
ASD/ADHD Support in Schools

Children, Young People and Education Scrutiny
Commission

Decision to be taken by: N/A

Date of meeting: 7.12.21

Lead director/officer: Tracie Rees/Sue Welford

Useful information

- Ward(s) affected: All
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- Report version number: v1

1. Summary

1.1 The purpose of this report is to provide a briefing to Children and Young People's Scrutiny Commission (C&YP SC) on the support for children and young people (C&YP) with Autistic Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD) in Leicester City Schools.

1.2 ASD is a developmental disability characterised by difficulties with communication and interaction. Children with ASD have abilities and strengths in many areas.

1.3 ADHD is a condition that affects people's behaviour and thinking. It is characterised by difficulties in concentrating, appearing restless and acting upon impulse. Children with ADHD have abilities and strengths in many areas.

1.4 The educational progress made by all children, including those with SEND, are the responsibility of the school the child attends. Schools support children's progress through quality teaching in lessons throughout the school year. Schools adjust their curriculum and teaching to meet different needs of different children.

1.5 All schools have a Special Educational Needs Coordinator (SENCo) who is the professional responsible for supporting the progress of all children with SEND in their school. This includes children with ASD/ADHD.

1.6 Wherever possible children should receive education in a mainstream school. Our ambition is for the whole education sector to support those with additional needs.

1.7 The specialist provision for C&YP is made principally by 2 local authority services:

- SEND Support Service
 - Learning Communication and Interaction (LCI) Team,
 - Social Emotional and Mental Health (SEMH) Team
 - Early Years' Support Team (EYST)
 - Vision Support (VS) Team
 - Hearing Support (HS) Team

- SEND Integrated Service 0-25
 - Educational Psychology

2. Recommendations

C&YP SC are asked to note the contents of the briefing report at this stage.

3. Supporting information including options considered:

What is ASD? (See Appendix 1)

3.1 Autism Spectrum Disorder (ASD) is a lifelong developmental disability that affects how people communicate and interact with the world.

(National Autistic Society, 2021, Available at: [What is autism](#))

3.2 CYP with Autism will experience difficulties in 3 main areas:

- Social understanding and communication
- Sensory processing and integration
- Flexible thinking, information processing and understanding

What is ADHD? (See Appendix 2)

3.3 ADHD is a lifelong condition that affects the way people think and behave. ADHD is defined as a disability.

3.4 CYP with ADHD will experience difficulties with:

- Hyperactivity and/or Inattention
- Impulsivity

How the city council supports schools

3.6 All schools in Leicester City have access to support from SEND Support Service (specialist teachers and teaching assistants) and Educational Psychology. This is funded from the High Needs Block of the Dedicated School's Grant.

3.7 Each school has an annual time allocation for specialist staff support. However, additional time is available to schools through the services' traded offers.

3.8 Appendices 3-8 describe the support available for schools.

Getting an ASD/ADHD diagnosis

3.9 As with all SEND needs there should be a graduated response to supporting CYP who may be struggling with their learning. This graduated response is further detailed in the SEND Code of Practice (2015)

Available at: <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

3.4 On first identification of a concern regarding a CYPs behaviours, attitudes and learning the class teacher or parent would consult with the school SENCO and appropriate assessment support and interventions would be implemented at a school level. These would be discussed with the parent. If, after appropriate measures have been put into place, concerns remain, the school SENCo, would request additional support from a Specialist Teacher or Educational Psychologist. They would also continue to involve parents. At this point assessments will be undertaken by specialist staff. If specialist staff consider that there is evidence of ASD/ADHD traits, they would recommend the parents consults with the child's GP.

3.5 The diagnosis must be made by a medical professional as a result of multi-disciplinary team evidence. The parent, school and specialist staff evidence are crucial to this process. Diagnoses of these conditions are part of the Neurodevelopmental Pathway.

3.6 The specialist staff would continue provide further advice and support to the school around meeting the CYPs needs.

3.4 Some parents may seek a diagnosis through directly contacting a medical professional. If a child receives a diagnosis in this manner, parents should inform the school. However, it is important to note that additional support may already be in place for the CYP and the diagnosis in itself would not necessarily alter the

interventions/support implemented by the school, if these are already appropriate for ASD/ADHD.

Supporting individuals with a diagnosis

3.7 The SEND Support Teams, and Educational Psychologists offer a range of support to CYP and their families (Appendices 3-8) this includes parenting courses and sessions for CYP around their diagnosis.

3.8 The SEND Support Teams, and Educational Psychologists also offer training, advice and support for schools, early years settings and education staff (Appendices 3-8)

3.9 A range of resources to support education settings and signposting is available through specialist staff and on the schools' extranet.

3.10 Best Endeavours and Reasonable Adjustments (BERA) document is a document which identifies the support schools should be implementing to support any CYP with a SEND need as part of their usual school provision and budget. Both specialist teachers and Educational Psychologists' were involved in writing the Social, Emotional and Mental Health, Autism and Speech, Language and Communication Needs sections of the new BERA document that has been shared with schools. This extends schools' ability to build on in school provision for those with diagnosed ASD/ADHD or possible ASD/ADHD. Available at [leicester-city-s-bera-framework-delivering-high-quality-send-provision-the-application-of-best-endeavours-and-reasonable-adjustments-within-a-mainstream-setting.pdf](https://www.leicester.gov.uk/media/2022/07/20/leicester-city-s-bera-framework-delivering-high-quality-send-provision-the-application-of-best-endeavours-and-reasonable-adjustments-within-a-mainstream-setting.pdf)

3.11 An Early Years version of the BERA document (Inclusive Provision in Early Years Settings) is also available for all early years settings/schools at <https://families.leicester.gov.uk/childcare-professionals/send-for-professionals/inclusive-provision-in-early-years/>

3.11 Many children with ASD/ADHD can be well supported and make excellent progress using the school's usual provision and SEND budget. Should they require additional support (costing more than £6000 per annum) schools can apply for additional Element 3 top-up funding, or in more complex cases a Statutory Assessment to facilitate an Education, Health and Care Plan (EHCP).

4. Details of Scrutiny

Add details of any relevant scrutiny reviews and engagement.

5. Financial, legal and other implications

5.1 Financial implications

There are no financial implications arising from this report.

Martin Judson, Head of Finance

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5.2 Legal implications

There are no legal implications arising from this report.

Julia Slipper, Principal Lawyer

Julia.Slipper@leicester.gov.uk

5.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

5.4 Equalities Implications

Under the Equality Act 2010 (including the local authority and schools), have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Whilst the report is for noting, the support for children and young people (C&YP) with Autistic Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD)

in Leicester City Schools will have an impact on children from across a range of protected characteristics. Whilst the protected characteristic of disability is highly relevant, other protected characteristics should also be considered to ensure that there are no unintended disproportionate impacts, or if disproportionate impacts are identified, they are appropriately mitigated.

Schools are also subject to the PSED and have responsibilities to prevent discrimination against and ensure the fair treatment of all children and young people with disabilities.

Sukhi Biring, Equalities Officer, 0116 454 4174

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

6. Background information and other papers:

7. Summary of appendices:

8. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

9. Is this a “key decision”?

No

10. If a key decision, please explain reason

In determining whether it is a key decision you will need consider if it is likely:

- to result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council’s budget for the service or function to which the decision relates.
- to be significant in terms of its effects on communities living or working *in two or more wards in the City*.

Expenditure or savings will be regarded as significant if:

- (a) In the case of additional recurrent revenue expenditure, it is not included in the approved revenue budget, and would cost in excess of £0.5m p.a.;
- (b) In the case of reductions in recurrent revenue expenditure, the provision is not included in the approved revenue budget, and savings of over £0.5m p.a. would be achieved.

- (c) In the case of one off or capital expenditure, spending of over £1m is to be committed on a scheme that has not been specifically authorised by Council.

In deciding whether a decision is significant you need to take into account:

- Whether the decision may incur a significant social, economic or environmental risk.
- The likely extent of the impact of the decision both within and outside of the City.
- The extent to which the decision is likely to result in substantial public interest
- The existence of significant communities of interest that cannot be defined spatially.

Appendix 1:

Definition of ASD

Autistic people will experience differences in three key areas:

- **Social Understanding and Communication**

Autistic people have differences in the way they communicate, understand and use language. They engage in social life from a different perspective (Milton, 2011). This leads to differences in how the person interacts and develops relationships.

- **Sensory Processing and Integration**

Sensory differences can include hyper (high) or hypo (low) sensitivity in relation the eight senses of sight, hearing, touch, taste and smell, interoception (internal sensations), balance (vestibular) and body awareness (proprioception). These differences will vary from person to person and can actually fluctuate in their responsiveness depending on a number of different factors for example the time of day or the environment.

- **Flexible Thinking, Information Processing and Understanding**

Autistic people have differences in their attention, interests and how they learn. This can include being very focused on particular interests. They have a different way of being flexible, so often feel safer and more comfortable with routines and structure as this lessens uncertainty

Autism Education Trust, 2021. Available at: [What is Autism? | Autism Education Trust](#)

Appendix 2:

Definition of ADHD

The relied-on definition is set out by the Diagnostic and Statistical Manual of Mental Disorders (DSM). **These criteria are presented in shortened form and are for information only. Diagnosis can only be done by a medical professional.**

Inattention

Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level: Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.

- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organising tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.

Hyperactivity and Impulsivity

Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often "on the go" acting as if "driven by a motor".
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting their turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or game

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

ADHD UK, 2021. Available at: [About ADHD | ADHD UK](#)

Appendix 3:

Early Years Support Team (EYST) Support to early years children with ASD/ADHD

EYST Support for children on the autism pathway and with a diagnosis of autism across homes, settings, and schools. EYST caseload is predominantly made up of children with communication and interaction difficulties. Many of these children will go onto receive a diagnosis of autism. We take referrals from parents, social care and health professionals, settings and school. Referrals are discussed at a fortnightly referral meeting made up of members of SEND Support

- Assess and teach in family homes and work together with parents, family members and carers.
- Provide written reports and advice regarding the child's development
- Help parents understand their child's development and how they can support this
- Work closely with other professionals involved with the child
- Hold review meetings with parents and professionals to plan the best way to support the child's development
- Support the child into a nursery, pre-school or school and provide staff with advice
- Attend planning meetings twice a year to agree the support our Team will offer
- Observe and assess referred children and discuss their progress with their key workers and/or SENCO (Special Educational Needs Co-ordinator).
- Provide advice on support for individual children
- Attend meetings around individual children on our caseload
- Liaise with parents through the setting where needed (schools/settings retain responsibility for working with and supporting parents)
- Offer EY Autism Education Trust Training for practitioners. Training is delivered centrally or in the school/setting. All teachers on EYST are quality assured and deliver 3 levels of training:
 - Making Sense of Autism which is general awareness raising around autism in the EY, lasting about 90mins. All practitioners are recommended to take part in this
 - Good Autism Practice which is a 2-day course for SENCOs and practitioners working directly with children with autism
 - Leadership and Good Autism Practice is directed at managers and senior leaders
- Offer Living with autism to parents on caseload who have children on the autism pathway or have a diagnosis of autism. This can be done individually or through a group. More often it is now locality based and gives parents an opportunity to meet other parents with children with similar needs.
- Contribute to pre-diagnostic assessments providing reports for the paediatrician focusing on the 4 areas of difference. Take part in MDT meetings to discuss diagnosis

Appendix 4:

Social Emotional and Mental Health (SEMH) Team Support to CYP with ASD/ADHD

SEMH Team and ADHD

- Support for class teachers/TAs to understand ADHD pupils including:
 - Strategies to support pupils in class
 - Understanding about the 'ADHD' brain
 - Strategies to support development of executive functioning skills
 - Talking to other children in the class about ADHD
 - Supporting expectations and understanding of how medication impacts on ADHD
- Whole schools training on ADHD – currently a twilight
- Discussions with schools about how a variety of life experiences for pupils could present like ADHD
- Work with individual pupils (by SEMH teachers and practitioners) on understanding ADHD and their strengths and difficulties
- Support for parents and families, including perception of ADHD within families.
- Identifying pupils for referral to health to investigation for possible ADHD
- Providing supporting documentation (letter and reports) for parents and/or schools to take to GP for further assessment
- Assessment – CHEXI, SDQ
- Joint work with ADHD Solutions
- Attendance at MDTs
- Signposting to further support – ADHD solutions
- Senior teacher's master's dissertation on ADHD in girls – disseminated to team

SEMH Team and possible ASD pupils

- Support for pupils whose are displaying behaviour that challenge which could be considered to be SEMH needs or ASD needs
- Support for class teachers/TAs to understand pupils on neurodevelopmental pathway including:
 - Strategies to support pupils in class
 - Understanding about neurodiversity
- Offer general advice and support on individual needs for pupil's whose parents do not want to investigate neurodiversity
- Providing supporting documentation (letter and reports) for parents and/or schools to take to GP for further assessment
- Play based assessments to support understanding of pupils needs (2 members of SEMH Team are ADOS trained)
- Use of Coventry Grid, supporting schools to complete and forwarding to Community Paediatricians.
- Discussions with schools about how a variety of life experiences for pupils could present like ASD
- Support for parents and families, including perception of ASD within families.

- Identifying pupils for referral to health to investigation for possible ASD
- Joint work with LCI
- Attendance at MDTs
- Signposting to further support
- Experience within the team of working with pupils with ASD in mainstream and special

Appendix 6:

Learning Communication and Interaction (LCI) Support to CYP with ASD/ADHD

Autism Specialist Teachers

LCI have significant professional training and qualifications in Autism and managing complex behaviours in classroom settings.

The LCI (autism) team support young people across mainstream, special and DSP (Designated Special Provision) placements from the beginning of year one to the end of year thirteen and we also have traded packages of support for several Leicester city colleges. The team works across the full range of Communication and Interaction including pre-diagnostic work and including young people at the earliest stages of developing joint attention and social interaction.

Training Offer to LCI Schools

Leicester City has been an AET (Autism Education Trust) Training Partner since January 2015. We have delivered training in 112 City Schools on a 3-year rolling programme and to over 3000 delegates since April 2018. The AET Professional Development Programme, supported by the Department for Education offers national delivered face to face or virtual training for professionals working with Autistic children and young people up to the age of 25. (EYST (Early Years Support Team) offer AET training to pre-school settings and foundation stage).

The School's Professional Development Programme

This offers a set of training modules and materials for those working in schools **for pupils aged 5-16**. And there is further training through the Post 16 Programme for colleges and sixth forms and to support transition to adulthood. Training uses a range of teaching methods to form an essential part of continued professional development.

- Making Sense of Autism (MSA) (90 minutes)

This is a raising awareness module for anyone working in schools. This includes teaching and support staff, office and ancillary staff, caterers, caretakers, transport staff and governors.

- Topic-Based models (90 minutes each)
 - Anxiety Module
 - Exclusions module

These are two brand-new courses which were introduced to the training portfolio in November 2021.

- Progression Framework (90 minutes)

This is a module that introduces the Progression Framework interactive tool. This training module is designed to be used flexibly, with trainers using the time available in the way that best suits their audience.

- Schools Good Autism Practice (GAP) (6 hours)

This is a module for practitioners who work directly with autistic children in schools, and it provides guidance on processes and tools that can help practitioners to implement good autism practice.

- Schools Extending and Enhancing Good Autism Practice (3 hours)

To build on the learning developed through GAP by enabling delegates to deepen their understanding and the implications for practice.

- Schools Complex Needs and Participation (6 hours)

This training is aimed at staff in specialist settings who support pupils with autism and complex needs. Its purpose is to deepen participants understanding of autism and ways in which they can develop their practice to support pupils effectively.

- Leading Good Autism Practice (6 hours)

This training is designed for SENCo's and senior leaders in schools to enhance their knowledge and understanding of autism, help them to question, evaluate and develop autism practise within their school setting. Provide the tools to audit staff skills and identify training needs and to develop skills and knowledge so that they can support their organisation to meet/exceed the requirements of external reviewers such as Ofsted and be compliant with legislative requirements. Implementation of AET School Standards and Competency Frameworks.

We also deliver AET **Post 16 courses** in our colleges in MSA GAP and Transitions.

- **AET Schools Standards framework:** These are created for leaders or leadership groups within Schools to enhance and embed inclusive practice in their schools.
- **AET Schools Competency Framework:** These were created for individual staff to rate their knowledge, skills, and personal qualities against a set of descriptors which outline good autism practice.

In addition to AET training LCI also coordinate training from other organisations including TEACCH, PECS and Attention Autism.

Bespoke courses run by LCI:

- Interactive Play
- Introduction to Autism for NQT and Early Career Teachers.
- Understanding Sensory Processing
- Introduction to Social Stories and Comic Strip Conversations
- Introduction to TEACCH approach and visual systems
- Autism and Girls
- Implementation of Specific Interventions including Lego Therapy, Social Communications groups, Anxiety Programmes, Transitions, Peer relationships.

Parent Programmes:

- Early Bird Plus: (Invitation only) Intensive 10-week programme for families of KS1 children. Aims to equip parents and carers to develop a greater understanding of their child's needs following diagnosis.
- Solihull Parent programme: (invitation only) delivered jointly with CPS but has not run for 2 years.
- LCI Parent Programme for families of children in years 1-5: 4 sessions focusing on communication, interaction, and sensory needs and behaviours. Strategies and resources to support. Self-referral
- LCI parent programme for years 6-11 focusing on communication, interaction, and sensory needs and behaviours and changes at puberty. Strategies and resources to support. Self-referral
- LCI parent programme delivered in Hindi all ages (as above) self-referral.

Graduated response:

LCI have a graduated response and provide a range of support to schools from early identification of need in school age pupils e.g., social communication differences, whole school strategies, to social communication assessment, attending MDT (Multi-Disciplinary Team) and ongoing support and advice in school and 1:1 teaching.

Pupils accessing universal SEND support in school:

- Early Identification of Social Communication needs: pupils are referred to LCI either to unpick social communication differences to inform decision making around support and possible referral to SALT (Speech and Language Team) or Health to be considered for the neurodevelopmental pathway.
- Identified Communication and interaction need, school seeking information and advice as part of ND pathway (pre-diagnostic work).
- Post diagnostic work where school are seeking additional information and advice
 - Observation in class using SCERTS approach
 - Play based or social communication assessment
 - Feedback to school and family
 - Next steps and recommendations
 - Self-referral to parent programme

The play based or social communication assessments, developed by the LCI team can be used across all three of these areas, to investigate the needs of a range of pupils, whether they can be considered as at the early identification, pre-diagnostically and post-diagnostic stage. These assessments may include formal standardised assessments of language and cognition as appropriate to the individual young person (BPVS (British Picture Vocabulary Scale), Renfrew, TALC, WRIT (Wide Range Intelligence Test)) and can be used with caseload pupils from year one up to college age.

Pupils requiring targeted support in schools:

- At SEND support or EHCP (Education Health Care Plan) established and implemented
- New to caseload/newly diagnosed: advice needed to identify effective support.
- School is meeting needs using interventions described above but are not yet confident in monitoring and evaluating impact of support. Possible issues with new staffing
- Pupils may be making progress but limited
- Attending range of support briefing meetings as appropriate as above
- Currently accessing courses for specific areas of need (AET etc)
- Transition (school to school) to another mainstream setting: low level of concern
 - Follow up observations and advice to update and react and to developmental changes.
 - Modelling of appropriate strategies and resources
 - Implementation of specific interventions and approaches
 - Delivery of specific interventions by LCI TAs modeled to school staff
 - Written report, respond to requests for statutory assessment
 - Attendance at review meetings as necessary
 - Parent programmes

Pupils requiring specialist support:

- Challenges in staff adjusting/adapting curriculum and environment to meet needs of the pupil.
- Formal assessment of cognition and learning as needed to inform further support.
- Audit of Sensory needs and/or audit of school environment with accompanying advice re sensory diet and environmental and structural adaptations as needed to support pupil and school.
- School is requesting a change of placement to a more specialist environment
- Changes of staffing where school have received significant input in the past.
- Inclusion is an ongoing issue
- Pupil has been at risk of exclusion or non-attendance through anxiety or other factors
 - Additional visits to support school in implementation of advice
 - Delivery of specific interventions by LCI TA or teacher
 - Written reports, respond to requests for statutory assessment
 - Attend annual review and other meetings as needed

Pupils requiring specialist intensive support:

- Pupils and school require intensive support for a short period this could include weekly visits and additional TA hours to model and implement advice

- EHCP, Statutory assessment where school require intensive input to apply support suggested or strategies such as PECS, anxiety programmes, visual systems, TEACCH, Team teach, individualised curriculums etc.
- At risk of exclusion or non-attendance due to behaviour or social issues as well as poor learning outcomes are or have had significant input from SEMH (Social Emotional & Mental Health), CAMHS (Children and Adolescent Mental Health Service), Social Care/TAF.
- Additional diagnosis which significantly impact on access: e.g., PDA (Pathological Demand Avoidance), SPD (Sensory Processing Disorder) ADHD (Attention Deficit Hyperactivity Disorder) (where medication is being reviewed), medical or mental health diagnosis which require support from Health Services.
- Learning difficulties (pre-Key stage 1 levels) where school have not/or are not receiving support from special schools (special not named on EHCP) and school have not had experience in meeting need at this level within this child's year group.

Appendix 7:

Educational Psychology (EP) Support to CYP with ASD/ADHD

- EPs are involved in the holistic assessment of the child or young person with the view to enhancing their learning opportunities and ensuring positive wellbeing. This will involve a triangulation of information gathered from a range of sources such as pupil participation, family visits, developmental history and consultations with a range of professionals.
- EPs work collaboratively with SEND support services and encourage schools to implement advice already available from other SEND SS, implement the findings from casework and prioritise appropriate interventions matched to the needs identified and offer training to school where required
- EPs participate in the identification, assessment, diagnosis and support of CYP with ASD/ADHD.

Appendix 8:

Vision Support Team (VS) Support to CYP with ASD/ADHD

There are several CYP with Visual Impairments (VI) that also have a diagnosis of ASD/ADHD.

The following support is/has been provided by the team for those CYP and their settings:

- Creation of social stories for those CYP visiting clinical settings and/or having eye surgery.
- Provision of modified/accessible visual timetables.
- Modified vision assessments when formal assessment not possible.
- Support for school regarding behaviours which may be as a result of Visual Impairments as opposed to ASD (research shows common misidentification/misdiagnosis of either Visual Impairments - specifically Cerebral Visual Impairment- or ASD as behaviours some behaviours are very similar).
- Any direct teaching in line with CYPVI individualised advice for ASD/ADHD and/or school behaviour policy.
- Joint working with LCI/EYST where required.
- VST TL and senior teacher completed CPD on ASD in 2020 to further develop understanding and improve practice.
- Signposting to LCI/SEMH/EYST through Joint Planning Meetings or joint working.
- Support for parents at community paediatrician appointments.
- Provision of educational advice for statutory assessment.
- Attendance at Multi-Disciplinary Team meetings.

Hearing Support Team (HS) Support to CYP with ASD/ADHD

We do not specifically support CYP with ASD and ADHD but do have students with a hearing loss who have ASD or ADHD.

The strategies we suggest for CYP with hearing loss are often applicable for those students with ASD and ADHD –

- Use of visuals to support understanding and learning
- Reduce background noise
- Quiet space/room for listening activities
- Be close to the speaker
- Keep distractions to a minimum
- Reduce sensory overload
- Listening breaks

We would support staff with use of equipment to help with any sensory issues.

We would also request joint working with appropriate teams if necessary, to diagnose other needs in addition to their hearing loss.

We are also asked by other teams and SENCOs to carry out hearing assessments/screens in school to rule out/in any hearing loss if it is felt that there may be other needs that are impacting on learning.