Section 2: EMASS Toolkit

Managing Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder

A guide for schools

Produced by Family Action’s East Midlands Adoption Support Service (EMASS)



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What are Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)?

Autism

Autism is a developmental disability with three areas of difficulty:

* social understanding/interaction
* appropriate use of language/communication
* rigidity of thought and adaptability to change; restricted/repetitive interests.

For diagnosis, symptoms need to be evident from childhood and affect daily life. Diagnosis cannot be confirmed through blood or other medical testing, so it can therefore take several years before a formal diagnosis is made.

The word ‘spectrum’ is used because the range and severity of the difficulties people with autism experience can vary widely.

* It is estimated that about one child in a hundred is affected.
* It is diagnosed more in boys but may be ‘masked’ in girls.
* It is a life-long condition.

Asperger’s Disorder can be seen as being at one end of the Autism spectrum and is typically diagnosed later than Autism. Children with this condition may:

* have poor co-ordination/move awkwardly
* be generally of ‘mainstream’ ability
* be gifted in some areas
* have a narrow focus of interest
* be socially awkward
* want to make friends but don’t know how.

Children with ASD may also have sensory difficulties – hyper sensitivity to some sounds, textures and foods as well as a high tolerance of temperature and pain.

Attention Deficit Hyperactivity Disorder

This condition affects three core areas:

* attention and focus
* hyperactivity and hyper kinesis
* impulsivity.

**Attention difficulties**

* Doesn’t pay attention to details
* Makes careless mistakes
* Gets bored with a task before it’s finished
* Easily distracted
* Appears not to listen
* Difficulty in following instructions and remembering things
* Has trouble staying organised, planning ahead and finishing projects
* Often forgets or loses things

**Hyperactivity/Hyper kinesis**

* Constantly fidgets and squirms
* Cannot sit still when asked to sit quietly
* Moves around constantly, often runs, climbs
* Can’t play quietly or relax
* Talks excessively, interrupts others
* Always ‘on the go’
* Has a ‘short fuse‘ and can lose temper quickly

**Impulsivity**

* Can’t wait for his or her turn in line or in games
* Blurts out answers in class without waiting to be asked or hearing the whole question
* Guesses answers rather than taking time to solve a problem
* Says the wrong thing at the wrong time
* Often interrupts others and intrudes on other people’s conversations or games
* Can’t keep powerful emotions in check, resulting in temper tantrums
* Acts without thinking about the consequences

While some children are more easily identified as having ADHD, others may only have inattentive symptoms and may get overlooked. These are children who seem to sit quietly ‘in a world of their own’ and often also get into trouble with teachers for not paying attention, underperforming or not following directions.

So children with ADD/ADHD may be:

* inattentive, but not hyperactive or impulsive.(Attention Deficit Disorder, ADD)
* hyperactive and impulsive, but able to pay attention
* inattentive, hyperactive and impulsive (the most common form of ADHD).

Children with ADHD also have positive characteristics, which can be channelled by schools. They can be very creative and imaginative, have spontaneity and bags of energy and enthusiasm. They are open to trying new things and having new ideas, and love engaging in practical hands on or interactive activities.

How do these conditions impact on the pupil, their parents and the wider family?

Parenting is a complex task, which can be even more challenging when children have ASD or ADHD.

Caring for these children is often emotionally and physically demanding and may also disrupt wider family life in terms of normal day-to-day activities like shopping or going out on trips or days out.

The brothers and sisters of children with these conditions may become resentful of the amount of time and energy parents give to the child affected; they may feel embarrassed, confused or distressed by their sibling’s behaviour at home or in public; they may miss out on the positive aspects of sibling relationships; and they may also have concerns about their sibling’s future.

Schools can help both the parents and the brothers and sisters of affected children by giving them a space to air their concerns or worries and also by signposting to any local groups for families.

Adopted children have a higher incidence of special educational needs than other pupils and attachment difficulties can sometimes present in a similar way to ASD and ADHD.

School staff should be aware that there can sometimes be a combination of needs for adopted pupils, and address them accordingly, taking advice from specialist services (such as health, educational psychology services and ASD outreach services).

Parents and carers should always be advised to contact health professionals if they are concerned about any possible underlying medical condition.

How to help and support these children in school settings

In 2013 the DfE introduced Pupil Premium Plus for looked-after and previously looked-after children. In doing this, the DfE acknowledged the enduring impact of trauma and loss in children's lives and the key role of schools in supporting children who have had a difficult start in life. Pupil premium plus is currently £1,900 per child per year. It is expected to rise to £2,300 in 2018/19. The DfE has said that it intends the funding to be spent on:

*‘...helping adopted children emotionally, socially and educationally by providing specific support to raise their attainment and address their wider needs.’*

The focus on children’s social and emotional and wider needs is in contrast to the Pupil Premium for children eligible for free school meals, which is focused on closing the attainment gap. ([www.pac-uk.org/education/](http://www.pac-uk.org/education/))

Autistic Spectrum Disorder (or Condition)

Children with ASD may experience ‘meltdowns’, which occur when they become completely overwhelmed by their situation and lose all control over their behaviour. They may become physically or verbally out of control – or both.

Meltdowns occurring in school are often put down to bad behaviour but are actually a physiological response to overwhelming stress.

Children may also respond to stressors differently by shutting down, withdrawing, avoiding or refusing to take part in situations they find challenging. This too can become labelled as ‘challenging behaviour’.

Teachers and support staff can help by having a dialogue with parents and the pupil about what they may find difficult and how their responses can be best handled.

Other strategies that may help include:

* Carry out a sensory audit of classroom (light, sounds, colours, textures that may trigger reactions etc).
* Avoid large group work.
* Use social stories to help explain how emotions are expressed.
* Focus on their interests – develop a creative curriculum.
* Give time to recover from overwhelming experiences.
* Give them time to speak and allow time for responses to questions (if any).
* Use visual symbols.
* ‘Learn the child’ – what overstimulates/overwhelms.
* Prepare the child for changes/transitions.
* Explain emotions/facial expressions.
* Teach eye contact.

ADHD

* Focus on the positives and set tasks up to succeed.
* Use signals for a child who interrupts; praise when they don’t.
* Write down any important instruction where the child can refer back to it (and remind them where it is!).
* Have a plan of the day visible and tick off activities as you go.
* Give brief directions, one at a time.
* Be specific: ‘Put your pens away in the box’ not ‘Tidy up’.
* Offer routine and structure to the day.
* Seat the child away from windows, doors and other distractions.
* Break learning into shorter ‘chunks’; use breaks where possible.

Hyperactivity

* Ask children with ADHD to run an errand or do a task for you, even if it just means walking across the room to sharpen pencils or put dishes away.
* Encourage a child with ADHD to play a sport, or at least run around before and after school, and make sure the child never misses a break or PE.
* Provide a stress ball, small toy or other object for the child to squeeze or play with discreetly at their seat. Some schools have used small pieces of textured plastic/fabric or artificial grass glued to the underside of the child’s table to help them.
* Limit screen time in favour of time for physical movement.
* Some children find removing their shoes helpful.
* Use concrete objects to help children with abstract concepts such as maths
* Use games and toys.
* Draw problems.
* Act out stories.
* Get the child to predict ‘What happens next?’

Where to go for further information and support

Ambitious About Autism  
[www.ambitiousaboutautism.org.uk](http://www.ambitiousaboutautism.org.uk)

IPSEA – educational advice  
[www.ipsea.org.uk](http://www.ipsea.org.uk)

Picture Exchange Communication System (PECS)  
[www.pecs.org.uk](http://www.pecs.org.uk)

Treatment and Education of Autistic and Communication-Handicapped Children (TEACCH)  
[www.teacch.com](http://www.teacch.com)

Guide about ADHD from Young Minds  
[www.youngminds.org.uk/assets/0000/1327/WhatIsADHD.pdf](http://www.youngminds.org.uk/assets/0000/1327/WhatIsADHD.pdf)

Classroom tips for managing behaviour  
[www.verywell.com/help-for-students-with-adhd-20538](http://www.verywell.com/help-for-students-with-adhd-20538)

National Autistic Society  
[www.nas.org.uk](http://www.nas.org.uk)

Benefits enquiries   
Helpline 0800 882200 – DLA

Child Behavior Guide  
[www.child-behavior-guide.com](http://www.child-behavior-guide.com)

ADHD parenting tips  
[www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-parenting-tips.htm](http://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-parenting-tips.htm)

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| About us  Family Action is a charity committed to building stronger families and brighter lives by delivering innovative and effective services and support that reaches out to many of the UK’s most vulnerable people. We seek to empower people and communities to address their issues and challenges through practical, financial and emotional help.  Our East Midlands Adoption Support Service (EMASS) was funded by the Department for Education (DfE) until March 2018. This document forms part of the EMASS Toolkit, a set of resources produced to support schools that have taken part in the project.  DfE 2955 - Funded by**Training and consultancy**  Family Action’s Training and Consultancy Service can offer a wide range of training workshops for schools and educational establishments, including all the issues covered in the EMASS Toolkit. To book a workshop or inset training day contact:  Family Action, Training and Consultancy  55 Stevens Avenue Bartley Green Birmingham B32 3SD  Email: [TandC@family-action.org.uk](mailto:TandC@family-action.org.uk) or [Joy.broadhurst@family-action.org.uk](mailto:Joy.broadhurst@family-action.org.uk)  Tel: 020 3640 2303  Visit: [www.family-action.org.uk/training](http://www.family-action.org.uk/training)  *Disclaimer: This document includes links to websites and resources used by those involved in the EMASS project. External links were reviewed in February 2018 when this document was produced; however, we are not responsible for the changing content of external websites over time.*  *Last updated 1.3.18* |