

**HIGHLAND COUNCIL
EDUCATION, CULTURE & SPORT SERVICE**

**POLICY AND STRATEGY
FOR THE EDUCATION
OF PUPILS WITH
AUTISTIC
SPECTRUM DISORDERS**

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Note: Throughout this document, the term 'autistic spectrum disorders (ASDs)' is taken to include classical autism, atypical autism and Asperger's Syndrome.

1 Rationale

1.1 This document has been developed by the Highland Council Education, Culture and Support Service in collaboration with parents/caers, voluntary sector representatives, the Highland Council Social Work Service and NHS Highland. It draws extensively on experience to date and sets out the policy and development strategy of the Highland Council in relation to the education of pupils with autistic spectrum disorders (ASDs).

1.2 The Highland Council is seeking to further develop services both strategically and operationally in partnership with NHS Highland and with the voluntary sector. The Council seeks to respond to the increasing number of children diagnosed as having an ASD by building partnerships with colleagues in other agencies and with parents/carers, by establishing the pattern of need and the provision required, by supporting a range of staff development opportunities, and by establishing new educational provision. The current document replaces the previous policy issued in 2001.

1.3 ASDs are complex and impact differently on different individuals. They can have varying levels of impact on functioning in communication, socialisation and thought/behaviour. The impact is independent of intellectual ability. Those with high intellectual levels may function only with considerable difficulties in their day-to-day lives.

1.4 In recent years there has been a significant increase in the number of children identified in the Highlands as having an (ASD). Increases are reported throughout the UK and internationally. Most recent studies have estimated the overall population prevalence of ASD in children to be approximately 60 per 10,000 (Public Health Institute of Scotland (PHIS), 2002). Although there are some problems in gathering consistent data which make it difficult to be certain of the accuracy of statistics, the widely reported increases are thought to result from both a general increase in awareness leading to more accurate diagnosis and from a genuine increase in prevalence, the causes of which are uncertain and controversial. Appendix A contains current figures for ASD in the Highlands.

1.5 The increased diagnosis rate is having considerable impact on the demands made on statutory and voluntary services. The PHIS Report states, "Autistic spectrum disorders are lifelong, complex, controversial, challenging to service providers, they can cause severe impairments and they are not uncommon" (PHIS, 2002, p. 7).

1.6 The purpose of this document is to provide a framework to support professionals and parents/carers in meeting the educational needs of pupils with ASD. The document takes a broad view of the aims of education and of what may be included in educational programmes. The aims of education are to prepare young people for a happy, successful adulthood in which they are able to live independently if possible, to exercise choices in relation to their lives, and to enjoy successful friendships and relationships.

1.7 This document supports both Highland Council and Scottish Executive policies in relation to inclusive education, and assumes that almost all pupils with ASDs will be educated in their local mainstream school.

2 Autistic Spectrum Disorders (ASDs)

2.1 Children with an ASD exhibit, to a greater or lesser degree, a Triad of Impairments. These characteristics help define autism:

- Language impairment across all modes of communication: speech, intonation, gesture, facial expression and other body language.
- Rigidity and inflexibility of thought process: resistance to change, obsessional and ritualistic behaviour.
- Difficulties with social relationships, poor social timing, lack of social empathy, rejection of normal body contact, inappropriate eye contact.

2.2 Children with an ASD may also have other difficulties such as Developmental Co-ordination Disorders (DCD), Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Tourette's Syndrome, Obsessive Compulsive Disorder and/or secondary mental health problems. There may also be accompanying sensory sensitivities, for example to touch, light, smell, noise and/or taste, and these sensitivities may vary in the course of a day or from day to day. Because individuals may have significant competencies and strengths their ASD may be not be apparent in some situations, but **individuals of average or above average ability will not necessarily have fewer needs in terms of day-to-day functioning and may have a very significant degree of social difference and difficulty.**

2.3 The diagnosis of an ASD is ultimately the responsibility of the relevant health professionals and the diagnosis is not made by members of the Highland Council Education, Culture and Sport Service. However, a diagnosis is not made in isolation and there should be collaborative and joint working between health and council staff before such a conclusion is reached. Highland Council staff will contribute to the diagnostic process on request. See Section 7.

2.4 There will be some children who have not yet completed the assessment leading to diagnosis of autistic spectrum disorder, or who have some characteristics of ASDs but do not meet the criteria for formal diagnosis. **Where this is the case education services will respond to the child's needs, the response will not be constrained by the presence or absence of a diagnosis.**

3 The Legal and Policy Contexts

3.1 The **Education (Additional Support for Learning) (Scotland) Act 2004** (ASL Act) will come into force on November 14th 2005. This Act will replace much current education law.

3.2 **The ASL Act places a new and general duty on the Highland Council to identify and make provision for the Additional Support Needs (ASNs) of all pupils for whom the Council is responsible.** A considerable volume of material and extensive guidance in relation to good practice for pupils with additional support needs has recently been issued at national level. This guidance is laid out in a number of documents, some of which are detailed in Appendix B.

3.3 The ASL Act also introduces a new planning document, the Coordinated Support Plan (CSP) for those pupils who have:

- High levels of need for additional support in relation to their education
- Which are likely to last for more than 1 year
- And will require significant support from both education and another service.

The format of CSP is set by law.

3.4 Parents/carers and young people can request that the Highland Council considers whether a CSP should be compiled, and can also request that particular assessments should be carried out as part of that process. The process of compiling a CSP must usually be completed within 16 weeks, and CSPs must be formally reviewed annually. (The criteria for a CSP are stricter than those for a Record of Needs, but there are legal safeguards for up to 4 years for pupils who have a Record of Needs during the transition from the current to the new legislation.)

3.5 The ASL Act places strong obligations on some specified partner services and agencies including NHS Highland and Careers Scotland to assist in meeting the needs of pupils with ASNs. These services usually have a 10 week time limit within which to respond to requests from The Highland Council for assistance.

3.6 When the ASL Act comes into force the Future Needs Review process will be discontinued and replaced by strong duties for all pupils with ASNs when they make educational transitions such as changes of school or leaving school.

3.7 The ASL Act introduces new and very wide rights of appeal for parents/carers including access to independent mediation, to dispute resolution, and to independent Tribunals whose decisions are binding on the Highland Council.

3.8 The Standards in Scotland's Schools etc. Act 2000 defines the general aims of education for all pupils. It states that the duty of an education authority is to secure that the "education is directed to the development of the personality, talents and mental and physical abilities of the child or young person to their fullest potential". This Act also places a duty on The Highland Council to provide education for all pupils in mainstream schools other than in exceptional circumstances.

3.9 Children and young people with ASDs come under the terms of the **Disability Discrimination Act (1995)** and its subsequent associated legislation. Parents or carers can request the Highland Council to carry out an assessment of the needs of their disabled child and of their carers and other family members affected by their disability.

3.10 The **Children (Scotland) Act 1995** placed new duties on Local Authorities to provide services which safeguard and promote the welfare of children in its area who are "in need", and which promote the upbringing of such children within their family (Section 22). Children "in need" include both disabled children and other children affected by a family member's disability. Section 23 of the Act states that the local authority must assess the needs of a child who is disabled or affected by disability when requested to do so by the child's parent or carer. The Act requires that services should be designed to minimise the effect on a child of their disability or to minimise the effect on a child of the disability of any other person in his or her family. Under Section 24, the carer of a child in need may request that the local authority undertake an assessment of their ability to provide care for that child.

3.11 The common goal of all services is that children and young people with ASDs should have the opportunity to lead lives which are as normal as possible. Through the Highland Council's Children's Services Plan (For Highland's Children 2) and the Multi-agency Autism Review of services, Highland Council and NHS Highland are addressing the challenge of improving access to mainstream and specialist services, making provision consistent throughout the Highlands, and creating services to meet the assessed needs of each individual.

4 The Highland Context

4.1 A multi-agency Review of services for children with ASDs and their families was undertaken by NHS Highland and Highland Council from late 2001 to May 2002 as part of the Children's Service Planning process. This Review took particular account of the Public Health

Institute of Scotland (PHIS) Needs Assessment report on ASDs and of the Scottish Executive's Reports *For Scotland's Children*, and *The Same as You*.

4.2 The Review identified the need for a number of improvements in services in Highland for children with ASDs and their families which would spearhead the drive towards the integration of services for children and families affected by disability. The main recommendations were to:

- standardise and increase the availability of diagnostic and assessment services throughout Highland.
- work towards all services involved in diagnoses and assessments becoming multi-agency.
- increase the amount and range of services available to meet local needs.

4.3 The consultation for the Review gave the clear message that services needed to:

- be better at placing children and their families at the centre of their actions
- be better co-ordinated.

As a result, resources have been invested in the provision and integration of Highland Council, NHS Highland and Voluntary Sector services with the aim of improving the outcomes for children with an ASD and their families.

4.4 The Review indicated that Priority should be given to:

- Adoption of the Integrated School approach to meeting the needs of pupils with ASDs. While some aspects of policy will be common to all Highland schools, others will be individual and will deal with local issues. Schools need to ensure they take account of local needs and of national and Highland Council policies.
- Early identification of difficulties, and early intervention and provision of support to families to prevent the development of challenging behaviour, using a Pathway approach to the integration of services (see Section 7.2 below).
- Maintenance of a ring-fenced inter-agency budget for the integration of services for children with ASD's and their families.
- Identification of a link/key worker for each family.
- Provision of an inter-agency support plan for each child to ensure services meet individual and family support needs, including advocacy.
- An appropriate range of educational provision for pupils with ASDs.
- Use of Liaison Groups (LGs) to identify the high priority support needs for each child and young person with ASD and to coordinate the delivery of their support.
- Development of an inter-agency Training and Development Strategy to establish priorities and content of training packages and how they are delivered.
- Determining the views of children and young people with ASDs regarding services and taking account of these views in future provision.
- Ensuring that, where full-time in-school provision may be considered inappropriate for pupils, planning and decision making about possible time out of school and/or part-time provision should fully involve all those concerned. The Review highlighted that effective planning and communication are vital for all pupils, and that agreement should be sought from all relevant parties when the plan for the pupil's future education is being compiled and before decisions are acted upon.

4.5 A multi-agency centre associated with the rebuilt Drummond School in Inverness will play an important role in the future in co-ordinating and quality assuring the delivery of integrated services and of training.

4.6 ASDs impact on the whole family – parents, foster parents, grandparents and siblings – and this must be taken into account at all times. This is acknowledged in the Highland Council’s Young Carers’ Policy. See Appendix C.

5 Policy and Principles

5.1 The principles which underpin the Highland Council’s policy and practice for the education of children and young people with an ASD are:

- Partnership with parents/carers.
- Involvement of young people in decisions which affect them.
- The Presumption of Inclusion in a mainstream school
- Multi-agency working for the integration of services.
- Early identification and effective intervention.
- Appropriate provision for individuals.
- Building capacity to include the increased numbers of children and young people identified as having autistic spectrum disorders.
- An appropriate and flexible curriculum.
- Educational and social inclusion.
- Commitments to staff training and support.
- Partnership with voluntary organisations.

5.2 With appropriate support, teaching and understanding the vast majority of pupils with ASDs will thrive and will develop their individual talents and skills in mainstream classes. Some may require some time outwith their mainstream classes/classroom in order to receive the specific teaching and support which they require to progress.

5.3 Formal education may be difficult for some pupils with ASDs, and school staff may also find the inclusion of pupils with an ASD difficult at times - particularly if behaviours are very challenging. It is important to stress that behaviours which may seem to indicate that a pupil is not able to manage their own behaviour in an expected manner may later be diagnosed as resulting from an ASD. Classroom and behaviour management strategies require to be adapted to the needs of the individual pupil.

6 Partnership with Parents and Carers

6.1 The Highland Council recognises that parents/carers are the earliest, longest serving and most continuous carers and educators for almost all children – “professionals” with respect to their own child. (It is appreciated that the most significant carer for a child may not be a blood relation, but a foster parent, grandparent, older sibling or other carer.) Collaborative working with parents/carers is vital both during assessment and diagnosis, and following diagnosis parents/carers need continuing support and information to enhance their understanding of their child’s difficulties and of the nature of their child’s disorder. It is expected that all will work together for the best interests of the child or young person.

6.2 Close liaison between school staff and parents/carers is essential if children are to gain maximum benefit from teaching programmes and to ensure that appropriate and coordinated support is given both in school and at home. It is vital therefore that parents/carers are consulted and kept involved in all assessment and decision making processes. They should be offered opportunities to take part in staff development activities to enable all staff to appreciate the parental perspective and the child’s needs.

6.3 The Education Service will actively encourage and enable parents/carers to participate fully in decisions about their child’s education by informing and consulting with them, and by taking account of information which parents/carers contribute. Equal value should be placed on the different areas of expertise, knowledge and skill that teachers, parents/carers and other professionals bring to the partnership.

6.4 It is important to ensure that the child’s school offers a welcoming environment for parents/carers and that appropriate time and priority is given to discussing any issues in a positive way. Sufficient time should be available to class teachers and to those who have co-ordinating and/or management responsibility to carry out this important function. Commonly used methods of communication and liaison include:

- A home-school book is used on a daily or weekly basis (or perhaps less frequently) to share information between parents/carers and staff in school.
- Meetings are held termly or monthly to ensure that the approaches used at home and in school are consistent and that the same goals and targets are given priority in both settings.

6.5 An equal, active and successful partnership between parents/carers and their child’s school is supported by:

- The inclusion of information about support for learning in the leaflet which is given to all parents/carers when a pupil enrolls at a Highland school, and in the School’s handbook for parents.
- The expectation that schools will initially discuss any concerns with a child’s parents/carers and will not involve specialist services unless parents/carers give their informed consent.
- Actively encouraging parents/carers to contribute their knowledge and information about their child to assessment and planning processes.
- All reports written should be presented to and discussed with parents/carers wherever possible before being circulated to other professionals. Any errors of fact should be amended, and when there is a difference of opinion between the professionals and parents/carers, this should be noted in the report.

- Reports should be presented to parents/carers in advance of any meetings where the contents are likely to be discussed.
- Joint training for parents/carers and professionals.
- Clear information for parents/carers about procedures for Co-ordinated Support Plans and how they can contribute, and a standardised format for meetings.
 - Making information on services available. See Appendices D and E.
 - Highlighting how equipment and other resources (e.g. books, videos) can be made available.
 - Routine involvement of parents/carers in compiling and reviewing IEPs.
 - Information for parents/carers about specific educational settings which may be appropriate for their child.
 - Encourage parents/carers to access parent training programmes, workshops and support groups throughout the Council area.
 - New developments in the field of ASD will be considered and evaluated.
 - Views of parents/carers and young people affected by ASDs should always be taken into account.
 - When visiting specialists are due to go into schools, parents/carers should be informed so they can prepare their child in advance of the visit.

6.6 It is much easier, quicker and more satisfactory to avoid disputes by involving parents/carers fully in planning for their child from the outset, and by recognising and giving appropriate weight to their perspectives and understanding. The convening of a Liaison Group (LG) to generate solutions is often a powerful way to carry out joint planning (see Section 8.23). If both parents/carers and school staff are aware of school and Highland Council policy they will be able to understand the steps which are being taken and the support which is being given. Significant disputes, including initiation of the formal procedures under the Additional Support for Learning Act can often be avoided by listening to concerns, responding promptly and taking appropriate action.

6.7 Parents/carers and young people who wish to have support at any point can have a supporter or advocate present at meetings and/or discussions.

6.8 If a parent/carer expresses concern that appropriate assessment and/or support is not being given to their child, the following processes are recommended:

Stage 1: If the concern is an educational one, then in the first instance parents/carers should be advised to approach the school and to discuss their concerns with (for primary pupils) the Head Teacher or Learning Support Coordinator, and (for secondary pupils) the Learning Support Coordinator or Principal Teacher of Support for Pupils, for Learning Support or for Guidance. These school staff will ensure that recommended procedures are being adhered to.

Stage 2: A further referral to the Head Teacher may be made to try to achieve a satisfactory solution. The Head Teacher should take responsibility for organising a meeting to try to address parental concerns. Parents/carers may wish to take someone to the meeting in a supportive role.

Stage 3: If all school-based dialogue has been exhausted and a conclusion satisfactory to the parents/carers or young person has not been reached, then the parents/carers or young person have the right to invite the Area Education Manager to investigate. The Head Teacher may wish to request the assistance of the Area Education Manager at any stage.

Stage 4: If there is still no satisfactory resolution, parents/carers must be offered access to the procedures introduced by the Additional Support for Learning Act 2004. For pupils who have or have been considered for a CSP these procedures include independent mediation, and appeal to independent tribunals. For pupils with Additional Support Needs for whom a CSP has not been considered there is a process of independent dispute resolution.

6.9 If a serious disagreement occurs notions of blame should be avoided. Parents/carers need to be seen as part of the solution rather than the cause of the problem.

6.10 If for any reason there cannot be active collaboration with parents/carers, special efforts should be made to involve the pupil and other key people in identifying targets and goals, the programmes which will help to achieve these, and the best interests of and long-term aims for the young person.

7 Appropriate Provision

7.1 In order that pupils with an ASD can thrive and achieve maximum gain from their time in school, curriculum and other provision must be flexible and must respond to the pupils' needs. This process starts from the pupil's earliest education, at the pre-school stage. The earlier a child's difficulties are recognised and given appropriate help, the better the likely outcome.

A Early Identification and Intervention

7.2 The assessment for a possible diagnosis of ASD is begun by locality NHS staff (Community Paediatricians and Speech and Language Therapists) in liaison with school and other education staff. Such an assessment is supported by the Central Communication Clinic Team (specialist Speech and Language Therapist, Clinical Psychologist and Consultant Community Paediatrician). Some children may be diagnosed in a supported locality assessment whilst others will need further assessment by the Central Team. Where there are associated problems the diagnosis may take place over a period of time and will include evaluating the child's responses to interventions. It is important that help and support are in place in the school for all pupils with ASNs and **it should be emphasised that for all children an integrated package of appropriate support in school and for their family does not depend on a finalised diagnosis or written report.**

B The Integrated Pathway

7.3 The purpose of the Integrated Pathway for children with ASDs and their families is to clarify the referral pathways for children at different stages of development, and to guide families and professionals towards standardised processes for diagnosis, assessment of needs and further interventions or support planning. The Pathway partners this document. The general aims are that services respond to early signs and that children and families get access to information, advice and support as quickly as possible. See Appendix E.

7.4 The starting point of the Pathway is usually an Early Years health or education professional expressing concern, or responding to parental concern about their child, and referring them to

their local Community Paediatrician - who will undertake a General Developmental Assessment. If it is indicated that the child may have an ASD, the Community Paediatrician will initiate the NHS Highland Multi-agency ASD-specific diagnosis and assessment process. This involves key local practitioners working closely as a team in partnership with the family. Sharing information between families and the team is an essential part of this process, with permission sought from the family at the outset. (Guidance from the Scottish Executive on information sharing and a single assessment process - The Integrated Assessment Framework) will help guide this process.

7.5 The Pathway then builds on many of the existing multi-agency and staged intervention processes (Appendix E) already in place in Highland to support schools to improve outcomes for children with ASNs and get the most out of their education. An essential component of the integration of services is identifying a worker who will co-ordinate an integrated approach around the child and/or their family. This worker may be the Coordinator of the child's CSP. It is important to make sure each family is clear about who this is and how to contact them. A key purpose of identifying such a worker is to reduce the stress, confusion and feelings of loss of control which can come from having lots of people involved.

7.6 The processes of a termly review of the pupil's Individualised Education Programme, and (where appropriate) the annual review of the pupil's Coordinated Support Plan, provide opportunities for planning and managing transitions. The Education (Additional Support for Learning) (Scotland) Act 2004 requires by law that the Highland Council must:

- Seek and take account of relevant advice and information from other agencies no later than 12 months (6 months for pre-school children) before a child or young person who has additional support needs is expected to have a change in school education.
- Pass information to other agencies no later than 6 months (3 months for pre-school children) before a child or young person who has additional support needs is expected to have a change in school education.
- **For both of these duties the consent of the parents/carers and young person must be obtained before taking action.**

7.7 Continued integration and development of services throughout Highland will be informed by the operation of the Pathway. The major objective is to build the capacity of each of the services, and of families to competently and confidently support children with ASD in order to maximise their potential at school and in the community.

C Flexible Individualised Curricula

7.8 All children and young people with an ASD are individuals with their own strengths, interests and needs. They have the right to develop their personality, talents and mental and physical abilities to their fullest potential in the most normal and least restrictive environments.

7.9 It is useful to distinguish a range of different types of provision that together will enable appropriate educational support and provision to be provided for all children and young people across the range of complexity and severity of need. Although these types of provision can be separately described, the most successful educational approach will be a flexible one within which any particular placement provides an environment which enables the pupil to learn, meets (in collaboration with other services) the individual needs of the pupil and his or her family, and which works towards enabling the pupil to function in an increasingly inclusive environment with confidence and to exercise appropriate choices.

7.10 In order to respond satisfactorily to the full range of needs of children and young people with an ASD a range of educational provision is required:

- **Mainstream placement in playgroup, nursery, primary or secondary school.** Staff working in the placement will be supported by being given basic training and some consultancy from specialist outreach services.
- **A supported placement in mainstream nursery, primary or secondary school.** Awareness training will be given to all school staff, with more specialist training for frontline staff. Regular outreach support is available from specialist services. A key person who is involved in providing some of the support to the pupil (usually the class teacher or learning support assistant) is identified in the school.
- **Resourced mainstream primary or secondary school.** The school has extra staffing in order to provide for a group of pupils who will benefit from the curriculum of a mainstream school while requiring the curriculum and routines of the school to be significantly adapted in response to their autistic spectrum disorders. Autism awareness training is given to all school staff, with additional training for staff working directly with these pupils. Individual staff will have the opportunity to attend specialist short courses, and will be supported to undertake specialist, long course, distance learning study in relation to autistic spectrum disorders. These pupils may require some access to a support for learning base or similar facility. See Section 8B on Levels of Training.
- **Resourced base provision in a mainstream primary or secondary school.** Some pupils will benefit from the curriculum of a mainstream school, but are unable to learn effectively in full class or subject groups. They require to undertake the majority of their learning in a quiet learning base as part of a small group of pupils. Awareness training will be provided for all staff in the school, together with specialist training for staff working directly with pupils with an ASD. Support will be offered to staff wishing to undertake specialist short courses or specialist distance learning long-course study in relation to autistic spectrum disorders.
- **Early Years Autism Centre Provision.** The Caithness Early Years Autism Centre was established in August 2000 on a pilot basis. It has proved to be very successful and provides a model for future service development. The Centre is located in a primary school and provides intensive and specialist educational input to all pre-school and early primary school pupils in Caithness who have been diagnosed as having an Autistic Spectrum Disorder. The Centre provides a specialist base to support young pupils and their parents/carers, and from which phased integration into the pupil's local mainstream primary school can be developed with appropriate support. If a pupil's learning difficulties are of such severity that supported integration into mainstream education proves inappropriate, then the pupil can continue to attend CEYAC until transfer into secondary education. In addition to making provision for individual pupils, the CEYAC base provides outreach work to schools and parents/carers, and support to staff in mainstream schools working with pupils with Autistic Spectrum Disorders.
- **Split placement.** Some pupils will benefit from part-time attendance in their local, mainstream school together with part-time attendance in a local, specialist facility. Awareness and specialist training will be offered to staff in both settings.
- **Full-time local day, specialist provision.** Pupils with severe autistic spectrum disorders and other complex needs including severe or profound learning difficulties may be educated in special schools or bases. Staff in these bases will be offered a progression of increasingly specialist training.

- Some **specialist residential schools** offer school-term or full-time provision for pupils with autistic spectrum disorders. There are no such schools within daily travel time of the Highland Council area.

D Individualised Educational Programmes (IEPs)

7.11 Pupils with ASDs will generally have an IEP and/or a Communication Passport. Within the IEP targets will be set which are specific, measured, achievable, realistic and have a time-scale set for their achievement. Criteria which state how success will be measured are included to ensure that pupil, staff and parents/carers will be clearly aware when the targets have been met. The targets set out what it will short-term (4-6 weeks), medium-term (a school term), and long-term (a school session). Vocabulary used in the IEP should be able to be understood by all involved.

7.12 Communication styles and needs will vary considerably between individual young people. Ways should be found to elicit the views of the child or young person. Strategies such as Talking Mats, comic strip conversations, or Mindmaps may help the pupil to establish a means of communication with others. See Appendix G.

E Transitions and Changes of Routine

7.13 Particular attention needs to be given to any transition and/or change of routine for pupils with ASDs because one of the major challenges for young people with ASD is dealing with the unfamiliar and the unpredictable. Moving from one establishment to another needs careful preparation if difficulties are to be minimised and problems avoided – nursery-primary, primary-secondary, secondary-further/higher education and/or work. Parents/carers and staff from the establishments involved and from the multi-agency team should liaise well in advance of a transition taking place and should take appropriate measures to ensure that the young person knows exactly what will be involved in the change and what to expect.

7.14 Strategies need to be in place to avoid unnecessary stress. Establishments need to be aware of and prepared for any particular sensory sensitivities the young person may have.

7.15 There is potential for unfamiliar situations of any kind to be difficult for pupils with ASDs – school outings, supply teachers, visitors to school, assessments, in fact any change to the usual routine. These need to be planned and the pupil and the others involved prepared well in advance so that potential difficulties will be minimised. Involvement in trips and activities is at least as important for pupils with ASDs as for other pupils. (It should be noted that any decision not to include a pupil with an ASD may be an infringement of the Disability Discrimination Act, see section 3.9, and may not be consistent with The Highland Council’s policy on Inclusion.)

7.16 Prior to children **moving between establishments** the Area Education Manager (AEM) must be notified well in advance so preparations can be made. When this affects access to buildings or alterations to internal areas the AEM will need to be notified **three years** in advance in order to allow the necessary action to be taken. Even when there are no building adaptations necessary it is important to identify the measures necessary for a successful transition **two years** in advance, for example to allow the training and development needs of staff to be met. **One year** in advance the receiving establishment must be notified, together with those responsible for addressing staffing, equipment and other specific needs.

7.17 Transitions from **nursery to primary school and from primary to secondary** school require careful planning and the involvement of staff from the receiving school. These staff require to know what is likely to upset the pupil and if there are particular steps which can be taken to minimise any difficulties and smooth the transition. Aids such as Communication Passports and SPELL Books which detail a pupil’s likes and dislikes as well as highlighting their

strengths should be passed to new staff before they meet the pupil so they can ensure that individual preferences are taken account of. See Section 8 and Appendices F and G. These aids are also useful for transfers between classes, they help supply teachers and others to respond appropriately to the pupil's needs so that potential difficulties and unnecessary distress to the pupil are prevented or minimised.

7.18 The transition **from school to the world of college or work** also requires particular consideration so that college and other staff have the knowledge they need to meet the student's needs in the different context, and the young person has the confidence to cope with the change from previous routine. Careful planning, consultation and collaboration with college staff and/or prospective employers are vital if the transition to this very important stage is to succeed. Careers need to be discussed sensitively as some careers which the young person might desire will not be realistic or sensible options. Wherever possible, college or work staff should meet the pupil in school before transition, and school staff should take time to ensure the transition is prepared for in adequate time to maximise the pupil's success in the new environment. See Appendix F.

8 **Integrated approaches**

8.1 It is vitally important that appropriate approaches are used when working with children and young people with ASDs. The process of planning begins before entry to school or to pre-school provision and the child's IEP must be reviewed termly. If the child has a CSP this must be reviewed at least annually. Planning and review meetings should have information from all the relevant personnel. The parents/carers and class teacher will always attend these meetings and it is often useful for others to attend such as the support for learning teacher, speech and language therapist, support worker etc.

A SPELL

8.2 The key principles of good practice which are contained within the SPELL approach provide a structure for auditing and developing educational support and multi-agency working. SPELL describes a framework for understanding and responding to the needs of individual people with autistic spectrum disorders and is an acronym:

- S - Structure
- P – Positive (approaches and expectations)
- E - Empathy
- L – Low arousal
- L – Links

SPELL was devised and developed by the National Autistic Society. The process of using the SPELL booklet for planning and recording will allow participation by the young person and point the way forward to regular and meaningful reviews. See Appendix G.

8.3 The SPELL programme is consistent with the Integrated Community School approach and the Liaison Group structure. It promotes multi-agency working and clearly identifies the different roles of each person who is involved in the *Links* section of the SPELL book. SPELL is delivered at Level Two of autism training. See Section 8B below.

8.4 The SPELL structure:

- Puts the individual at the centre of the planning process.
- Seeks to provide a context in which other approaches may be applied appropriately and effectively.
- Helps all those involved in the planning process towards greater understanding of the individual's strengths and needs.
- Provides an insight into the person with autism and points to the most appropriate methods of helping them.
- Is consistent with the TEACCH (Treatment and Education of Autistic and related Communication Handicapped Children) approach. See Appendix G.
- Builds a partnership and team approach identifying the roles of all the different people involved.
- Provides ready, positive and useful information for those who are unfamiliar with the young person.

Support identified in this process may inform targets within the Individualised Educational Programme (IEP), particularly in the area of social interaction, communication and relationships.

8.5 The Empathy section within SPELL can be enhanced by developing an 'About Me' book or Communication Passport relevant to the age and stage of the child or young person. This should ensure that the pupil has a 'voice' in the process. It is expected that pupils on the autistic spectrum will have such a document.

B Training

Levels of training

8.6 Training is offered to all staff in schools, and staff should assume that at some point they will be expected to work with a child or young person with autistic spectrum disorder. Where appropriate parents/carers should be given the chance to be involved in training with staff from all agencies supporting them and their child including primary Health Service workers. In particular it is good practice for parents/carers to be involved in initial training, thus sharing their expertise with school staff who are getting to know their child and his/her needs, likes and dislikes.

8.7 More specialist training will be offered to some staff who have a particular interest or are already working with pupils with greater needs. The levels of training offered within the Education, Culture and Sport Service are:

Level 1

Autism Awareness Training.
Delivered by Autism Outreach Education Service.

Level 2

- S.P.E.L.L.
- Behaviour issues.
- Communication.
- Developing Social Understanding.
- Practical Strategies (specific to different specialist subjects).
- Social Stories.
- Talking Mats.

- Mind Mapping - introduction.
- Developing social communication skills.

Level two courses are often multi –agency in both delivery and participation. This list is reviewed and adapted annually in order to ensure that it remains relevant to current needs.

Level 3

Courses bought in from other training providers such as CETA, NAS and BILD as well as from independent experts.

Level 4

Autism-specific Certificate/ Diploma courses provided by the Universities of Birmingham and Strathclyde.

C Support for Learning

8.8 Some young people with ASDs will be able to achieve well academically. These young people may be reaching their potential as a result of the individualised support they receive within the classroom and the whole school. This support may need to be maintained to ensure continuing progress to maximise the pupils’ opportunities for success. All transitions are important and consideration and preparation are the key to their successful completion. See Appendix F and sections 7E. All Support for Learning staff working with pupils with an ASD are expected to have enhanced knowledge of autistic spectrum disorders as a result of undertaking Level 2 training as set out in section 8.7.

8.9 Appropriate support is vital and often **Additional Support Assistants** will play an important part in the day-to-day support which the child or young person receives. In **primary schools** the Area Learning Support Team Leader (ALSTL) will work with the school staff and others to allocate and co-ordinate the day-to-day support which the child receives in the school situation. The ALSTL and the Head teacher will also ensure that appropriate training and support is available to those staff who have direct involvement. In **secondary schools**, the Principal Teacher or senior management team member with responsibility for Support for Learners will be responsible for co-ordinating the pupil’s support and for ensuring that staff involved receive appropriate training and support. In some schools there will be a member of staff who has responsibility for having an overview of all pupils affected by ASD and for maintaining links with families and other agencies.

D Highland Council Psychological Service (HCPS)

8.10 The Highland Council is required by Education and Social Work legislation to provide psychological services. HCPS staff are based in six centres across the Highland Council area. The Service is part of the Council’s Education Service and includes both educational psychologists and pre-school teachers for children with additional support needs.

8.11 Most referrals of children to HCPS come from schools and community paediatricians. If parents are concerned about some aspect of their child’s education it is usually best in the first instance for them to discuss this with the child’s school or pre-school centre but parents/carers can contact the Psychological Service directly to ask for help and advice. When appropriate, the educational psychologist will usually want to ask the child’s school for information and will discuss this with parents/carers. If, after discussion, parents request that the child’s school does not know that they have contacted the Psychological Service then this wish will be respected.

8.12 Educational psychologists offer assessment, consultation, advice, training and counselling.

8.13 When reports are written by a member of the Psychological Service about a child or young person a copy is given to parents/carers except in a few legally specified situations (for example where there is a possibility of serious harm to an individual). Discussion should take place to ensure parents/carers and pupils are fully informed and have an understanding of the content. In some situations the interests of an individual child or young person may be different from those of his/her parents, school or other persons or groups. The final responsibility of educational psychologists and pre-school teachers is to work in the interests of the child or young person.

E Pre-school Education Services

8.14 The specialist pre-school home visiting teachers (PSHVTs) are part of the Highland Council Psychological Service. They work with pre-school children with additional needs and their families. The service is offered to those pre-school children whose needs and difficulties may adversely affect their educational progress and development in the future. The PSHVTs work with children in their own homes and in their nurseries and playgroups. Parents/carers, playgroup leaders and teachers are given advice and support to help them to help the child.

8.15 PSHVTs work in close partnership with parents/carers, teachers, playgroup leaders and other key professionals, and are regularly involved in assessment and planning for children with complex needs. In each area of the Highland Council, members of the Psychological Service work closely with Community Paediatricians to identify and to plan services for pre-school children. These area based groups identify those children and families who may benefit from specialist pre-school teaching.

8.16 When a PSHVT has been working with a young child and family the PSHVT will support the child during the transition into a partner centre (playgroup, nursery or school). This support may include:

- Giving information and advice to enable the nursery to understand the child's needs.
- Providing training to staff.
- Spending time working with the child alongside the partnership centre, nursery or school staff.
- Visiting staff working with the child on a continuing basis for a period of time to provide advice and support.

8.17 General responsibility for providing advice and training to nursery and partner centres lies with the Highland Council Early Education Team which is based at Clachnaharry Old School in Inverness. The Early Education Team works closely with Highland Pre-School Services, which supports partner centres and provides some of the training for Early Years Staff, and with support services within education. The Early Education Team produce information on "supporting children with additional needs and their families" and aim to raise awareness about "hidden disabilities". This pack includes a leaflet from the National Autistic Society on "Introducing a Child with Autism to Nursery". The Early Education Team also provide training on writing Individualised Educational Programmes, on observing, record keeping and reporting and on preparing clear plans for children's next steps in learning.

8.18 A staged referral process protocol is in place. See Appendix E.

8.19 The following procedures are in place in relation to pre-school children with ASDs:

- When a Pre-School Home Visiting Teacher is involved, s/he will liaise with the school or pre-school centre to put in place the structures and supports needed for a smooth transition.
- Where appropriate awareness-raising training will be arranged from the Autism Outreach Education Service.
- A Liaison Group meeting may be held to facilitate the pupil's entry to nursery or to school.
- If it is considered advantageous for the child a split placement between special or autism specific provision and the child's local playgroup or nursery may be arranged. The Early Years Service will encourage shared target setting and sharing of information both to support the family and to ensure coordinated planning for the child.
- Some additional support time may be provided to assist in meeting the child's needs.

F The Autism Outreach Education Service (AOES)

8.20 Growing numbers of children with the diagnosis of an ASD mean that it is vital that every Highland Council school is appropriately prepared to meet the ongoing needs of pupils with ASD who live in the school's area. The aims of the Autism Outreach Education Service are to support the inclusion of pupils in schools and to provide support and training in a multi-agency context.

8.21 The AOES is part of the Support for Learning Team, (see Appendix D). Team members work with parents/carers, the wider multi-agency team, and voluntary agencies.

8.22 The Functions of the AOES are:

- To offer advice and support to staff and pupils in schools.
- To consult with parents/carers and parent groups.
- To contribute to the delivery of parent training programmes.
- To develop and deliver training at different levels along with colleagues in other agencies.
- To advise on the development of specialist provision.
- To contribute to Highland Council and NHS Highland policy.
- To facilitate networks and professional groups within Highland.
- To keep up-to-date with current practice and research.
- To work as part of a Scottish network of outreach services.

8.23 The AOES operates an 'Open Referral' Policy ie schools, parents and other professionals within and outwith the Education, Culture and Sport Service may contact the Service. Professionals can only contact the AOES about a named child with the consent of parents.

G Liaison Groups (LGs)

8.24 Every school is expected to have access to a **Liaison Group (LG)** which provides the forum at which the needs of pupils with significant ASNs can be discussed and their support identified and coordinated. The Liaison Group is a multi-agency group which meets regularly (often around once monthly). The core group at any Liaison Group discussion will consist of parents/carers together with key multi-agency personnel such as the head teacher or school representative, the school nurse and/or community paediatrician, the liaison educational psychologist, the liaison social worker. Other agencies may attend where required. If the young

person has the capacity to contribute he /she would generally also be invited if they wish to attend. The focus of the meeting is to identify solutions to any problems which are causing concern, ie a **Solution Focused** approach is used. Solutions are identified and an **Action Plan** is drawn up. The **Action Plan Holder** has the task of co-ordinating all the agencies involved to help support the young person and their family. The Action Plan is reviewed at the next meeting.

H Avoiding exclusions

8.25 The current policies for Highland head teachers covering exclusion from school were issued in September 2004 by The Highland Council in response to Scottish Executive Circular 8/03.

8.26 The Highland Council Guidelines are rooted in a philosophical framework which recognises that:-

- Pupils have a right to learn in school without having their learning disrupted
- Pupils have a right to feel safe in school
- Staff have a right to teach in an environment which is not subject to disruption and aggression

8.27 The most recent version of these Guidelines reflects a changing policy context in that it contains:

- Increased emphasis on ensuring safety and a positive teaching and learning environment for the whole school. Decisions on exclusion may be taken to safeguard the rights of all pupils to learn without fear of disruption.
- Recognition of the responsibilities pupils and parents/carers must share in promoting and maintaining positive behaviour in schools.
- Introduction of the principle of supporting victims of anti-social or violent behaviour and of developing approaches such as mediation or restorative practices to prepare pupils, parents/carers, staff and the excluded pupil in order to re-integrate the excluded pupil into schools in a way which encourages a positive school atmosphere.

8.28 The particular needs of those pupils with additional support needs, those who are “Looked After” and those pupils on the Child Protection Register are addressed within these Guidelines in order to emphasise that best practice applies for all pupils and that different approaches to exclusion for particular groups of pupils are inappropriate.

8.29 The Guidelines emphasise throughout that exclusion should only be used as a last resort or in certain clearly prescribed circumstances. The Guidelines state explicitly that schools are expected, in collaboration with other agencies, to continue to contribute to meeting the needs of any of their pupils who have been excluded. and highlight the expectation that full-time educational provision will be made for those pupils excluded beyond a period of 10 school days

8.30 The Guidelines advise head teachers that exclusion from school of a pupil other than in conformity with the terms of the Schools General (Scotland) Regulations has no statutory backing, and that any exclusion which might be defined as “an informal exclusion” or a “suspension” or “sending home for a cooling off period” has no statutory basis. However, the covering letter accompanying the Guidelines advises head teachers that, in working closely with parents/carers, agreement might be reached that a pupil will not attend school for a period “not exceeding two school days” in order that further discussion and investigation can take place. This agreement with the parents/carers must be confirmed in writing and appropriate arrangements for the continuation of school-work at home must be made for this period.

8.31 Special factors arising from having an ASD are addressed in the additional support needs section of the Guidelines. In particular, head teachers are encouraged to undertake the widest

consultation before and/or when the decision to exclude is taken in the knowledge that considerable home stress can be created in situations where 24 hour care is required. Exclusion from school and other forms of disciplinary sanction should not be imposed on a pupil where the behaviour in question is related to a disability such as ASD unless the duty contained within the Disability Discrimination legislation to make **reasonable adjustments** has been complied with. In other words, all reasonable adjustments should first have been put in place to accommodate the pupil fully in an inclusive way. Any sanctions imposed on disabled pupils may have to be justified in law.

9 Quality Development and Assurance

9.1 Educational establishments must develop their capacity to meet the individual needs of pupils with ASD and to meet agreed quality standards. These quality standards will be consistent across the Highland Council area.

9.2 Provision for pupils with autistic spectrum disorders should be **self-evaluated** by school staff using the quality indicators in **How Good is Our School (Parts 1 and 2)**. The Highland Council's Education Culture and Sport Service Quality Development Team will consider all aspects of provision for pupils with ASDs when visiting schools including relations with parents/carers and voluntary organisations. Access to the curriculum, information and physical aspects including school trips will be considered. Where rurality presents particular challenges in providing additional resources and facilities such as access to horse riding, special consideration will be given to assisting schools financially to give the pupil access to an appropriate curriculum.

9.3 Schools will be encouraged to self-evaluate using the quality indicators set out in the relevant documents. Support must be determined and maintained at an appropriate level to ensure that the pupil is enabled to achieve their optimal level. Autistic spectrum disorders should not prevent a child or young person from achieving to their level of academic ability.

10 Evolution of policy

10.1 **Research** in the field of Autistic Spectrum Disorders is progressing rapidly with knowledge constantly being updated through medical, educational, psychological, neurological and biological research. New research will be evaluated as and when it becomes available. The Highland Council's policy and strategy will be revised in the light of further developments in knowledge. Future policy will also be informed by future evaluations and service reviews.

11 References

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Audit Scotland with HMIE (2003). *Moving to mainstream: The inclusion of pupils with special educational needs in mainstream schools*. Edinburgh: Auditor General Accounts Commission.

Her Majesty's Inspectorate of Education (2002). *How Good is Our School: Self-evaluation using quality indicators*. Edinburgh: SOEID.

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Jordan R. (1999). The Nature and Definition of Autism. In *Autistic Spectrum Disorders: An introductory handbook for practitioners*. London: David Fulton Publishers Ltd.

Public Health Institute of Scotland (PHIS), (2001). *Autistic Spectrum Disorders - Needs Assessment Report*, Glasgow: NHS Scotland.

Scottish Executive Education Department (1999). *The Riddell Committee Report (Advisory Committee report into the education of children with severe low incidence disabilities)*. Edinburgh: SEED.

Scottish Executive Education Department (2000). *The Same as You. A review of services for people with learning disabilities*. Edinburgh: SEED.

Scottish Office Education Department (1999). *A Manual of Good Practice in Special Educational Needs*. Edinburgh: SOED.

Scottish Office Education Department (1999). *Implementing Inclusiveness Realising Potential. Beattie Committee Report*. Edinburgh: SOED.

Scottish Executive Education Department (2003). *Inclusiveness - being implemented Potential - being realised. The Beattie National Action Group Progress Report and Future Priorities*. Edinburgh: SEED.

Scottish Office Education & Industry?? Department (2001). *For Scotland's Children Report*. Edinburgh: SOEID.

Scottish Executive Education Department. (2001). *Developments in Inclusive Schooling. Interchange 66*. Edinburgh: SEED.

ALSTL	Area Learning Support Team Leader
AOES	Autism Outreach Education Service – a specialist team within the Education, Culture and Sport Service which advises school staff on appropriate support and provision for children and young people and their parents/carers. AOES staff can provide training for parents/carers and for professionals in partnership with the wider multi-agency team.
ASN	Additional Support Needs – needs which are additional to those of most children at any given time. For example, these may refer to children previously described as having special educational needs or to those who have been recently bereaved or come from a dysfunctional family.
Asperger’s Syndrome	A more subtle presentation of difficulties than classical autism. An absence of delayed early language development. Relatively intellectually able but experience significant social difficulties (V. Cummine et al 1998).
Atypical Autism/PDD NOS	May be given when symptoms of autism are only partially present in number or degree or where the age of onset is over 36 months. (American Psychiatric Association 1994).
BILD	British Institute of Learning Disability
CETA	Centre for Education and Training in Autism
Classical Autism	Delayed language development. Likelihood of some level of learning difficulty. Characterised by three defining core features: impairments in socialisation, impairments in socialisation, impairments in verbal and non-verbal communication, together with restricted and repetitive patterns of behaviour (V. Cummine et al 1998).
CT	Class Teacher
CP	Community Paediatrician – Each Community Paediatrician has responsibility for a defined geographical area and each school has a named doctor and nurse. In addition, staff see children in a number of specialist clinics including neuro disability, follow up of low birth weight infants, enuresis and autism.
Early Bird	National Autistic Society Parent 3 month Training Programme for parents/carers of pre-school children with an autistic spectrum disorder, run by local professionals who have all been trained to run the programme. It combines eight group sessions of three and a half hours with individual home visits, when video feedback is used to help parents combine theory with practice. The aims are to empower parents/carers, support families in the period between diagnosis and school placement, and to establish good practice in the early years of development. Early Bird Plus is a further development of this

programme and aims to support parents/carers and the professionals most closely involved with the child to have a successful Primary School.

EP	Educational Psychologist. An educational psychologist is a psychologist with special training in child development and how children learn.
HCPS	Highland Council Psychological Service
HELP	<p>National Autistic Society Parent Training Programme which aims to provide parents and full-time carers with post diagnostic information and advice to develop their knowledge and understanding of Autistic Spectrum Disorders, positive management strategies and local support services. Consists of six three-hour core sessions plus introductory and closing sessions.</p> <p>Target group in Highland is parents of children aged 7+ or young people.</p>
HT	Head Teacher
IEP	Individualised Educational Programme – Written plan for child which sets out targets and the likely means of achieving them in a realistic timescale.
LG	Liaison Group – Interagency group which meets with parents/carers with a view to adopting a solution-focused approach to ensuring appropriate provision for child or young person.
NAS	National Autistic Society
PSHVT	Pre-School Specialist Home Visiting Teacher
S&LT	Speech and Language Therapist
SSA	Scottish Society for Autism is a major voluntary sector partner. Their three Autism Advisors provide a wide range of specialist advice, consultation and training to families and professionals across Highland.
SW	Social worker - A range of Social Work Services staff, including generic and specialist Social Workers, Family Key Workers, Support Workers, Social Care Workers and Children's Services Workers will provide support to children with ASD and their families. This usually begins with an assessment of need, in partnership with the family and production of a Support Plan. In complex situations the Plan will focus on the needs of the whole family and can include assessment for and access to a range of mainstream specialist services for a variety of needs. These may include individual support, information about social services, health, education, welfare benefits and voluntary agencies.

APPENDIX A

Prevalence

The Prevalence ratio of 60 per 10,000 (Public Health Institute in Scotland Needs Assessment Report, January 2002) results in an estimated 313 children in Highland, approximately 100 of whom would be in Inverness and 73 in Ross and Cromarty.

The National Autistic Society ratio of 90 per 10,000 results in an estimated 470 children in Highland of whom 138 approximately will be Inverness and 111 in Ross and Cromarty.

- Approximately 343 are children whose educational needs will be met in mainstream settings and whose level of need for support will vary.
- Approximately 127 will be children with Autism and probable associated severe learning difficulties requiring high levels of supporting service.

Actual Incidence at May 2005.

There is now a more accurate picture of the actual incidence of ASD in Highland with 420 children with a diagnosis at May 2005.

APPENDIX B

Documents

Supporting Children's Learning: Code of Practice (2005) sets out good practice in relation to implementing the Education (Additional Support for Learning) (Scotland) Act 2004. Both this Act and guidance issued by the Scottish Executive can be accessed from the Highland Council Psychological Service website. (Go to highland.gov.uk and click on A-Z of services, click on Psychological Service and then on ASL Act icon.)

Success for All and Individualised Educational Programmes. During 1999 the Scottish Executive Education Department (SEED) issued guidance in relation to setting targets for pupils with special educational needs. This resulted in a formalising of the reporting of progress on achievements within Individualised Educational Programmes. The Success for All document makes reference to the preparation and maintenance of Individualised Educational Programmes (IEPs) for children with significant special educational needs. All children with a diagnosis of an autistic spectrum disorder who attend Highland Council schools should have an IEP so that their progress is kept under continuing review with individual short and long-term targets being evaluated and further developed at appropriate intervals. Parents/carers should be involved in IEP meetings and their views should be taken into account.

Guidance has been issued nationally and locally on the format and procedure for completion of IEPs and this will be kept up-to-date.

Implementing Inclusiveness Realising Potential (Beattie Committee Report) (1999) acknowledged that the route from school to education, training and to work was not a straight line and made recommendations on how agencies and organisations which provide learning opportunities and support for young people should encourage and promote a culture of inclusiveness which would ensure that young people acquire the skills they need to maximise their chances of gaining and maintaining employment. Methods of easing the transition into employment are considered to avoid disadvantage. Agencies should work better together to improve this transition for the young people concerned. Psychological Services should continue involvement with young person through the transition to work or further educational experience.

Inclusiveness - being implemented Potential - being realised. The Beattie National Action Group Progress Report and Future Priorities (2003). Report on implementation of Beattie recommendations progress and the way forward.

The Same as You? A Review of Services for People with Learning Disabilities (2000) reviewed learning disability services in Scotland through talking with people with learning disabilities, their families, staff working with them and many different agencies from social work, health and the voluntary sector to find out the problems and wishes for the future. Some main recommendations were for better partnership between local authorities and health boards, a national network for people with autism and the appointment of local area co-ordinators to work for and with families, with increased funding to enable changes to take place.

For Scotland's Children (2001) looked at how to better integrate children's services and considered ways in which local authorities, the NHS, and the voluntary sector could work together to create a single children's services system which would actively promote and ensure more responsive services and arrangements for children, acknowledging the rights of the child under the United Nations Convention. *For Scotland's Children* emphasises a shared approach to assessment underpinned by electronic data-sharing. Partnership working between Social Work, Health, Education, Scottish

Children's Reporters Administration (SCRA) and other public and voluntary sector organisations together with children and their parents and carers.

Developments in Inclusive Schooling. Interchange 66 (2001). This research takes account of findings from the UK and outwith, and sets out key strategies for developing inclusive schooling which include the development of monitoring and evaluation of the education system at all levels, and stresses the importance of staff development. The link between inclusive schooling and the wider social inclusion is made.

How Good is Our School? Self-evaluation using Quality Indicators (2002). This is a revision of a previous document which recommends good practice indicators with an emphasis on quality as well as performance. These should underpin self-evaluation and external inspections. The indicators are generic and can be used in primary, secondary, special and Integrated Community Schools and by groups within these sectors. The Child at the Centre (2000) sets out the indicators which are relevant at the pre-school stage.

Part 2 on Inclusion and Equality (Evaluating education for pupils with additional support needs in mainstream schools) has been introduced in 2004.

How Good is Our School? Taking a Closer Look at Specialist Services (1998). Teachers in specialist services, such as the Autism Outreach Service, work flexibly with schools. Working arrangements depend on teamwork, consultation, sharing of information, joint planning and staff development. The above materials aim to help the Authority to evaluate overall service quality, and help specialist teachers to evaluate the service they provide to pupils and teachers, as well as helping teachers in schools to develop their partnership with the specialist teachers in order to improve the overall service to pupils.

Count Us In: Achieving Inclusion in Scottish Schools (2002) based on an HMIE survey of good practice in Scottish schools, this report recognises the difficulties which inclusion can present to teachers and schools, acknowledges the need for effective support and looks at the components of successful inclusion.

Moving to Mainstream (2003) This study was carried out by Audit Scotland in partnership with HMIE and examined the inclusion of children and young people with SEN in mainstream schools. It acknowledges that Councils, working with the NHS, have to balance individual decisions with ensuring that their overall pattern of SEN provision allows them to satisfy their statutory duty under the Standard in Scotland's Schools etc Act, Section 2 (1) to ensure that "education is directed to the development of the personality, talents and mental and physical abilities of the child or young person to their fullest potential" in respect of all their children. This takes account of a range of provision and measures to comply with the legislation.

The Highland Council is developing a Support For Learning website which will contain policies and procedures and will also provide links to other sites such as the Scottish Executive. To access this site (Go to highland.gov.uk and click on A-Z of services, click on Support For Learning)

APPENDIX C

Young Carers' Education Policy - July 2002

Below are points which schools may wish to incorporate in any policy documents regarding young carers. These points have been collected from the existing young carer projects in Highland and are based on measures which are known to be supportive to young carers.

- A programme of awareness raising of young carer issues will be implemented for all pupils through PSE classes or otherwise.
- All teaching staff will receive in service training session dedicated to awareness of young carer issues.
- Guidance staff will ask each pupil at first interview whether or not they are a young carer.
- The school will acknowledge the role of the young carers and be able to respond to this by adopting a flexible approach to submission of homework, lateness, absenteeism and attendance of appointments with the cared for person (and other Young Carer issues).
- A school - home connection will be established.
- All known young carers will be given access to a private phone line to contact the cared for person when necessary.
- The school will connect with community services and young carers will have access to a key worker through the school, if they wish.
- Each young carer in school will be given a choice of a named person within the staff who they can approach about caring issues affecting education (or other). This could be a member of the guidance staff or any other teacher who they feel they can trust.
- Any buddying schemes will match known young carers to pupils who have an understanding of the issues where possible.
- Information will be available through the school about local young carers services and/or appropriate support services.

APPENDIX D

USEFUL CONTACTS

Autism Outreach Education Service

Education Centre
Castle Street
DINGWALL IV15 9HU
Tel: 01349 868251

Central Autism Team

Terrapin Building
Raigmore Hospital
INVERNESS IV2 3UJ
Tel: 01463 701344

Support for Learning Manager

Dr Margaret Crombie
Education Centre
Castle Street
DINGWALL IV15 9HU
Tel: 01349 863441

Co-ordinator – Disability Services

Marlyn Campbell
Terrapin Building
Raigmore Hospital
INVERNESS IV2 3UJ
Tel: 01463 701345

Dr Margaret Crombie manages the **Support for Learning Team**. In addition to the Autism Outreach Education Service this team also includes:

Highland Deaf Education Service

Sheila Lundberg (Coordinator)
Dingwall Primary School
Tulloch Castle Drive
DINGWALL IV15
Tel: 01349 862882

Highland Education Vision Support Service

Sheona Keen (Coordinator)
38 Ardconnel Street
INVERNESS IV2 3EX
Tel: 01463 226062

Alan Stewart
Development Officer ICT/SEN
Education Centre
Castle Street
DINGWALL IV15 9HU
Tel: 01349 868253

Jane Baines
Development Officer (Secondary and Special)
Education Centre
Castle Street
DINGWALL IV15 9HU
Tel: 01349 868219

Area Education Offices

Ross & Cromarty

Castle Street
DINGWALL IV15 9HU
Tel: 01349 863441

Inverness, Nairn, Badenoch and Strathspey

11-13 Ardross Street
INVERNESS IV3 5NT
Tel: 01463 663800

Sutherland

Johnstone Place
BRORA KW9 6PG
Tel: 01408 623900

Caithness

West Banks Avenue
WICK KW1 5LZ
Tel: 01955 602362

Lochaber

Camaghael Hostel
Camaghael
FORT WILLIAM PH33 7ND
Tel: 01397 707350

Skye & Lochalsh

Elgin Hostel
Portree
ISLE OF SKYE IV51 9ET
Tel: 01478 613697

Careers Scotland Centres

4th Floor River House
Young Street
INVERNESS IV3 5BQ
Tel: 01463 252100

Fodderty Way
Dingwall Business Park
DINGWALL IV15 9XB
Tel: 01349 864914

Lochaber College
An Aird
FORT WILLIAM PH33 6AN
Tel: 01397 874550

Elgin Hostel
Dunvegan Road
PORTREE IV51 9EE
Tel: 01478 612328

2 Princes Street
THURSO KW14 7BQ
Tel: 01847 895310

Support groups

CHIP+

Birnie Child Development Centre
Raigmore Hospital
INVERNESS IV2 3UJ
Tel: 01463 711189
www.chip.childreninthehighlands.com

Scottish Society for Autism

3 Young Street
INVERNESS IV3 5BL
Tel: 01463 715861

National Autistic Society Scottish Office

Central Chambers
First Floor, 109 Hope Street
GLASGOW G2 6LL
Tel: 0141 221 8090
www.nas.org.uk

Highlands and Islands Autism Society

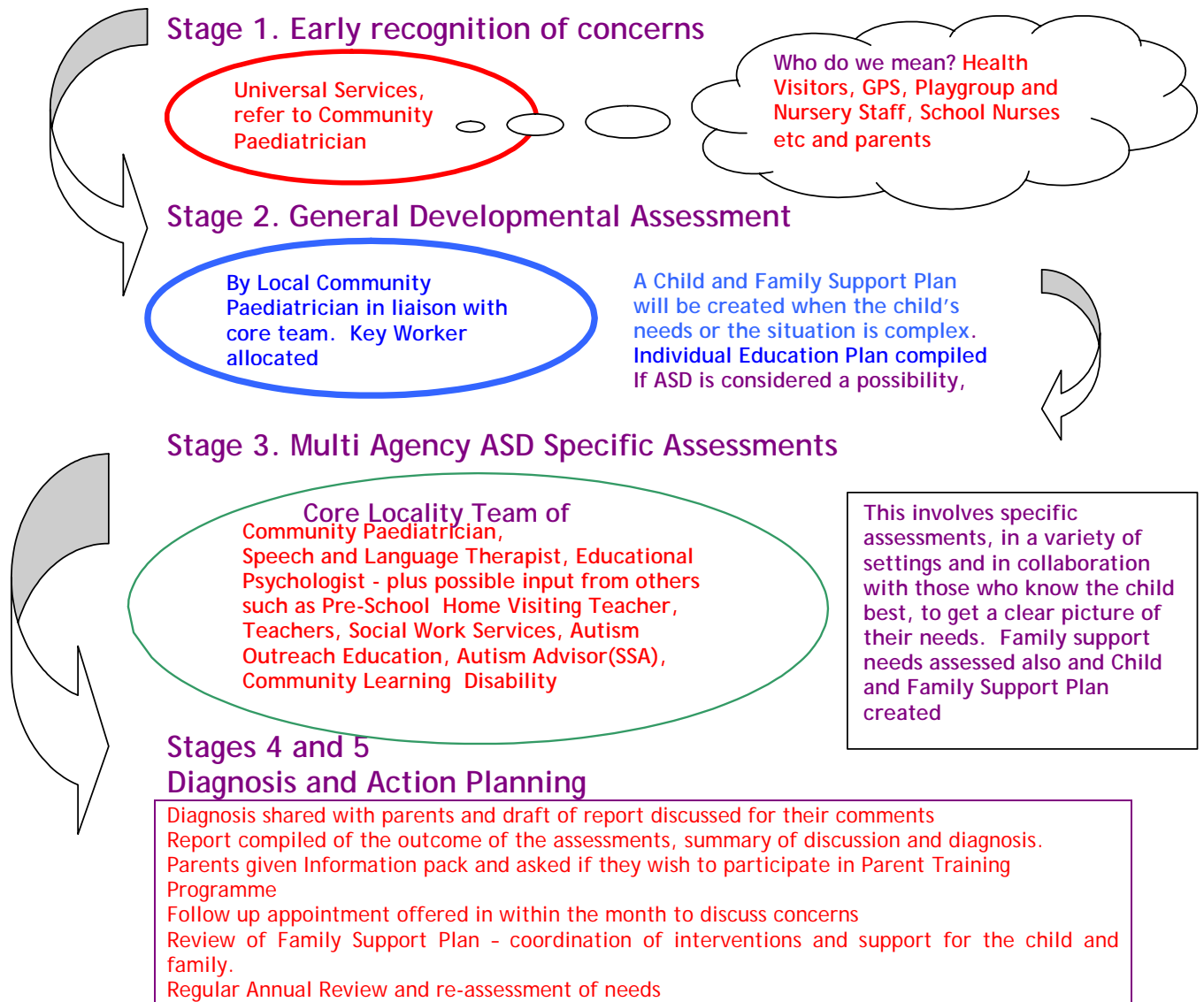
Isobel Geegan,
36 Cook Drive,
Milton of Culcabock,
Inverness. IV2 3DA.
Tel No: 01463 241469

The Princess Royal Trust Highland Carers Project

Highland House
20 Longman Road
INVERNESS IV1 1RY
Tel: 01463 718817
Carers Helpline: 08457 660026 (Mon & Friday 1.30-4.30pm & Tues, Wed, Thurs 9.30-12.30am)
E-mail: carers@hccf.org.uk
www.hccf.org.uk/projects/PRT

Integrated Pathway for Children with autism and their families

Parents as partners at every stage



What a Child and Family Support Plan might cover

Health and Well being

- ◆ General Health
- ◆ Coordination
- ◆ Sleep
- ◆ Diet
- ◆ Gastro intestinal
- ◆ Sensory Sensitivities
- ◆ Toileting
- ◆ Mental Health

Personal, Educational and Social Development

- ◆ Support in school
- ◆ Out of school support
- ◆ SPELL Booklet
- ◆ I am Special counselling
- ◆ Peer support/Circle of support
- ◆ Buddy
- ◆ Advocacy
- ◆ Leisure/Sport/Arts
- ◆ Training

Family Support

- ◆ Training
- ◆ Counselling
- ◆ Income Maintenance
- ◆ Direct Payments
- ◆ Respite planning
- ◆ Person Centred Planning
- ◆ General Health
- ◆ Mental Health

Stage 6 Referral to the Central Autism Team

Georgina Souby, Consultant Community Paediatrician, Evelyn Gault, Speech and Language Therapist, Paul Dickinson, Clinical Psychologist plus a Social Worker and Occupational Therapist. Advice, support and consultation in situations where a child's needs/situation is complex.

Integrated Pathway for pre school and primary age children with ASD and their families June 2005 in Highland

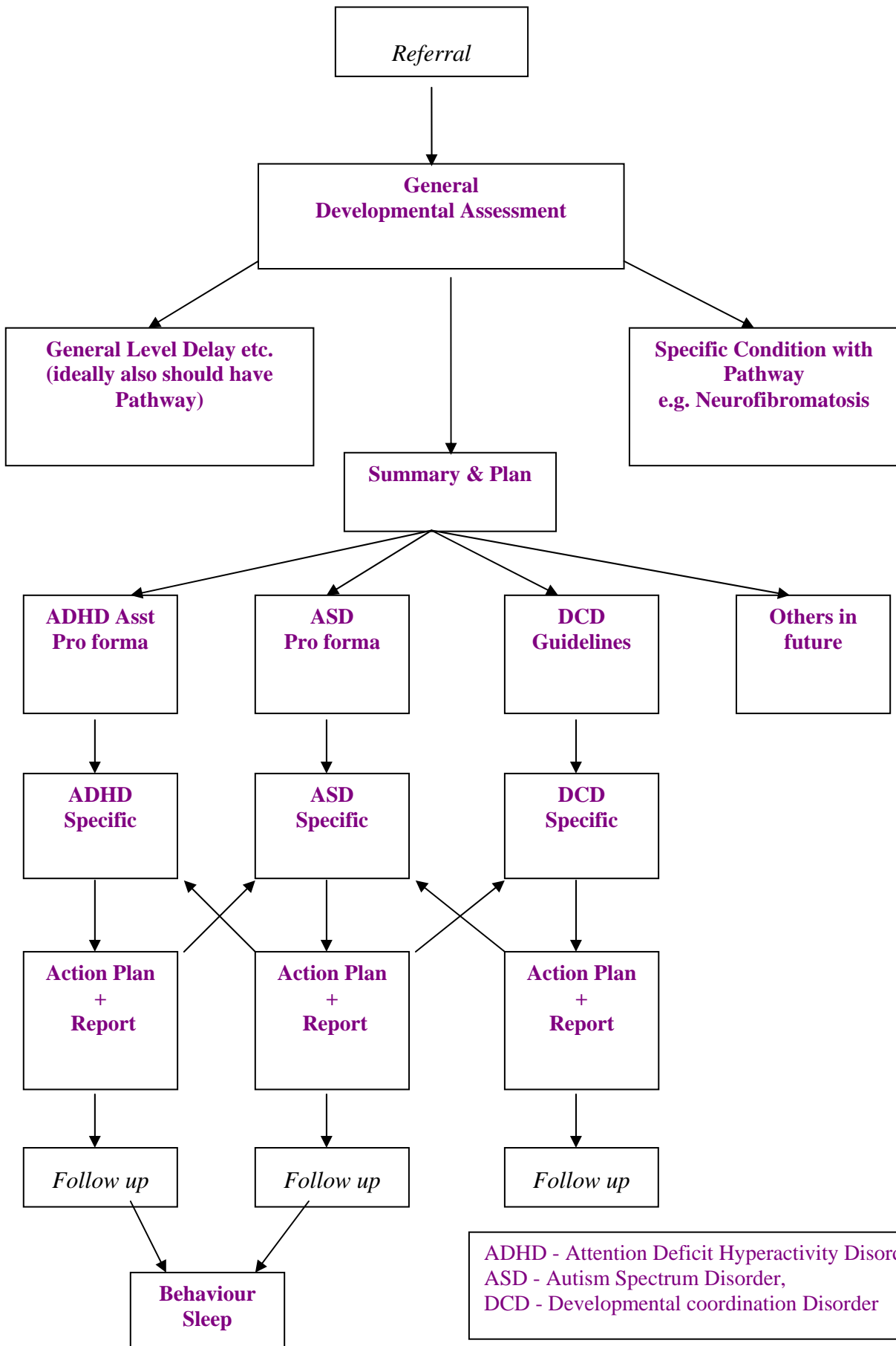
Stage	Pathway	Who might be involved?	What happens?
<p>Stage 1</p> <p>Recognition of difficulties</p> <p>Target response to referral – within 6 weeks</p>	<p>Concern is expressed</p> <p style="text-align: center;">↓</p> <p>Refer to Community Paediatrician</p>	<p>Parent, G.P.</p> <p>Health Visitor</p> <p>Play Group/ Nursery Staff</p> <p>Child Development Clinic</p> <p>School Nurse</p>	<p>Parents concerns should be addressed in all cases.</p> <p>It is recognised that the child has social, emotional, behavioural or developmental difficulties which may lead to additional support needs.</p> <p>If several services are likely to be involved, referrer begins Integrated Assessment</p> <p>If its clear that only one service will be required (e.g. S&LT), or if parents request a particular service, referral made to that service.</p>
<p>Stage 2</p> <p>General Developmental assessments – recognition and assessment of individual differences</p> <p>Discussion at Early Years Liaison Groups or local Pre SCAT meetings</p>	<p>By Community Paediatrician in liaison with others in core team.</p> <p style="text-align: center;">↓</p> <p>Meeting of core team and family</p> <p>Integrated Assessment held in one parent-held folder reducing need for duplication (copy held by professionals also).</p>	<p>Pre School Home Visiting Teacher, Community Nurse, Nursery Teacher.</p> <p>With older children - Primary school Teacher or School Nurse.</p> <p>Team and family decide on who is most appropriate.</p> <p>Named Person/Key Worker at this time, in particular when further assessment required</p>	<p>Locality Team meets once a month. Decides on core team for the child which will best meet child' s assessment needs and who will complete Integrated Assessment.</p> <p>Plan and agree independent or joint assessments and where undertaken.</p> <p>Ideally Locality Team sends member out to see the family – prepares them for assessment process and undertakes initial information gathering. Core team agreed with family.</p> <p>Family asked for permission to share assessments.</p> <p>Documentation of parents' and referrers concerns</p> <p>Carers' assessment (to identify carers' needs)</p> <p>Developmental and family history taken.</p> <p>Paediatric physical and neuro-developmental examination.</p> <p>Shared information plans e.g. pre-school developmental assessment (e.g. Griffiths)</p> <p>Joint observational and standardised assessments of child and family by various professionals in various settings (mental health, OT, S&LT, etc)</p> <p>Possible use of secondary screening tests to help identify if ASD specific assessment is needed.</p>
<p>Feedback on assessments</p> <p>Start of assessments to compilation of family support plan – Target within 13 weeks</p>	<p>Action Planning for individual package of support for child and family</p> <p style="text-align: center;">↓</p> <p>Family Support Plan begun/completed</p>	<p>Key Worker in conjunction with core team and family</p>	<p>Feedback discussed with family</p> <p>Feedback sent to GP</p> <p>Appropriate referral of non-ASD cases, e.g. ADHD</p> <p>Plans to provide appropriate support for the family commence at this stage and should not await definitive diagnosis.</p> <p>Family put in contact with parent/carer support groups, if desired.</p> <p>Individual Education Plan (IEP) compiled.</p>

			All children with suspected ASD offered all the components of a multi-agency ASD specific assessment.
<p>Stage 3 ASD Specific assessments</p> <p>Start of ASD specific assessments to diagnosis/ package of support for child and family – Target within 17 weeks</p>	<p>Undertaken by core Locality Team focusing on ASD</p> <p style="text-align: center;">↓</p>	<p>Core Team includes: Community Paediatrician, Educational Psychologist, Speech and Language Therapist. Possibly supported by Pre School/Specialist Teacher, Community Learning Disability Nurse, Social Worker.</p>	<p>Co-ordination of existing information from all settings – Integrated Assessment cntd ASD specific developmental history (Guidance on tools to be given) Focused observations taken across more than one setting (e.g. home, nursery, and sensitive to parents’ concerns. ADOS is recommended to examine communication, interaction and play skills. Contextual assessment in variety of settings. Physical examination including: Height, weight, head circumference, hearing, vision, diet, bowels/bladder function, sleeping and possible seizures. Full neurological examination if not already undertaken Medical investigations where required Cognitive assessment (e.g. WPPSA-R UK or Merrill Palmer) Communication, speech and language assessment by S&LT with ASD training (choice of actual assessment will depend on child) Family assessment of needs and strengths of family members</p>
<p>Stage 4 Feedback from Assessments</p>	<p>Diagnosis of ASD</p> <p style="text-align: center;">↓</p>	<p>Key Worker in conjunction with Core Team. Social Worker where possible</p>	<p>Diagnosis shared with parents and draft of report discussed for their comments Report compiled of the outcome of the assessments, summary of discussion and diagnosis. Copy to GP and provide for School. Information Pack provided and opportunity to participate in Parent Training Programme</p>
<p>Stage 5 Action Planning and follow up</p> <p>Whole Pathway from initial concern to diagnosis/package of support should take no more than 9 months</p>	<p>Action Planning for individual package of support for child and family</p> <p>Integrated Assessment completed</p> <p style="text-align: center;">↓</p>	<p>Locality team ensures relevant support in place. Core team maintain Family Support Plan and deliver intervention</p>	<p>Follow up appointment offered in within the month to discuss concerns. Refer to Social Work Service, if appropriate. Review of family support plan – coordination of interventions and support for child and family Key Worker coordinates services providing support for the family and review (annual) of family support plan and re-assessment of needs IEP amended and Social Communication targets included.</p>
<p>Stage 6</p>	<p>Referral to Central Autism Team if child’ s needs or the situation is particularly complex</p>	<p>Specialist ASD Consultant Paediatrician, Clinical Psychologist, S&LT, Social Worker, E P Occupational Therapist</p>	<p>Team have with specific experience and training in ASD assessment and run the Communication Clinic. Provide range of support and consultation to Local Teams before during and after diagnostic and assessment process. May invite the family to Inverness. Report Compiled and discussed with family then shared with local team. Responsible for promotion of quality standards and audit of the diagnostic outcomes.</p>

NOTE

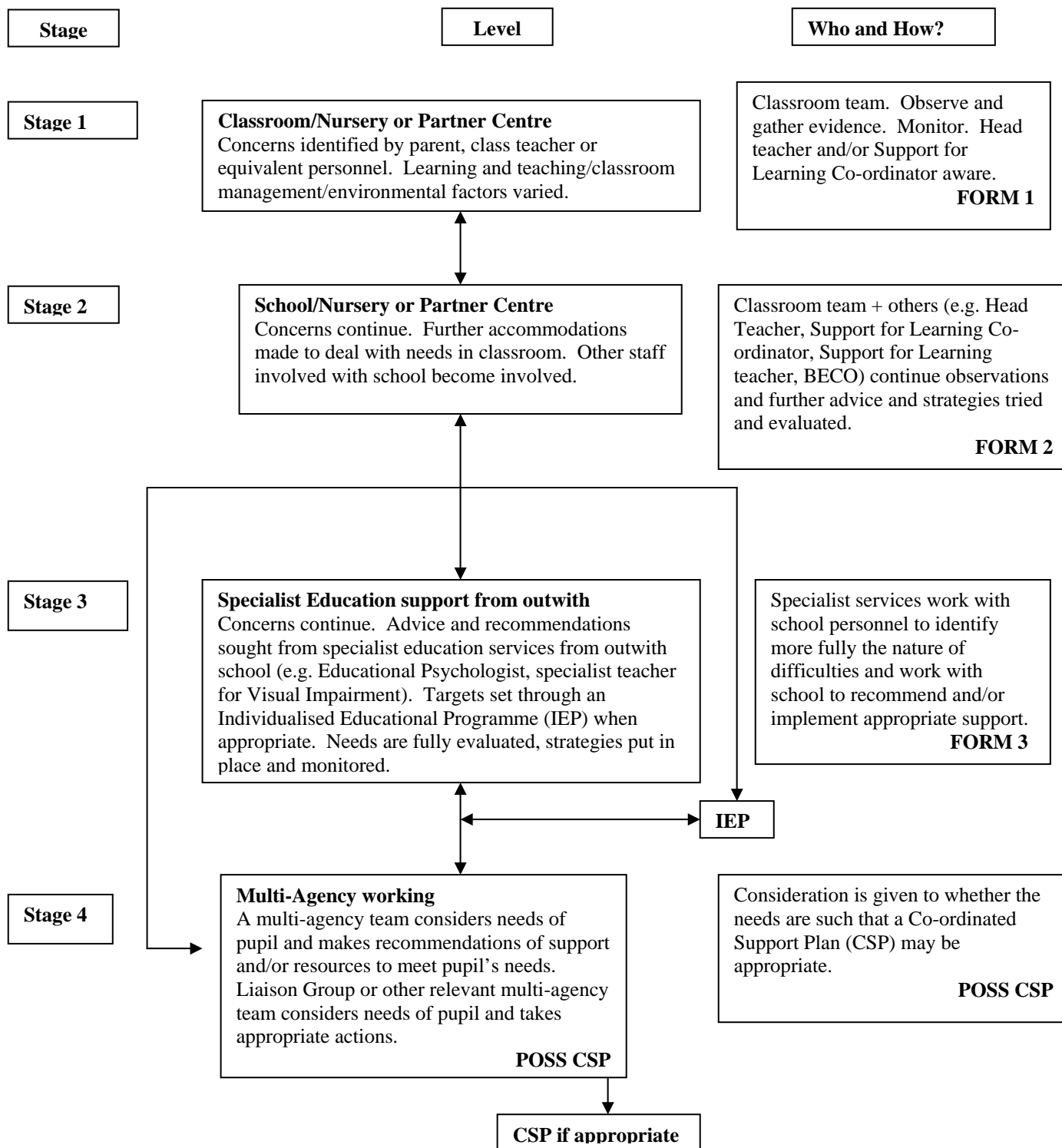
1. The Pathway is designed for all children with additional support needs, then just before Stage 3, it becomes specific to children with suspected ASD.
2. Universal screening of pre-school children is not recommended (Scottish Executive and NAPC). However the CHAT (Checklist for Autism in Toddlers) can be used for training purposes to help health professionals in primary care become more aware of the early signs of ASD.
3. Some of the assessments listed at Stage 3 may already have been carried out at Stage 2 and do not need to be repeated.
4. In order to minimise the time to a definitive diagnosis being made, in cases where referral from Stage 1 is strongly suggestive of ASD, it is appropriate for the assessment to be passed directly to stage 3.
5. See additional paper on ‘ ASD interventions and support’ for more information on support package for child and family (paper still to be finalised)

**Draft Highland Multi Agency
Assessment and Diagnosis Process**



Highland Children's Services

Identifying and responding to Additional Support Needs A Staged Process



APPENDIX F

Transitions

People affected by ASD are particularly vulnerable to stress at times of change. It is essential that transitions are carefully planned for.

Where a placing request is considered by parents and the young person to be appropriate, it is helpful if this is made well in advance.

If the transition process is well managed, it will make new experiences positive for all involved.

Examples of transition:

- Home into pre-school provision
- Pre-school provision into school
- Class to class (when year groups change)
- Primary to Secondary
- Secondary to post school provision

Also significant:

- Daily journeys to and from school
- Moving from one room to another e.g. from classroom to gym or between subjects
- Regular transitions to other places e.g. swimming pool
- Different members of staff
- Indoors to out of doors

Pre-school

- Parent/carer visits, provision with or without the child. Photos can be taken of the entrance, different areas and staff members.
- Child visits, ideally when no other children in building and not too many adults. May need more than one. Possible, pre-school home visiting teacher to accompany.
- Visit with other children present for short time.
- Attend any of the organised visits for the new intake.
- Possible phased start building up to full sessions.
 - In preparation for the above:
 - Early meeting with parent/carer, ideally in the home
 - Identify any training needs
 - Contact with pre-school home visiting service
 - Meeting to plan transition which may include Parent/Carer, Ed. Psych, PSS, S<, SW, Nursery, Playgroup, ASN staff as applicable.
 - Support needs identified and initiated through the SPELL approach and 'About Me Book'.

Establish effective methods of communication between staff and family/carer.

- Issues usually considered:
 1. Visual Structure.
 2. Social communication skills.
 3. Strengths.
 4. Special interests and preferences.
 5. Dietary issues.
 6. Toileting and self help.
 7. Health.
 8. Sensory issues.
 9. Fears and phobias.
 10. Positive, individualised behaviour plan.
 11. Familiarity with route to building.

Pre-school into P1

- Parent/carer visits, provision without child.
- Parent/carer visits, provision with child when no other children present.
- Photos of areas, entrance, classroom, staff etc.
- Primary staff observe child in pre-school setting.
- Visit with children 'working' in classroom.
- Visit at a less structured classroom time e.g. 'Golden Time' allowing exploration of the room.
- Possible phased start building up to full sessions.
- Child to visit school again on in-set day or arrive early on the first day at school.
- In preparation for the above:
 - The professionals should organise an early meeting with the parent/carer and key staff. This meeting may include parents/carers, pre-school staff, SfL, CT, HT, pre-school HV teacher
 - Contact between pre-school HV staff and school staff (see appendix – for protocol)
 - Identify any training needs and alert AOES.
 - Support needs identified and flagged up to AEM.
 - SPELL structure used to inform IEP.
 - 'About Me' book updated.
 - Environmental audit e.g. workstation, room layout, quiet area.
 - Alternatives planned for social times, if needed.
 - Establish effective methods of home/school communication.
 - A further meeting of professionals with the parents/carers may be held to plan the details of the transition process.
- Issues usually considered:
 1. Visual Structure.
 2. Social communication skills.
 3. Strengths.
 4. Utilising special interests/learning style.
 5. Presentation of curriculum
 6. Dietary issues. Consideration of lunchtime on school.
 7. Toileting and self help.
 8. Health.
 9. Sensory issues.
 10. Positive, individualised behaviour plan.
 11. Familiarity with route/entrance to building.
 12. Where possible and positive friendships have developed, attempts should be made to continue these.

Primary to Secondary

- P6 review to discuss plan for transition during P7 year. Representative from Secondary to attend.
- Parent/carer should be involved in transition planning and make visit to Secondary school.
- Depending on individual needs, visits to Secondary may start early in P7 year.
- First visits without any pupils present. Meet a key member of staff. Photos of school/areas taken.
- Key member of secondary staff to visit primary. Information gathering and observation before the summer term.
- Early summer term, meeting with parents/carers, primary staff and key person from secondary to discuss details of support strategies and the possible need for a flexible P7 curriculum.
- Prepare pupil for class visit to secondary school. Familiar member of staff from primary to accompany.
- Consideration of class groupings e.g. size of group, familiarity supportive peers.
 - In preparation for the above:
 - SPELL book completed to inform IEP.
 - Training needs for staff in secondary identified. Request made to AOES to deliver training if required.
 - Visual structure in place e.g. map of the school, photos of staff, colour coded timetable.
 - Strategies to assist personal organisational skills e.g. organising books, materials and equipment.
 - Special arrangements for breaks and lunchtimes should be considered
 - Establish effective methods of home school communication.
 - Fears and phobias.
 - Sensitivities.
 - Health.
 - Positive behaviour plan.
 - Homework arrangements.
 - Transport arrangements.
 - Buddy system/peer awareness
 - IT requirements.
 - Dietary issues.

Secondary to Work/College/Apprenticeship/Supported Placement

This will depend very much on the pathway taken and at what time (S4/5/6)

- Before subject choices are made at S2 consideration should be given to whether the pupil will require a reduced curriculum. Pupils who have already been on a reduced curriculum require a clear understanding of what each subject involves before making their selection in discussion with the school's key teacher for ASD.
- Careers Scotland to be involved at a very early stage (no later than S3).
- Liaison with parents/carers, Guidance staff and SfL staff at earliest opportunity (S3).
- School staff with their knowledge of the pupil should seek out appropriate work placements and ensure that personnel involved in these work placements have adequate information and understanding of the pupil they are to receive. This should be supported by a member of staff who knows the child well. There should be a clear protocol of how people should respond in specific situations.
- Where appropriate Key Worker assigned from Careers Scotland.
- Early multi-agency review meeting in S4 (supported by appropriate agencies).
- Initial visit to placement (Work/College/Apprenticeship etc) with appropriate personnel and parents/carers.
- Additional support needs identified (key worker, support accommodation, travel).
- Training and advice for establishment, place of work, college, and AOES alerted.
- Subsequent visit(s) to placement (Work/College/Apprenticeship etc) to establish routine (travel, arrangements for breaks and lunchtimes, mentor in the work place).

- Key person identified to co-ordinate in new placement.
- Review of placement
- Consideration should be given to planning well in advance of any out of school transitions. Assessment of individual social and independence skills requires to be made to ensure an appropriate action plan is put in place to develop the pupil's independence and reduce anxiety e.g. independent travel, going to shops, asking for help.

CAREERS SCOTLAND'S ROLE IN THE TRANSITION FROM SCHOOL TO POST-SCHOOL PROVISION

Parents/carers are naturally concerned about the future needs of their children. It is important for planning to begin some time before your child is due to leave school so that the best possible support can be arranged. The following information is about Careers Scotland's role in helping children make successful transitions from school.

WHAT DOES CAREERS SCOTLAND DO?

At School

Careers Scotland provides information and guidance on career, training and further education opportunities. Every secondary school in Highland has a Careers Adviser working in partnership with the school staff to help prepare pupils for life after school.

Leading up to the Future Needs meeting, Careers Scotland welcomes the opportunity to meet with parents/carers and young people – to talk about plans for the future and provide information about post school provision. At the same time the Careers Adviser will arrange to see children through the school, to begin to explore and develop ideas about jobs and training.

To help Careers Scotland make a careers recommendation and work out a realistic plan for continuing careers education and training, it is vital that they fully appreciate children's views, parent/carers' views, and the views of the other people involved.

After School

Alongside the Highland Council Social Work Services, Careers Scotland is the primary agency for helping young people with additional support needs move on from school. The Careers Adviser plays a major part up to, and immediately beyond the school leaving date. However, for those young people who require an additional level of support, the careers adviser may call upon a Key Worker who will continue to work with the young person and their family until they are securely settled in the post-school world.

Key Workers are based at offices throughout Highland and:

- Meet the young person at times and places suitable to them
- Get to know them *as individuals* - encouraging them to explore their ideas and work goals
- Work closely with friends and family –recognising that they often have a crucial role in enabling young people to become valued member of their communities
- Work with other agencies on behalf of the young person

ASSESSING PUPILS' NEEDS IN PREPARATION FOR LEAVING FORMAL SCHOOLING

What is it for?

The Future Needs Assessment is intended to help you and your child work out what support may be needed up to and after leaving school. It involves meeting a variety of people, some of whom you will know already, who can provide information, advice and support to you and your child.

Who does it involve?

The Area Education Manager has overall charge, although your child's school is responsible for organising and inviting people to the meeting.

Apart from the Careers Adviser, other people likely to be involved are the Headteacher and a member of the teaching staff who knows your child well; the Educational Psychologist and the School Medical Officer.

Before the meeting you may be contacted by a Social Worker from the Council's Social Work Services Department. This is because the law requires the Local Authority to assess children who have a record of needs to see if they will need the support and resources of the Local Authority on leaving education. If your child does not require this type of long term consideration the social worker will not attend the meeting.

Other people can be invited, according to your child's particular needs and circumstances, but generally the meeting is kept as small as possible – so that it is reasonably informal and allows everyone to have a say.

Can I invite someone?

If you wish, you can invite someone who can speak on your behalf and help put your views across. If you decide to do this it is a good idea to let the school know well in advance of the meeting so that your representative can be sent all the relevant correspondence.

What happens after the meeting?

After the meeting, a report will be written which summarises the views expressed and gives recommendations for future steps, including a recommended school leaving date. One of the people attending the meeting will be asked to act as the 'key person' and will be named on the report. They will be responsible for making sure that the recommendations are carried out. Everyone who attends the meeting will receive a copy of the report.

Can I still see the Careers Adviser?

The Future Needs Procedure is only the starting point for careers guidance with your child and the recommendations will provide a framework for the careers adviser to work within. We recognise that parents/carers have a vital role to play in helping youngsters move on successfully from school and the Careers Adviser may be contacted at the appropriate Careers Centre, listed below.

Confidentiality

All Careers Advisers and Key Workers are bound by a strict code of conduct which respects the confidentiality and the rights of the individual.

APPENDIX G

SPELL



S.P.E.L.L. – HIGHLAND

- S – Structure
- P - Positive (approaches and expectations)
- E - Empathy
- L - Low Arousal
- L – Links

SPELL describes a framework for understanding and responding to the needs of individual people with Autistic Spectrum Disorders. It was devised and developed by the National Autistic Society over a number of years.

In Highland we have identified a need for recording the planning of the process which will also point the way forward to regular meaningful reviews.

The Autism Outreach Education Service together with representatives from Speech and Language Therapy, Social Work and Children and Family Autism Services worked collaboratively to produce the SPELL Booklet for use in schools.

This booklet will be distributed at SPELL training events where information about all aspects of this structured approach will be disseminated.

The SPELL structure:-

- Puts the individual at the centre of the planning process.
- Seeks to provide a context in which other approaches may be applied appropriately and effectively.
- Helps all those involved in the planning process towards a greater understanding of the individual's strengths and needs.
- Provides an insight into the person with Autism and points to the most appropriate methods of helping them.
- Is consistent with the TEACCH approach.
- Builds a partnership and team approach identifying the roles of all the different people involved.
- Provides ready, positive and useful information for those who are unfamiliar with the young person.

Suggestions on how to use this process

- Once a year for planning and review.
- The planning/review meeting should have all relevant persons attending as laid out in the 'Links' section.
(e.g. parent/carer, class teacher, support for learning teacher, speech & language therapist, support worker etc.)
- Support identified in this planning may inform targets for the I.E.P. particularly in the area of social interaction, communication and relationships.
- The Empathy section can be enhanced by developing an 'About Me' book relevant to the age and stage of the young person. This should ensure that the child has a 'voice' in the process.

Training

SPELL training is at Level 2, accessed after Autism Awareness.

To arrange training please contact the Autism Outreach Education Service 01349 868251 or contact

myna.dowds@highland.gov.uk

This booklet is a pilot project developed in September 2003. The AOES would appreciate feedback from those who use it by September 2005.

Practicalities- This should be produced in booklet format i.e. half of A4.

If you have received the A4 format through e-mail, booklets can be made by placing these in the photo copier in order then setting 'booklet, fold and bind'.

Myna Dowds

Co-ordinator, Autism Outreach Education Service

The 'About Me' booklet.

This is a form of communication passport.
Written in the first person.

A selection of *suggested* page titles:-

Cover – Photo of young person.

'About Me' – All about me and my family,
where I live etc.

'Words people use to describe me' – gathered from friends, relatives classmates etc.

'Things I am Good at'.

'Things I like'

'Favourite things'

'It would really help me if you could.....' - distressors, triggers
to avoid.

'Things I do for others' – how does this person have self worth?

'Things that upset me'

'If I become distressed it would really help me if you could.....'

If necessary there could be a page on foods to avoid and another on foods that are Ok.

Glossary of terms.

(Taken from 'About Me'. By Stephen Reid)

TEACCH

TEACCH –Treatment and Education of Autistic and related Communication Handicapped Children.

TEACCH was developed in America in the 1970's. It is described as a whole life approach to helping people with ASD which aims to support and enable individuals to participate in all areas of life.

The major priorities include centring on the individual, understanding ASD, using structured teaching, organising the physical environment, developing schedules (visual timetables) and work systems and using visual materials for providing information, all of which enhances structure and predictability to maximise the potential on individuals to learn new skills and increase independence.

TEACCH principles can be adapted for both mainstream and special education settings and are compatible with the SPELL structure of support.

The AOES and S<s can give advice about TEACCH.

APPENDIX H

An ASD friendly school should:

- Make sure all teachers are aware of their duties under the Additional Support Needs Code of practice to identify children's needs, including those with ASDs.
 - Have a key person, who can provide guidance on ASDs and ensure that all staff who come into contact with a child with an ASD are aware of the particular needs of that child.
 - Encourage staff with knowledge and experience of children with ASDs to share their expertise with other school staff.
 - Keep an up-to-date bank of information on ASDs which is easily accessible for use by staff and parents.
 - Have a policy on working with children with an ASD and keep up-to-date records of staff ASD training. Make sure that all new and supply staff are given the opportunity to have training.
 - Ensure that the whole staff are informed to at least Level 1 – Autism Awareness. Refer to HCES 'Policy and Strategy for the education of pupils with ASD' when writing school policy.
 - Make sure a named member of staff or LS teacher who knows about ASDs is available to discuss any concerns the child with an ASD may have and help the child to contribute as fully as possible to the development of their provision.
 - Ensure the curriculum of the child with an ASD is tailored to meet their needs.
 - Provide opportunities for children with an ASD to generalise skills learned in one setting/lesson to other situations/settings.
 - Recognise that Information and Communication Technology can be a particularly effective medium for children with an ASD.
 - Modify the school environment to take account of the difficulties with sensory stimuli experienced by some children with ASDs.
 - Work closely with parents and families, consulting them about Individualised Educational Plans and Behaviour Plans and inviting them to join in with ASD training where appropriate.
 - Support families by ensuring that out-of-school activities include provision for children with ASDs.
 - Be aware of and use networks between the ECS, NHS, Social Services departments and the voluntary sector so that there is a free flow of information regarding individual children with an ASD, and sharing of up-to-date information regarding ASD policy and practice. (Integrated Pathway).
 - Using the SPELL framework, ensure smooth transition between settings within and outwith school, by exchanging accurate and up-to-date records, profiles and ways of working with the individual child.
 - Work closely with the adult services to ensure a smooth transition to post-16 provision for pupils with an ASD. (This is the part we are not ready to give direct advice about).
- Adapted from DfEE, ASD – Guidance from the Autism Working Group – July 2002.*

APPENDIX I EARLY YEARS STAGED REFERRAL PROCESS

CONCERNS IDENTIFIED AFTER ENTRY TO EARLY YEARS PLACEMENT

***STAGE 1**

Early Years Staff in schools/partner centres observe and gather evidence.

Early Years Staff consults school management/ Early Education Co-ordinating Teacher (EECT). /Early Years Development Officer (EYDO)

Early Years Staff have informal discussions with parents with an aim to implementing support strategies within nurseries.

Staff monitor progress for an agreed time and evaluate strategies.

End of process if successful.

***STAGE 2**

SCHOOL BASED NURSERY ONLY IF NON SCHOOL GO TO STAGE3

Nursery staff complete nursery support referral form and refer child to Head teacher who will consult with SfL teacher.

Head and nursery staff assess child, and consult with SfL teacher strategies are drawn up and an action plan written

Staff monitors and evaluates progress .in consultation with SfLT

End of process if successful.

***STAGE 3**

Early Years Staff discuss with Senior Management Team/HPS – EYDO to evaluate progress and identify next steps.

Management discusses with parents and gets permission to refer on.

Management discusses with Psychological Services and negotiates referral to local area EP/Pre-School EP and PSHVT

Refers on to other agencies.

End of process if successful.

***STAGE4**

Multi-Agency Meeting Called by school/Early Years Staff to discuss :	<ul style="list-style-type: none"> • Strategies • Possible Record of Needs (Co-ordinated Support Plan). • IEP 	<ul style="list-style-type: none"> • Involvement of PSTs and other agencies. • Level of needs requiring LSA provision/HPS carer.
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Multi-Agency Review meetings (as above) may be called by school/Early Years placement.

**Parents/carers involved at all stages in process.*

TRANSITION TO P1 (SEE TRANSITION GUIDELINES)

CONCERNS IDENTIFIED BY KEYWORKER BEFORE ENTRY TO EARLY YEARS PLACEMENT

Keyworker discusses with parents and gets permission to refer on to Psychological service

Psychological Service reviews information. EP and or PST may become involved, or may contact other members of the Pre-school Multi-Agency Team

Child is discussed at PREMAT meeting to coordinate services and strategies

Placement and transition planning will take place either at a PREMAT meeting or a meeting specially convened by the Psychological Service this meeting will consider level of support needs and alert Area Education Office/ Child Care and Early Education/ Highland Pre-School Service re learning support auxiliary/carer provision. Child enters Early Years provision.