

Guide to working  
with children with  
Autism

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## **Guidance for working with children and young people with autism**

### **1. Introduction**

- 1.1 This guidance should be read in conjunction with the communication policy, behavior support policy, transition policy, safeguarding policy and the child's individual care plans and risk assessments and behaviour support plans.
- 1.2 Children and young people with autistic spectrum disorder (ASD) are included in all the activities that we do in Short Breaks or our Children's Homes.

### **2. Definition of Autism**

- 2.1 Autism is a lifelong developmental disability that affects how people understand and view the world and interact with others. 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.
- 2.2 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. (Information taken from the National Autistic society website).
- 2.3 The word spectrum in ASD means that every child is unique and has his/her

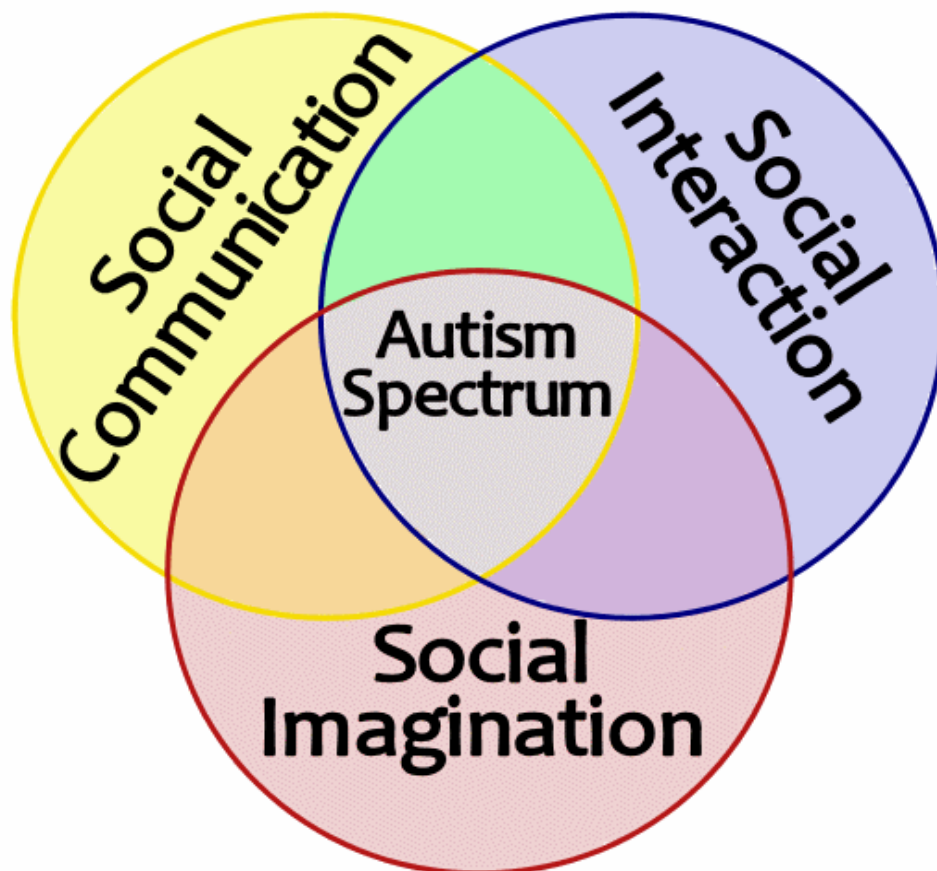
own combination of characteristics. These combine to give him/her a distinct social communication and behavior profile.

### **3. The labels associated with Autism**

- 3.1 Different labels have been used to refer to autism, including autism spectrum disorder (ASD), autism spectrum condition (ASC), classic autism, Kanner autism, pervasive developmental disorder (PDD), high-functioning autism (HFA), Asperger syndrome and pathological demand avoidance (PDA).
- 3.2 As a child grows and develops, the nature or expression of these problems and challenges may change based on his/her biology and environmental experience. Usually a person with ASD will have some form of social and/or behavioural differences for the whole of their life. (Information taken from the national autistic society website)
- 3.3 A diagnosis of ASD is based on what a medical doctor or psychologist observes and learns about your child's behavior and development in early years. However a diagnosis of autism can take many years and can take place at any age, with many adults now being diagnosed with autism.
- 3.4 Autistic people often do not 'look' disabled. Some parents of autistic children say that other people sometimes think their child is naughty, while autistic adults find that they are misunderstood.
- 3.5 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
  - Restricted, repetitive patterns of behaviours, activities or interests since early childhood, to the extent that these 'limit and impair everyday functioning'.

#### 4. The Triad of Difficulties

- 4.1 The triad of difficulties is a term used to describe the three main areas of difficulty experienced by all those diagnosed to be on the autistic spectrum.
- 4.2 The graphic below shows the three areas and illustrates how presence of all three impairments leads to a diagnosis of autism.



4.3 Specific behaviours shown within each triad are shown in the table below;

Social Communication	Social Interaction	Social Imagination
Difficulty understanding non-verbal communication, e.g. facial expressions, hand gestures etc.	Inability to understand rules of social behaviour leads to a tendency to be aloof, withdrawn and anti-social	Difficulty with imaginative or pretend play
Difficulty understanding long and complex sentences	Disinterested in the behaviour of others	An inability to predict events or behaviour
Difficulty understanding metaphors	An avoidance of eye contact	Difficulty dealing with new or unusual situations
Difficulty understanding jokes	Difficulty dealing with unstructured group situations	Inability to empathise with the feelings of others
Repeating words and sentences	Difficulty making lasting friendships	Prefer facts and statistics to abstract ideas
Inability to use intonation		

<b>Other behaviours shown include:</b>
<b>Development of fixed routines</b>
<b>Repetitive behaviour</b>
<b>Obsessive behaviour including an obsession with a particular topic or object</b>
<b>Difficulty managing anger</b>
<b>Hyper or Hypo sensitive to sounds, sights, smells and taste</b>
<b>Inability to be tactful often stating things exactly as they are</b>

5. **Sensory sensitivity**

- 5.1 Autistic children may also experience over-or under-sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain. For example, they may find certain background sounds, which other people ignore or block out, unbearably loud or distracting. This can cause anxiety or even physical pain. Or they may be fascinated by lights or spinning objects.
- 5.2 The children coming to short breaks are supported by experienced staff members who are trained in different aspects in relation to ASD. The staff team at Westland Drive are happy to support any of the homes in relation to ASD. Structure, visual support and individual strategies appropriate for each individual child are offer to support the child to enjoy their stay at Short Breaks or to be happy in their home. The key for this to work for each child is effective communication with the child, parents/carers and school.
- 5.3 ASD, as highlighted previously, affects communication, social understanding and flexibility in thinking and behavior. In addition to this there is also a strong tendency of repetitive behavior, all of which can present as unusual behavior if not understood. It is the responsibility of the staff team at Westland drive to work with the young person, family and school to try and understand new behaviours and piece them together, to give meaning.

## **6. Barriers in social interaction skills and relationships**

- Lack of understanding of others feelings and emotions
- Have difficulties interpreting other people's facial expressions and body language
- Individuals may present as rude, anti-social, or shy, therefore finding some social events and interactions difficult

## **7. Barriers to undertraining abstract thoughts and situations**

- New or different situations can be unimaginable and therefore perhaps frightening
- Changes in routine are frightening/ disorientating without the ability to imagine and alternative order of events
- Some young people may not understand the concept that other people have their own opinions, perspectives or plans
- Some children and young people struggle with generalisations
- Difficulties organising tasks and activities – understanding what to do next, items required do something etc.
- Difficulties making choices and decisions

## **8. Communication and language**

8.1 Communication and language barriers can include:

- Delayed or disordered expressive language skills
- Difficulties understanding and/or processing verbal communication
- A literal understanding of language can be nonsensical, for example “it is raining cats and dogs”, or “get your skates on, we’re going to be late”
- “Don’t do that”; a child or young person with ASD may struggle to understand what “that” is.

8.2 The emphasis is on communication, social interaction, the independence and emotional well-being of each individual child.

8.3 Communication is fundamental to learning and therefore is a key area of development for all the children and children coming to short breaks or to a children’s home. We must all use the approach of total communication environment, whereby we will promote verbal communication, but also using sign supported speech, i-pad apps, photographs and also objects of reference.

8.4 Individual communication books are available, as well as communication books for each room, emotions and feelings, activities and also i-pad apps

that are used in all the local schools. These are useful as they can easily be taken out on activities to help support young people express their wishes and feelings. Short Break services and Children's Homes also access to Speech and language therapists. The staff team must ensure that they use the vast amount of communication aids available to them.

8.4 Autistic people have difficulties with interpreting both verbal and nonverbal language like gestures or tone of voice. Many have a very literal understanding of language, and think people always mean exactly what they say. They may find it hard to use or understand facial expressions, tone of voice, jokes or sarcasm.

8.5 Some may not speak, or have fairly limited verbal speech. They will often understand more of what other people say to them than they are able to express, yet may struggle with vagueness or abstract concepts. Some autistic people benefit from using, or prefer to use, alternative means of communication, such as sign language or visual symbols such as PECS (picture exchange communication system). Some are able to communicate very effectively without speech.

8.6 Other children have good language skills and are very articulate, but they may still find it hard to understand the expectations of others within conversations, perhaps repeating what the other person has just said (this is called echolalia) or talking at length about their own interests. An autistic person may appear to speak fluently and understand what you are saying to them, but could still need support (eg when the conversation becomes more complicated or is about a topic that makes them very anxious). The more anxious an autistic person becomes, the more support they will need and the greater the likelihood for misunderstandings.

## **9. Repetitive behaviour and routines**



9.1 The world can seem a very unpredictable and confusing place to autistic people, who often rely on a daily routine so that they know what is going to happen every day. They may want to always travel the same way to and from school, or eat exactly the same food for breakfast. The use of rules can also be important. It may be difficult for an autistic person to take a different approach to something once they have been taught the 'right' way to do it. People on the autism spectrum may not be comfortable with the idea of change, but may be able to cope better if they can prepare for changes in advance.

## **10. Meltdowns**

10.1 A meltdown is "an intense response to what children/young people feel are overwhelming situations". It happens when someone becomes completely overwhelmed by their current situation and temporarily loses behavioural control. This loss of control can be expressed verbally (e.g. shouting, screaming, crying), or physically (e.g. kicking, lashing out, biting).

10.2 A meltdown is not the same as a temper tantrum. It is not 'bad' behaviour. When a person is completely overwhelmed, and their condition means it is difficult to express that in an appropriate way, it is understandable that the result is a meltdown. Meltdowns are not the only way an autistic child may express feeling overwhelmed. Other behaviours that may appear are less explosive but equally common, such as refusing to interact, withdrawing from situations they find challenging, or avoiding them altogether, or becoming more anxious and agitated.

10.3 Many children with autism will show signs of distress before having a meltdown. They may start to show signs of anxiety such as pacing, seek reassurance through repetitive questioning or show physical signs such as rocking or making noises related to their anxiety. At this stage, there may still be a chance to prevent a meltdown. Strategies to consider include distraction, diversion, helping the child calming strategies such as fiddle toys or listening

to music, removing any potential triggers, and staying calm yourself. These are all strategies that are taught on TEAM TEACH training which does not just look at physical interventions but also de-escalating strategies based upon the child's individual behaviour support plan.

10.4 Guidance about how to respond to a meltdown includes:

- Avoid shouting direct orders and use a low-key approach. If you use a loud tone in your voice, this could be perceived as aggressive.
- Give the person some time; it may take them a while to recover from an information or sensory overload. A general guidance to this is if you ask a question, count to eight as this generally allows processing time of what has been asked.
- Calmly ask them (or their parent or carer) if they're okay, giving them plenty of time to respond, keep your body language open and be aware of how you present to children and young people.
- Try to create a quiet, safe space: ask people to move along and not to stare, turn off loud music and turn down bright lights.

## **11. Individual needs of the child**

11.1 All children that come to Short Breaks or Children's homes have their own needs, achievements, skills and risk that are documented in their own care plan, risk assessment and behavior support plan. In addition if there are any concerns that young person may go missing or be at risk of child sexual exploitation there will also be a risk assessment for these areas in the young person file.

## **12. Sensory issues and sensory diets**

- 12.1 Children with ASD are likely to experience sensory stimuli, differently to others. This may be in relation to sight, sound, smell, taste, touch, and personal space or special awareness.
- 12.2 The child may get upset, distracted or react in an aggressive manner due to the discomfort or pain they feel. Children with autism spectrum disorder often have sensory processing difficulties. They may seek additional sensory input, or they may avoid sensory experiences. They may present as hyper (over) responsive or hypo (under) responsive to sensations received from the environment. However some children get a lot of comfort and excitement from sensory play and sensory experiences such as messy play. The staff team we will aim to reduce anxieties and distress by providing the following:
- An environment which is calm, and comfortable with few distractions if required.
  - An environment which can be personalised to meet the specific needs of individuals.
  - An environment with clear routine and structure, which also incorporates the elements of flexibility of thought.
  - The reassurance that the child/ young person can ask for help and support and they will get it.
  - Specific sensory support to match their individual needs and help them learn.

### **13. Training**

- 13.1 All staff members at Westland Drive are trained in Makaton, PECs and have basic training around autism and we are currently commissioning more specialist training for the staff team through the training department. Westland Drive staff are happy to support any of the children's homes or other respite homes. In addition to this, a specialist needs nurse attends the team meeting to discuss certain young people with the aim of supporting the care plans and behavior support plans for individual children and young people. In addition Craig Ashurst at Westland Drive is currently completing

his Master's degree in ASD studies and would be happy to support any of the homes, in relation to children or young people with ASD.

#### **14. Useful people to contact and research and learning**

[www.autism.org.uk](http://www.autism.org.uk) (national autistic society website)

Special Needs Nurses	Ruth McCormack - 01925 867843
Warrington Disability Partnership	01925 240064
Warrington Play and Sensory	01925 817347
Children with Disabilities Team	01925 442428
Child Development Centre	01925 867867
Educational Psychologist	01925 442921
EHC team	01925 443173
SALT (speech and language team)	01925 251389