Royal Borough of Greenwich
Approach to Supporting the Needs of Children and Young People with a Diagnosis of an ASD
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INTRODUCTION

In Greenwich we use an eclectic approach to supporting and managing the needs of students with an ASD and their families, drawing on a range of strategies and interventions that are evidence based. We focus on the individual child and their needs and design programmes of intervention accordingly. The approaches we use have a known evidence base, such as:

- PECS
- Attention Autism
- Social stories
- Incredible 5 point scale
- TEACCH

And we also consider a range of guidance/resources including:

- NICE guidelines: ASD in under19’s: Support and management.
- Autism Education Trust Standards (AET)
- NAS research
- Research Autism (an independent non-profit making charitable trust set up to undertake research into autism interventions)

We have guiding principles, looking at the unique individual child profile and needs, and embracing the SPELL approach (NAS), which include:

- **STRUCTURE**: Using structure and predictability, including visual support to scaffold interactions and learning for the child. The approach involves decreasing personal dependence on adults and increasing autonomy.

- **POSITIVE**: Starting from a positive stand point and embracing the child and their needs, and starting from where they are, building on strengths and using interests and intrinsic motivation to make progress.

- **EMPATHY**: Trying to understanding the Autism, and what motivates them and distresses them

- **LINKS**: A strong emphasis on working in partnership with families so skills are generalised and embedded across a wide range of communication settings for the child rather than learnt in a specific identified context.

- **LOW AROUSAL** approaches, taking into account the child’s sensory needs, to reduce anxiety and increase independence.
A. TYPICAL APPROACHES TO MANAGING/ANALYSING BEHAVIOUR

- Functional Behavioural Analysis (FBA) using the STAR and ABC approaches: We try to work out what a child is trying to tell us non-verbally and often inappropriately (kicking, biting, screaming etc.) and teach them to ask for it in a more appropriately manner. To make this happen, we monitor behaviour and record data for analysis. Within this context, we consider the child and their environment holistically in terms of:
  - What was the setting, which could have social, sensory or communication based challenges for the child
  - What was happening before the behaviour occurred, which may have been a trigger
  - The consequence/s of the behaviour

This data is used to:
  - Put a plan in place with a range of both proactive and reactive strategies
  - Needs associated with the behaviour are identified so these areas can be addressed in targeted Speech and Language Therapy or Occupational Therapy sessions

- The TEACCH iceberg model
- STAR/ABC charts linking behaviour to communication and sensory needs through identification of the settings and triggers and taking a preventative approach to managing behaviour
- Positive Behaviour Support models, embedded in individualised behaviour plans
- Using emotionally based behaviour interventions such as:
  - Zones of regulation
  - The Incredible 5 point scale
- Using integrated family based programmes such as Early Bird and Cygnet to support families in managing behaviour in the home setting

"The Cygnet parent training course that I attended was also helpful and informative, thanks to which I was able to understand Lucas’ behaviours better, anticipate his triggers and guide him through difficult situations (either due to social or sensory issues).

Visual support has worked both in school and at home with my son. He started off with objects of reference before moving to black/white symbols and now he can manage using a diary/planner or the diary app on a smartphone. We as a family used what the school was using for consistency and my son’s anxiety about what was happening in his day reduced. We brought the same sand timers the school use too to aid transition times. Using both of these and working together has changed all our lives and made it so much easier to manage!"
B. COMMONLY USED APPROACHES TO COMMUNICATION/INTERACTION

1. PECS – Picture Exchange Communication System
PECS is an evidence-based approach for teaching children with autism to initiate and to develop functional communication. It teaches functional non-verbal communication using symbol exchange. PECS begins by teaching an individual to give a picture of a desired item to a communicative partner, who immediately honours the exchange as a request. The system goes on to teach discrimination of pictures and how to put them together in sentences. In the more advanced phases, individuals are taught to answer question and to comment. It aims to develop a functional communication system for individuals with autism spectrum disorder (ASD) based upon the principles of applied behaviour analysis (ABA).

2. Intensive Interaction
A practical approach to developing the interaction of children with ASD who do not find it easy communicating or being social. The approach helps the child and their communication partner to relate better to each other and enjoy each other’s company more. It helps them develop their communication abilities. In Intensive interaction the carer, support worker, speech and language therapist or teacher works on being a better communication partner and so supports the person with learning disabilities develop confidence and competence as a communicator. Intensive interaction is a fun process.

3. Attention Autism
A highly motivating and creative approach to building attention and early communication skills. It aims to develop natural and spontaneous communication through the use of visually based and highly motivating activities.

4. Lego® Therapy
Lego®-based therapy is a social development programme for young people with autism spectrum disorders or related social communication difficulties. Young people work together to build Lego® models and through this have the opportunity to develop social skills such as turn taking, collaboration and social communication. It can be used individually or in groups. Natural opportunities for developing social competence are facilitated by the therapist. Key to this approach is how engaging and enjoyable it is for the participants!

“We started to use PECS with our son when he was 2½ as he was non-verbal. Watching your son become so upset and hit himself because he was so frustrated is heart-breaking so we knew we had to try PECS. We tried various motivators but they wasn’t motivating enough until we tried chocolate buttons. In a relative short space of time he had too many symbols to physically carry he then progressed to a communication device. He continued to impress both the school and us with how much he could tell us about his wants, likes or comments. Now he is using an IPOD to communicate and every day he amazes me more with what he can say. Without PECS we wouldn’t be where we are now and for that we are forever grateful as he has a voice and can be heard!”

“When I pick Charlie up from nursery I love to hear from his LSA how well he has done with Bucket. Before starting nursery I could not imagine Charlie sitting and focusing on an activity led by anyone apart from himself for just 1 minute, let alone 15! To hear he now takes turns and waits his turn is fantastic!”
5. Social Stories and Comic Strip Conversations
Social Stories and comic strip conversations can help autistic people develop greater social understanding and stay safe. What was the setting, which could have social, sensory or communication based challenges for the child.

6. Colourful Semantics
Colourful semantics reassembles sentences by cutting them up into their thematic roles and then colour codes them. The approach has 4 key colour coded stages.

7. Sensory Stories/ Interactive story telling
Different ways of making books accessible to children with ASD, and supporting early literacy development.

C. TYPICAL SENSORY PROCESSING BASED APPROACHES

We know that children with autism can experience sensory processing difficulties leading to sensory overload, distress, sensory seeking or avoiding and confusion. Sensory processing refers to how we recognize and respond to information from our bodies (the position and movement of body parts) and the environment (tastes, sounds, smells and information from sight and touch). These can be confused and exaggerated in the body of the child with autism, and we therefore try to identify where the child is hypersensitive (over-sensitive) or hyposensitive (under-sensitive), whether their behaviours are due to sensory seeking or avoiding and how we can support them to achieve a calm-alert state by providing the right level of sensory input through for example:

- Sensory Diets and Sensory Activity Schedules
  Positive Behaviour Support models, embedded in individualised behaviour plans
- Sensory Environments

“Sensory circuits has helped us understand our sons sensory needs and to provide him with the structure of a circuit but more importantly to finish using deep pressure for calming. He constantly craves deep pressure and working with both the school and OT we are now able to understand the importance of providing this and using a circuit helps him to then start his work in a calm and relaxed state.

“…Visual support (PECS, sentence strips and real objects) has provided my daughter with a means of communication which is something she struggles with, being non-verbal. They are portable and can be personalised; she now shows more understanding of the world around her and is less anxious when there is a change in routine.
D. TEACCH – Treatment and Education of Children with Autism and other Communication Handicaps

The TEACCH approach tries to respond to the needs of autistic people using the best available approaches and methods known so far, for educating and teaching autonomy. It is not a single method and can be used alongside other approaches.

It includes supports such as:

- Work Stations
- Visual schedules and supports e.g. NOW/NEXT boards, timetables etc.

E. TYPICAL APPROACHES TO ADAPTATION OF THE CURRICULUM

- Individualised, personalised and differentiated curriculum
- Quality First classroom teaching approaches
- The correct educational environment, which could mean a DSP/ Specialist provision as appropriate
- Specialist ASD support in all settings, including mainstream schools

F. TYPICAL APPROACHES TO ADAPTING THE PHYSICAL ENVIRONMENT

This could include any or all of the following:

- TEACCH
- Visual supports
- Adapting the curriculum
- Adapting the sensory environment
- Looking at grouping at a child level
- Support options and specialist provision

I really enjoyed the Cygnet Course, was very useful to see/hear what other parents/professionals recommended to use for certain behaviours. It was refreshing to be surrounded by other parents who experience what you do on a daily basis.
G. TYPICAL APPROACHES TO WORKING IN PARTNERSHIP WITH FAMILIES

In order to achieve the best possible outcomes for children, we believe that we should be working together with families from the outset of receiving their ASD diagnosis. This will ensure that a child learns skills in all contexts, with a focus on generalising skills from one setting to another:

We have a range of parent based interventions available including:

- Termly sign posting sessions for families immediately after a diagnosis
- Termly coffee morning sessions at the ASD Outreach base, and similar events based in specialist provisions to support families
- Specialist parent programmes for families of children of any age including Early Bird and Cygnet
- A range of other specialist courses for families in specific areas such as:
  - Sensory issues
  - Discussing diagnosis
  - Eating and drinking
- Promoting the use of home contact books to share information across settings
- Sharing of PLP’s, programmes etc…

H. TYPICAL APPROACHES TO WORKING IN PARTNERSHIP WITH PROFESSIONALS

Services work together with other professionals to ensure that children receive joined up programmes to meet their unique needs. In particular:

- Occupational therapy via both the core Oxleas Service and through the OT who is part of the ASD Outreach team
- Speech and language therapy via the integrated therapy support to schools and via the SALT who is part of the ASD Outreach team
- CAMHS team at specialist level and through the in school based services

Services also plan and deliver joint training for staff in specialist areas.
I. SPECIALIST TRAINING AND CPD

Royal Borough of Greenwich has a range of specialist training, much of which is free to Greenwich schools to support CPD and create capacity at school level. Some of this is delivered at school level so all staff can attend. CPD is aimed at all staff in schools including:

- Teaching assistants
- SENCO’s
- Meal time supervisors etc..

http://servicestoschools.royalgreenwich.gov.uk/

J. ALTERNATIVE APPROACHES

(extracted from the Research Autism web site: an independent non-profit making charitable trust set up to undertake research into autism interventions)

ABA:
Applied behaviour analysis (ABA) is a systematic way of observing someone's behaviour, identifying desirable changes in that behaviour and then using the most appropriate methods to make those changes.

It is based on the idea that someone's behaviour can be changed by altering what happens before the behaviour occurs (known as the antecedent) and/or by altering what happens after the behaviour occurs (known as the consequence).

Evaluation:
Because there are many different interventions, programmes and techniques which incorporate the principles of applied behaviour analysis it is not possible to provide a ranking for applied behaviour analysis as a whole.

However there is strong positive evidence for some individual interventions based on the principles of applied behaviour analysis, such as some early intensive behavioural intervention programmes like the University of California at Los Angeles Young Autism Project model.

There is less strong but still positive evidence for other approaches based on the principles of applied behaviour analysis, such as incidental teaching.

Thus there is still a need for more research in some areas. For example:

- Research is needed to evaluate the longer term effects of those interventions and techniques which incorporate the principles of ABA - most studies involve only relatively short follow-up periods.
- There is a need for more comparative studies of interventions and techniques vs. other high quality, autism specific pre-school programmes.
Although some randomised control trials have been conducted these are small in number and the quality of the alternative intervention has not necessarily been of a high standard.

Any new research will need more focus on fidelity (of both the ABA-based interventions and the comparison interventions). There is also a need to explore in much greater detail moderators and mediators of treatment effectiveness.

In particular, the characteristics of the individuals who do, and do not, respond to intervention require systematic investigation.

Any future research should also involve people on the autism spectrum (including individuals who may be non-verbal) to review the efficacy and ethical basis of interventions based on applied behaviour analysis.

In addition, if any type of ABA is undertaken, it is important to consider any benefits against the possible impact on the child (in terms of the intensity and possible stress of the intervention) and on the families (in terms of time, finances, organisation, and effects on siblings).

### K. INTERVENTIONS WE DO NOT USE (in line with NICE guidelines)

- Neurofeedback to manage speech and language problems in children and young people with autism
- Auditory integration training to manage speech and language problems in children and young people with autism, involving listening to a selection of music or other sounds that have been electronically modified
- Omega 3 fatty acids to manage sleep problems in children and young people with autism.
- The following interventions to manage autism in any context in children and young people:
  - Secretin (a digestive hormone)
  - Chelation (a medical procedure to remove toxic substances (such as heavy metals like mercury and lead) from the body)
  - Hyperbaric oxygen therapy (oxygen administered for the individual in a pressurised chamber; with the goal of increasing oxygen absorption in body tissue)
RATIONALE FOR THE ROYAL BOROUGH OF GREENWICH
“ECLECTIC” APPROACH

In Greenwich we use a range of different approaches, including elements from Son Rise and ABA. We believe this approach enables us to teach skills equally effectively whilst also developing the child’s spontaneous functional communication, their ability to regulate their emotions effectively, their independence skills and an interest and motivation to participate in learning activities that are intrinsically motivating. Using a range of strategies enables us to tailor a child’s learning and behavioural intervention to their individual needs, adapting this according to how they respond and progress. For additional information see this link:

https://www.autism.org.uk/about/strategies/spell.aspx

The National Autism Society’s view is:

▪ There is a need for more comparative studies of interventions and techniques vs. other high quality, autism specific pre-school programmes.

▪ Although some randomized control trails have been conducted these are small in number and the quality of the alternative intervention has not necessarily been of a high standard.

▪ Any new research will need more focus on fidelity (of both the ABA-based interventions and the comparison interventions) there is also a need to explore in much greater detail moderators and mediators of treatment effectiveness.

▪ In particular, the characteristics of the children who do, and do not respond to intervention require systematic investigation.

The Royal Borough of Greenwich believe each child with an ASD should be supported as a unique individual, with a unique pattern of strengths and weaknesses and an individual social context at home and school. It is our view that using the NAS SPELL approach enables us to follow this approach:

▪ Looking at children’s needs across range of contexts, including home and school, in group and individual settings, and in the whole classroom context

▪ Supporting families and school staff to explore the functions of behaviours, through the approaches outlined in this document, in order to plan next steps

▪ To accept that this might not mean the child “changing”, but the environment and individuals adapting and accommodating needs through increased understanding of their needs.

My son has been supported really well at school since he started Reception last September. The visual Now Next board helped him to transition between activities, PECS facilitated his communication (he is now completing his 2nd phase), and the Attention Autism intervention made a difference to his attention span. The Cygnet parent training course that I attended was also helpful and informative, thanks to which I was able to understand Lucas’ behaviours better, anticipate his triggers and guide him through difficult situations (either due to social or sensory issues). I really appreciate all the support we’ve received from the Greenwich ASD Outreach team so far."
Programmes such as, the ‘earlybird course’ and the constant use of PECS has helped increased her listening, social and verbal skills. Prior to the use of these programmes and aids, Rachel seemed to have been in a world of her own and did not understand or use speech. She also did not socialise with others and was not willing to do so. However since the implementation of what was learnt on these courses/programs and married with the use of PECs, she is confident in requesting items and attention from others, she plays with others willingly, she expresses her feelings verbally, she is beginning to ask questions - showing her curiosity about whats happening around her, and is growing more in understanding of the world around her.