

Cherry Lane Primary School

Autism Spectrum Condition with complex needs

Special Resourced Provision

Handbook

Cherry Lane Primary School Co-Head teacher:

Sipson Road Mr Stephen Whitehouse and Miss Tranter

West Drayton

Middlesex SRP Manager:

UB7 9DL Mrs Alison Trott

Tel: 01895 444480 Fax: 01895 430296

[cherrylane@lgflmail.org](mailto:cherrylane@lgflmail.org)

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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 a 3 form entry school. 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 moto 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 was built for the unity and consists of the following facilities:

* 2 classrooms
* A sensory room
* Individual work stations and group work areas
* An outdoor play area (linked to the mainstream playground so children have the option to join in)
* A toilet
* A low arousal room for self regulation

The SRP provision caters for 10 children, 2 in each year group. Each child is on roll in the SRP provision and also linked to a mainstream class.

The ASD Provision staff include a manager (who is an ASD specialist teacher), 2 HLTA’s, 2 specialist teaching assistants, and a meal time supervisor.

We offer specialist speech and language therapy, occupational therapy and music therapy once a week depending on the needs of the child and their outcomes in their EHCPs. 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, Asperger Syndrome and other pervasive social communication difficulties which fall on the autism spectrum.
* 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 is a coordinated way or kicking a ball).

For more information on Autism Spectrum Disorders, see page 20.

**How the SRP provision is set up**

Admission criteria

* The child has a EHC Plan with a diagnosis of a ASD with complex needs
* Parents/carers will accept that members of the school community will be aware of this diagnosis
* 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
* The child, with appropriate support, has the potential to conform with the behaviour standards as expressed in the school’s Behaviour Policy
* Placements are offered on the basis of vacancies within particular key stages.
* 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**

In Cherry Lane Primary School the school’s 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.

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
* daily SRP morning 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 raising through assemblies, disability awareness week and whole school activities
* Class awareness through PSHE and SCERTs
* Groups of children developed to work as peer buddies and within circles of friends

**The Learning Environment**

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

We have created a low arousal environment in the SRP by using:

* Non-intrusive lighting
* Focus on visual clarity and visually defined working areas
* Use of designated teaching zones – social area, work area, individual work stations,
* Specialist withdrawal rooms, sensory room and learning mentor room in mainstream.
* Use of carefully planned seating arrangements

We manage social communication learning opportunities with the use of:

* 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. 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
* Children from the mainstream class join lunch playtime in the SRP

**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.

 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**

Staff are able to offer individual pastoral support for a designated child. They take on a mentoring role in relation to the child and are available for the child to discuss any concerns they may have. The children have access to the listening systems that are available across the school, with facilitated access to those systems.

The school has a robust anti-bullying policy, however all staff are aware of the potential vulnerability of children with an 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 an ASD and their parents. There is close communication between home and school about practices and shared between home and school though 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.

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

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.

Curriculum access follows the following principles:

* Curriculum planning in the provision takes account of the different age groups of the children within each class, but each child will be taught based on their academic needs.
* 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 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

**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. 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**

Provision Maps are used to support the children’s learning. The Provision Map includes targets that address the child’s specific difficulties, which are linked to their outcomes on the EHCP. The targets focus on social communication and emotional regulation as well as the kind of support needed by the child to achieve academically. 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.
* Targets are written in a clear, comprehensible language, from the child’s perspective
* Records are kept of when, where and with whom the targets will be addressed in planning
* Visual record keeping systems are used to help the child monitor their own progress.
* 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:

This meeting is where the EHCP is reviewed and discussed with the parents. All therapists reports are reviewed which may result in changes being made to outcomes and provision. The SEN Officer will collate all paperwork and make changes accordingly.

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

**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

**R**ecognising and valuing parents’ expertise in their own child

**E**nabling parents in their understanding of ASDs and its impact on their child

**S**upporting families’ emotional needs

**P**roviding practical advice, ideas and information

**E**volving support systems to respond to changing needs

**C**ooperating with other parties involved in the family situation to assist progress

**T**eamwork – 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: |  Annual School Report   Termly meeting to review Provision Map, BMP, curriculum targets and inclusion planning   Informal phone calls   Home link book |
| Giving information about school: |  School newsletter   Fliers for events   Letters home   Termly curriculum meetings   The school website   Parents’ group meetings |
| Providing opportunities to meet other parents: |  Parents’ group meetings   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.

**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 one day a week. The work of the occupational therapist is planned in conjunction with school staff and a sensory diet is developed for a child where needed.

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 moto 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.

**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.