations, developing working partnerships with parents and professionals.

At Cherry Lane we aim to work closely with parents/carers. The school operates an ‘open door’ policy and welcomes contact with families. If necessary, we acquire the services of an interpreter when communicating with parents whose first language is not English. Staff from the provision work closely with the parents/carers to identify and prioritise key areas of development for the children.

We recognise that by using Local Authority Transport, many of our parents/carers do not have the typical parents’ experience of chatting to other parents in the playground, being able to have informal contact with school staff, and being familiar with their child’s learning environment.

The following systems have been set up to facilitate working with parents:

| | Systems to facilitate working with parents |
|--------------------------------------|--|
| Sharing information about the child: | <input type="checkbox"/> Annual Statement Review <input type="checkbox"/> Annual School Report <input type="checkbox"/> Termly meeting to review Provision Map, BMP, curriculum targets and inclusion planning <input type="checkbox"/> Informal phone calls <input type="checkbox"/> Home link book |
| Giving information about school: | <input type="checkbox"/> School newsletter <input type="checkbox"/> Fliers for events <input type="checkbox"/> Letters home <input type="checkbox"/> Termly curriculum meetings <input type="checkbox"/> The school website |

| | |
|--|--|
| | <input type="checkbox"/> Parents' group meetings |
| Providing opportunities to meet other parents: | <input type="checkbox"/> Parents' group meetings <input type="checkbox"/> Parent and children events in the SRP |

Transport

Some of the children travel to and from school in transport provided by Hillingdon Local Authority. A request for transport is made through Hillingdon Local Authority Transport Panel.

Staffing

Ethos:

We recognise the co-dependency of staff environment and development and quality of life for the children in the SRP. For the children in the SRP to be successful, it is essential that the staff feel supported and developed to achieve the best they can in their roles. In this way we can achieve a higher quality of service. This principle can be looked at across the following framework.

Knowledge of staff

- Our efforts are based on recognised methods tailored to fit the individual child, with clear pedagogic strategies and structures. We aim to use clear communication and provide a stimulating and challenging learning environment.
- To achieve this, the work environment of the staff aims to provide a clear set standard. Peer support, supervision, courses and training programmes both in house and externally are used. We provide individual plans for professional development.

Strong Visions

- We want the children to experience positive, devoted staff who are always looking for the development opportunities for the individual child. To achieve this we have a strong vision about the goals and the structure, with every member of staff's professional development aligned with this

Ethics and Values

Our efforts are based on respect for the individual, their strengths, interests and special needs and are centred on an optimistic, strong and nurturing organisational structure. To achieve this we have the expectations of the following from staff;

- Loyalty and trust
- Recognition and pride in achievement
- Optimism
- Support for each other
- It is OK to make mistakes, but we learn from them

Cooperation and influence

- We want the children to be able to work with staff who respect them and show continuity in demands and expectations towards individual targets
- To achieve this we aim to provide quality in teamwork with a clear assignment of roles and staff taking responsibility for their competency in these roles

Organisation and predictability

- We want to present an environment of sense and continuity. The children need to have a setting with clear and obvious predictability in structures regarding the organisation of the day, communication, social life, demands, activities and staffing.
- To achieve this, staff need a work environment with a balance of private life and work, clear management and a focus on cooperation and flexibility. A willingness to execute special strategies when a child needs extra support is essential. These factors will help in maintaining a stable workforce of knowledgeable staff.

Conflict management strategies

- Our efforts are aimed at managing individual conflict situations with low arousal responses and options for escaping the situation in such a way that the child can have confidence in the intent of the staff.
- To achieve this, staff are trained appropriately and each individual child has a behaviour management plan, detailing strategies that are effective for that individual. There are opportunities for debriefing and learning from an episode, personally and as a group.

Speech and Language in the SRP

There is specialist speech and language therapy provided in the SRP 1 day a week. The work of the speech and language therapist is planned in conjunction with school staff.

The speech and language therapist contributes to the continued professional development of provision staff members in the following ways:

- Providing advice
- Modelling practice in therapy sessions
- Contribution to formal training in staff meetings and INSET days

Assessment is broad based, coordinated and integrated

- Assessment takes place for all children within the SRP, resulting in a report setting out an agreed programme of activities to meet the child's assessed speech, language and communication needs
- Assessment takes into account all aspects of communication and social functioning, not just speech and language
- A combination of formal and informal assessments are used, including classroom observation

Interventions aim to be flexible to meet the needs of the individuals in the provision. Therapy programmes are derived from evidence based practice. Interventions involve family, teachers, teaching assistants and other individuals and professionals involved with the child in the following ways:

- Providing and overseeing programmes of activity to meet children's assessed speech, language and communication needs
- The speech and language therapist contributes to planning of language based concepts within the curriculum
- Individual and paired therapy sessions aim to include additional staff to train and transfer skills
- Parents may be invited to attend specific sessions
- Preparing an annual report on the child's progress and the effectiveness of the programme of activities
- Attendance at annual reviews

- Attendance at some parents group meetings
- Contribution to Provision map target setting and evaluation
- Communication targets are integrated into the children's curriculum through the Provision maps
- Appropriate liaison with other professionals on an informal level as well as at professionals meetings
- Planning and monitoring of interventions takes place in the following ways:
- The advice on children's statements of educational need regarding amount and type of therapy are adhered to
- Interventions are planned, monitored and reviewed termly
- Progress is reviewed annually for contribution to Annual Reviews
- Outcome measures are used consistently
- Feeding and eating assessment

Occupational Therapy in the SRP

There is specialist occupational therapy provided in the SRP for two days a week. The work of the occupational therapist is planned in conjunction with school staff and a sensory diet is developed for a child.

The Occupational Therapist aims to:

- provide children with a means by which they can function more successfully in everyday life
- focus on physical, perceptual, sensory and social areas of development.
- the Occupational Therapist will initially assess a child to ascertain their skill level
- She will look at the child's ability to participate in and/ or perform self-care tasks (e.g. eating, dressing), play tasks (e.g. hand skills, visual perception) and school related tasks (e.g. pre-writing, writing, cutting). These are known as functional skills.
- she may also assess the child's gross motor skills (such as running, walking and other large physical movements).
- she will assess the child's sensory functioning.
- the Occupational Therapist will work in collaboration with the staff and families to help develop the child's functional abilities.
- the Occupational Therapist will also provide advice and recommended activities to promote the child's development in these key areas.

Music Therapy

Once a week the children have a 1-1 session with our music therapist. This service is provided by Chiltern Music Therapy. Music Therapy is a therapeutic intervention using music, which looks at creating change and improvements in communication, physical, social, cognitive and emotional needs.

The way that the brain processes music is totally unique. Unlike background noise or talking, the brain responds, both physiologically and emotionally to music and singing. When making music, many areas of the brain are active in processing the sounds, patterns and rhythmic sensations. Areas of the brain not previously activated by other activities are ignited through the use of music.

Music can be accessed by all ages and abilities – even those with very limited motor or communication skills, who can use finger movement or eye gaze to communicate, are able to participate in Music Therapy sessions. Elements of music, such as tempo, pitch, harmony and

familiarity, all bring about different psychological, neurological and emotional effects and can therefore be adapted to tap into new ways of developing skills or communicating our emotions in a way that words cannot.

Range of approaches used

In the Cherry Lane SRP we provide flexible, responsive and highly individualised learning opportunities utilising a wide range of interventions which have been proven to be effective in the research literature. Interventions are selected to suit the needs of each child and will be incorporated with a differentiated National Curriculum.

In addressing **social communication**, interventions may also include PECS (a proven strategy for developing real and spontaneous communication skills), symbol programmes, signing programmes including Makaton (where appropriate) and Semantic/Pragmatic programmes. All children follow individualised language and communication programmes devised by the Specialist Speech and Language Therapist.

In addressing **social understanding**, interventions may include child-centred approaches such as Interactive Play (see Christie and Prevezer, 1998), Musical Interaction (see Prevezer, 1990), Intensive Interaction (see Nind, 1999) and similar interventions.

In addressing **flexibility of thought and social imagination**, interventions may include TEACCH - an ASD-specific approach which provides visual information, structure and predictability and capitalises on many children's strengths in visual skills and adherence to routine in order to develop skills and minimise difficulties (Schopler and Mesibov, 1995). Programmes also address play skills and utilise computer and technology based learning. All programmes are rooted in techniques derived from behavioural theory including task analysis, systematic positive reinforcement and chaining.

In addressing **sensory issues**, interventions may include a sensory curriculum devised and monitored by an occupational therapist and, where appropriate, programmes will include Sensory Integration, use of aerobic activity and Conditioned Relaxation.

Attention and Listening:

Pupils with ASD often have difficulties with their attention skills. People need to have developed attention and listening skills in order to understand and use language. Attention Autism strategies can help us start at the attention level pupils are at and help them to build upon it. The 4 stages of the attention autism approach help children at different levels.

- Stage 1- The Bucket: Everyone attends to the same thing chosen by the adult
- Stage 2- Attention Builder: Pupils develop longer and sustained attention skills.
- Stage 3- Turn-taking games: Pupil learn to shift attention
- Stage 4- Independent work: Pupils focus, sustain, shift attention, transition and then refocus.

SCERTS is an innovative educational model for working with children with autism spectrum disorder (ASD) and their families. It provides specific guidelines for helping a child become a competent and confident social communicator, while preventing problem behaviours that interfere with learning and the development of relationships. It also is designed to help families, educators and therapists work cooperatively as a team, in a carefully coordinated manner, to maximise progress in supporting a child.

The acronym "SCERTS" refers to the focus on:

“SC” - Social Communication – the development of spontaneous, functional communication, emotional expression, and secure and trusting relationships with children and adults;

“ER” - Emotional Regulation - the development of the ability to maintain a well-regulated emotional state to cope with everyday stress, and to be most available for learning and interacting;

“TS” – Transactional Support – the development and implementation of supports to help partners respond to the child’s needs and interests, modify and adapt the environment, and provide tools to enhance learning (e.g., picture communication, written schedules, and sensory supports).

The SCERTS model targets the most significant challenges faced by children with ASD and their families. This is accomplished through family-professional partnerships (family-centred care), and by prioritizing the abilities and supports that will lead to the most positive long-term outcomes as indicated by the National Research Council (2001; Educating Children with Autism). The SCERTS Model can be used with children and older individuals across a range of developmental abilities, including nonverbal and verbal individuals.

The SCERTS Model includes a well-coordinated assessment process that helps a team measure the child’s progress, and determine the necessary supports to be used by the child’s social partners (educators, peers and family members). This assessment process ensures that:

- functional, meaningful and developmentally-appropriate goals and objectives are selected
- individual differences in a child’s style of learning, interests, and motivations are respected
- the culture and lifestyle of the family are understood and respected
- the child is engaged in meaningful and purposeful activities throughout the day
- supports are developed and used consistently across partners, activities, and environments
- a child’s progress is systematically charted over time
- program quality is measured frequently to assure accountability

Lego Therapy:

This is a strategy for developing social skills in the context of a real play situation. This approach uses the children’s natural interests to promote the development of social, communication and play skills. Each child is matched with two mainstream peers and they build Lego models together with a division of roles so that social interaction becomes necessary. The roles are the ‘Engineer’ who reads the instructions, the ‘Supplier’ who finds the bricks and the ‘Builder’ who builds a model. The children can also use freestyle building without instructions. Lego Therapy was developed by Dr Dan Legoff and has been the subject of research at Cambridge University.

SRP successes

The SRP has had significant progresses since opening in September 2015, staffs level of training has increased, their understanding of autism and the children we work with is now deep and vast. We have successfully managed to support a child, who previously had been taught in isolation and home tutored as the pressures of mainstream were too great, to now access a full time mainstream curriculum, with regular therapies. We have a boy whose mainstream education consisted of running up and down the school corridor, who is now sitting at a work station and

completing 5 minutes of independent work and 20 minutes of supported work. We have a child who has previously, not been able to establish friendships, who now plays regularly with peers at play time and lunch time. One of our boys has gone from using minimal language, getting highly anxious and frustrated and dominating a mainstream class with violent behaviours. These acts of violence are now almost non-existent and his levels of anxiety have reduced and through the use of strategies and therapies he is much better at regulating his own emotions.