

ECIE 4003

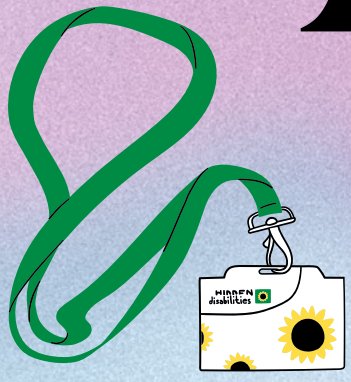
Additional Needs in Context

Portfolio

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ASD and Good Practice



What is autism?

Autistic Spectrum Disorder is a neurodevelopmental disorder, meaning that it is a lifelong condition, impacting an individual's ability to socialise and process information. A person with autism might also have sensory issues and often appear to repeat or mimic different behaviours. (Oxford Dictionary)



Personalised Learning

- Sensory audits
- Evidence informed strategies
- Gathering learner voice
- Principles of universal design for learning
- Preparing for change
- Access arrangements for tests/assessments
- Explaining autism to the learner
- Understanding and support for the family

(Autism Education Trust, 2021)



Going to school with autism

School can be anxious for anybody, but for children or adolescents with autism, it is even more daunting. School is catered to teach and assess social and motor skills, but for somebody with ASD, their ability to communicate, read, write, balance or play is much less advanced, meaning they will definitely require patience, and support in achieving these things. Autistic people tend to react in an unusual way to loud noises, bright lights, strong smells, and physical touch with both humans and objects, which they will be expected to face regularly in school. Finally it is important to be aware that even small changes to rules or routine can be devastating for them (Lisa Jo Rudy, 2022).



“There needs to be a lot more emphasis on what a child can do instead of what he cannot do” Temple Grandin

Inclusive practice and how to support the learner

In order to create a safe and happy learning environment for the young person, we must first ensure that we get to know them as a person; what they like or dislike, what works well for them and what sort of things should be avoided if possible, the better we know a person, the more equipped we are to help them achieve their potential. By taking the time to get to know them as an individual, we are simultaneously building the foundation for a healthy, positive and trusting relationship to form. It is vital that a child with ASD feels safe with the adults who work with them. With these things in place we can then start catering to their specific needs and make any required adjustments to the environment and educational settings (Autism Education Trust, 2021).

References – Poster

Autism Education Trust 'A SENCO's Guide to Supporting Learners on the Autistic Spectrum' author unknown, March 2021

Lisa Jo Rudy 'Why School is so Challenging for Children with Autism' verywellhealth, June 1, 2022

Temple Grandin – American Educator Born August 29, 1947

The Oxford English Dictionary (Autism) author and date unknown

This essay will focus on different models of disability and changing perceptions of additional needs. The two main models of disability are, the medical model which views disability as a sickness, and that people who are disabled, instead of treating them as a complex individual, they are just assumed to need healing or fixing (Fritscher, 2020), and the social model, which was introduced as a means of contradicting previous flaws with the charity and medical model, focusing more on how the real issues are barriers within society, as opposed to the disabled person themselves (Scope). It encourages reformation and a more positive attitude (CBM, 2023).

Maslow's Hierarchy of Needs depicts the different levels of human needs, usually represented by a pyramid diagram, where the most basic needs fall at the bottom, known as the physiological needs, such as air, water, food, shelter, sleep, clothing and reproduction. This progresses onto safety needs, including personal security, employment, resources, health and property. Further up is love and belonging, which is friendship, intimacy, family and sense of connection. Above that comes esteem, for example respect, self-esteem, status, recognition, strength and freedom. At the very top of the pyramid is self-actualisation, it is uncommon for people to reach the stage considered to be self-actualisation, however that is essentially the end goal, the desire to become the best one can be, and in order to reach this every stage of Maslow's Hierarchy must first be achieved. (McLeod, 2023)

People with disabilities might require additional support to meet the needs portrayed in Maslow's Hierarchy, without the physical needs of that individual being satisfied, it is impossible to expect them to proceed to reach other human goals and reach their full potential. With such a broad spectrum of different disabilities, there will be different levels of physical or emotional ability, with some individuals unable to even move around alone, or carry out basic self-care without support from somebody else, for example feeding themselves or getting dressed. For others it may just mean that they need additional support in social settings or with regulating their emotions or meeting their milestones in education, such as ASD and ADHD (neurodevelopmental disorders) This can ultimately have a knock on effect on one's sense of belonging or self confidence as it could lead to feelings of isolation or anxiety. The needs of a person with a disability are usually the same as anyone else, however some may require extra help. (Mason, 2022)

Skinner was a behavioural psychologist who carried out experiments on rats and pigeons using what he named a 'Skinner Box'. He invented the box as a means of observing an animal's behaviour. The main purpose was to prove the theory that by rewarding and punishing different behaviours, different responses would take place. Skinner identified three different responses following behaviour; neutral responses, which have no impact on the likelihood of a behaviour being repeated. Reinforcers, which can be positive or negative, increasing the probability of a behaviour being repeated, and punishers, which can also be positive or negative and reduce the chance of a behaviour being repeated (Sachdev, 2022).

For neurodivergent people, like those with ASD and ADHD, Skinner's Theory totally desensitises and contradicts what has been discovered about how these conditions affect people and their ability to control and regulate different behaviours, and the pace they develop at compared with a neurotypical, meaning it would be unethical and unfair to punish an individual for an action that they have little or no control over, rather they should be supported and taught in a way that meets their needs (Millman, 2019).

Schools are legally obliged to cater to the needs of every individual student, there are various policies and legislations in place to ensure that everybody is treated fairly creating a person-centred environment (ALN Code for Wales, 2021). The United Nations Convention on the Rights of the Child, UNCRC (1989) is a policy set out in a number of countries, which states that by law, every child has

civil, political, economic, social and cultural rights, regardless of their race, religion or abilities, such as the right to survival and development, protection from abuse of any kind, the right to an education, the right to have a positive relationship with their parents, and to have a voice, and for that voice to be heard (Save The Children, 1989).

The Salamanca Statement (1994) appreciates that in schools, any child with a disability is entitled to any additional support deemed necessary or beneficial to that individual to ensure that they are given an opportunity to reach their full capability. Essentially, the Salamanca Statement was revolutionary in the concept that all children have the right to be educated together, and that schools should be inclusive for everybody, and make adjustments to better meet the needs of those with learning difficulties, celebrating differences as opposed to discriminating (CSIE, 1997).

There are other legislations, such as the Equality Act (2010) and the Additional Needs Code of Practice Wales (2021) which are set out to help ensure that no child is left behind in the school system and their best interests are always at the centre of planning. The way in which schools then put these requirements into good practice, can range from use of appropriate language, which is vital in reducing stigma around neurodevelopmental disorders. It is important to refer to those with additional needs using solely the correct terminology. The neurodiversity Paradigm discourages words like, deficits, symptoms, impairments and challenging behaviour, as they are negative descriptions. Even just being more cautious of the words used to describe these children can be more empowering and have an impact on the way that they learn (Lees, 2022).

Effective resources are crucial for promoting good practice in an educational setting, for example, daily routine, visual cues, positive encouragement, a quiet/safe space, promoting independence, clear targets, and promoting social engagement. Although these are generalised examples of resources, they can be adjusted to suit any child and their specific needs (St Jude's Disability Services, 2023)

References – Essay

Carol Millman 'Why Autism ABA Goes Against Everything BF Skinner Believed in' neuroclastic, 2019

Christian Blind Mission 'Social Model of Disability' author unknown, 2023

Derek Mason 'what are the needs of a person with a disability and vulnerability' quora, date unknown

Emily Lees 'Using Positive Language to Support Autistic Children' August 30, 2022

Lisa Fritscher 'Medical Model Use in Psychology' verywellmind, March 10, 2020

Poonam Sachdev 'What is Operant Conditioning?' webmd, April 27, 2022

Saul McLeod, PhD 'Maslow's Hierarchy of Needs' simply psychology, October 18, 2023

Save the Children 'UN Convention on the Rights of the Child/UNCRC' author and date unknown

Scope 'Social Model of Disability' author and date unknown

St Jude's Healthcare Services 'How to Accommodate Students with Disability in the Classroom: a Guide to Accessibility and Inclusive Education' author unknown, May 24, 2023

'The Additional Learning Needs Code for Wales gov.wales', 2021

The UNCRC, unicef every child, 1989

Section 1C: Profile (About me)

Child A requires a calm classroom atmosphere, where they feel safe and secure, and have a quiet place to go if they need five minutes and feel overwhelmed. They need a caring adult available to them who understands them and their needs. They seek routine and structure, they need to be eased into any changes, and need to be prepared beforehand if their usual teacher may be absent for any reason. They need clear rules and instructions, as they are very black and white. They also have a specific set of equipment, which they use to do their work, and prefers a laptop since they are perfectionists with their work, and this helps avoid mistakes. Child A requires a pair of ear defenders as they are very sensitive to noise or would like calming music whilst they are working. Breathing exercise are helpful in distressing situations or having a sensory toy/fidget to distract them. They would benefit from more daily check ins, being assigned peers to support them, leaving class early to avoid busy hallways, having somewhere calm to eat their lunch, get to visit a sensory room or the wellbeing hub. They struggle with singing sessions so would prefer an alternative activity. Group work is also more of a challenge for them. They do not like when a teacher raises their voice, even when it is not directed at them, so avoiding this when possible would be helpful. They cannot speak in front of an entire class. Large gatherings are stressful for them, so limiting these would have a positive effect. They also don't like bright lights as they are sensitive too.

Section 2A: Description of the child or young person's additional learning needs (ALN)

Child A struggles to process information and can have a harder time listening to and following instructions. They have difficulty with concentration and staying on task, therefore benefit from one to one support when carrying out work/activities. They find it hard to make their own decisions and lack self-control. They struggle to communicate their feelings and regulate their emotions, meaning it takes a lot longer for them to calm down. Small triggers can lead to a big meltdown if they are not handled appropriately. Child A does not do well planning for themselves, so routine is mandatory for them to learn. Too many tasks at once is too overwhelming for them, they need to focus on one thing at a time, and split bigger tasks into smaller sections. Child A finds eye contact, facial expressions, and hand gestures difficult. Their language skills are less advanced, meaning they struggle to speak in full sentences. If they cannot put into words what they want, they may try to communicate by taking your hand to an object, using pictures or gesturing. Sometimes when Child A cannot express their feelings verbally, they may have random outbursts of crying. Another trait that Child A has is echolalia, meaning they often repeat other people's words rather than answering questions. Child A eats the same foods every day and refuses to try new things. They will only wear certain items of clothing and are oversensitive to labels, so they need to be cut off, and dislike rough fabrics. They find comfort in chewing non food items, such as pens, or toys, or sometimes suck their thumb. Child A also struggles with coordination so tends to fall over a lot and cannot catch a ball or ride a bike. They also have bad posture so need a comfortable seat to sit in, especially for long periods of time. They easily become obsessed with something and will want to talk about it all the time, they also only really engage in conversations when it is about something they want to talk about. They also appear to be disinterested in the feelings of others.

Section 2B1: Description and delivery of the child or young person's additional learning provision (ALP)

2B1.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	Ear defenders to encourage feelings of calm in noisy environments, have a safety barrier from external factors that Child A may find overwhelming, as they are sensitive to sound. Monitoring weekly if it is helpful to them if there is an improvement in Child A's mood and standard of learning. An easy solution to protect them from noise irritation. Does not take up time as they are simple to put on and take off. Avoids sensory overload. Also proven to combat anxiety for someone with ASD.			
2B1.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B1.3) Should the ALP be provided in Welsh?	2B1.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B1.5) Start date:	2B1.6) End / Review date:
Can be used daily, especially helpful: - During lunchtime when the hall is extremely loud - During singing sessions - When walking through busy hallways - Can also be taken out of school for trips to protect Child A from other loud noises, and in an unfamiliar environment - When doing work to help them concentrate - To protect them from when the teacher needs to direct the class with a disciplinary tone Accessible whenever Child A needs them, can be carried in their bag with ease and can be personalised. School provides the child with their own pair of ear defenders, which they can then keep, up to them if they leave them in the school or take them home with them. Can have a safe place in school to store them.	NA	The school provision from an external manufacturer (SEN/ALN budget)	06/11/2023	Until no longer required
2B1.7) Rationale for the ALP listed above: <i>If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.</i>	Parents were reluctant at first about Child A wearing the ear defenders as they did not want them to stand out as different or possibly make them vulnerable or targeted. Once discussed thoroughly, it was clear that there were more pros than cons to introducing the ear defenders, therefore everybody is happy to trial.			

Section 2B2: Description and delivery of the child or young person's additional learning provision (ALP)				
2B2.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	Counsellor employed by the NHS, who can regularly meet with Child A to help them understand and regulate their moods and emotions, as they have a hard time managing them themselves. A professional who knows how to understand the difficulties they face day to day in school. They can also offer support for associated mental health concerns. Progress can be tracked at each session and scheduled to take place on a weekly basis.			
2B2.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B2.3) Should the ALP be provided in Welsh?	2B2.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B2.5) Start date:	2B2.6) End / Review date:
To take place once per week to monitor how it is helping Child A with school and their mood. Counselling sessions with a professional to cover - General conversation about thoughts and feelings - Cognitive behavioural therapy - Speech therapy - A safe person for Child A to confide in - A support system - Enhance their wellbeing - Person-centred support - Feed back to staff new ways to support them - Pick up on things that other adults working with them might not notice - Can help with administrative tasks too	Yes / No	NHS child counsellor (specialised in neurodevelopmental disorders)	06/11/2023	Until no longer required
2B2.7) Rationale for the ALP listed above: <i>If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.</i>	Parents see it as a stigma and don't have full faith that it will be effective, lack confidence that it will have any affect at all, also struggling to come to terms that Child A has a disorder and needs this type of support. Agreed to give it a go and will later be reviewed if it is having a positive impact on Child A, and intensity can be reduced or increased when necessary, so everybody is satisfied with the service.			

Section 2B3: Description and delivery of the child or young person's additional learning provision (ALP)

2B3.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	Access to a sensory/wellbeing room, Child A finds it difficult to focus whilst being constantly sensory seeking, therefore allocated time for them to visit the school's sensory/wellbeing hub will be very beneficial in improving their ability to focus and learn. Also acts as a safe space for them away from the business of the rest of the school, a safe place when they are feeling overwhelmed. Progress can be tracked through their attention in class after having the time out. Times will be set out, but if Child A requires the room outside of those times, it should still be accessible to them.				
2B3.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B3.3) Should the ALP be provided in Welsh?	2B3.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B3.5) Start date:	2B3.6) End / Review date:	
Child A will visit the sensory room routinely 3 times per week, but if they need to visit more often, they will be granted access outside of their set times providing it is not fully occupied as there are other pupils who may require the room too. Child A will be accompanied by their classroom teaching assistant. Inside the sensory room there will be - Interactive, ambient lighting such as lava lamps to help soothe - Fidget toys such as popits, fidget spinners/cubes, stress balls, slime - Pillows and blankets for comfort, weighted blankets help calm children with ASD - Calming background music - Aromas or diffusers - A screen where they can watch videos of their special interests - Snacks available Regularly monitor improvements in Child A and allow opportunity for them to choose what they might like to see more or less of in the room or organise specific activities while they are there.	Yes / No	With classroom LSA	06/11/2023	Until no longer required	
2B3.7) Rationale for the ALP listed above: <i>If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.</i>	Parents worried about Child A missing out on lessons inside the class and having the chance to socialise with their peers. Cause for concern that it may have a negative impact on their learning and in a way is preventing them from developing social skills in other ways. Agreed that it would be beneficial for Child A's mental wellbeing and for now that is the priority.				