 **Promise Care Services Ltd**

**AUTISM**

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# Policy Statement

The Autism Act of 2009 [Autism Act 2009 (legislation.gov.uk)](about:blank) brought about some great changes to the way that autistic people access support. Because of the Act, almost every council has a diagnosis pathway for adults and a specific Autism Lead. Additionally, it makes sure that every autistic person has the right to a social care assessment, something which was difficult for many autistic people prior to this.

Before the Autism Act, autism was often misunderstood by the public and professionals, and too many autistic people faced significant barriers to living full and rewarding lives. In 2019, the government included autism as one of the priorities in the NHS Long Term Plan [NHS Long Term Plan](about:blank), in recognition of the work that needs to be done to improve autistic people’s access to healthcare. Delivering on the NHS Long Term Plan’s commitments will enable autistic people to live healthier lives.

[Think Autism](about:blank), which was published in April 2014 and related to adults extends the scope of the strategy to children and young people for the first time, in recognition of the importance of ensuring that they are diagnosed and receive the right support as early as possible and across their lifetime. The strategy and its underpinning implementation plan are issued pursuant to the Secretary of State for Health and Social Care’s powers under section 1 of the Autism Act 2009 [Autism Act 2009 (legislation.gov.uk)](about:blank).

# The Policy

What is Autism

Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain. Some people with ASD have a known difference, such as a genetic condition. Other causes are not yet known. Scientists believe there are multiple causes of ASD that act together to change the most common ways people develop.

Being autistic does not mean the person has an illness or disease. It means the brain works in a different way from other people. It is something a person is born with or first appears when very young. If a person is autistic, they are autistic their whole life. Autism is not a medical condition with treatments or a “cure”, but some people need support to help them with certain things.

ASD begins before the age of 3 years and can last throughout a person’s life, although symptoms may improve over time. Some children show ASD symptoms within the first 12 months of life. In others, symptoms may not show up until 24 months of age or later. Some children with ASD gain new skills and meet developmental milestones until around 18 to 24 months of age, and then they can stop gaining new skills or lose the skills they once had.

As children with ASD become adolescents and young adults, they may have difficulties developing and maintaining friendships, communicating with peers and adults, or understanding what behaviours are expected in school or other social environments. They may come to the attention of healthcare providers because they also have conditions such as anxiety, depression, or attention-deficit/hyperactivity disorder, which occur more often in people with ASD than in people without ASD.

Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterised by challenges with social skills, repetitive behaviours, speech, and non-verbal communication. People with ASD may behave, communicate, interact, and learn in ways that are different from most other people.

There is not one autism but many subtypes, most influenced by a combination of genetic and environmental factors. Because autism is a spectrum disorder, each person with autism has a distinct set of strengths and challenges. The ways in which people with autism learn, think, and problem-solve can range from highly skilled to severely challenged. Some people with ASD may require significant support in their daily lives, while others may need less support and, in some cases, live entirely independently.

Causes of Autism

There is no one cause of autism. Research suggests that autism develops from a combination of genetic and non-genetic, or environmental influences. These influences appear to increase the risk that a child will develop autism. Some gene changes associated with autism can also be found in people who do not have the disorder. Not everyone exposed to an environmental risk factor for autism will develop the disorder.

**Autism’s Genetic Risk Factors** - Autism tends to run in families. Changes in certain genes increase the risk that a child will develop autism. If a parent carries one or more of these gene changes, they may get passed to a child. Other times, these genetic changes arise spontaneously in an early embryo or the sperm and/or egg that combine to create the embryo. Again, most of these gene changes do not cause autism by themselves. They simply increased the risk for the disorder.

**Autism’s Environmental Risk Factors** - Certain environmental influences may further increase – or reduce – autism risk in people who are genetically predisposed to the disorder. Importantly, the increase or decrease in risk appears to be small for any one of these risk factors:

Increased risk

* Advanced parent age (either parent)
* Pregnancy and birth complications (e.g., extreme prematurity – before 26 weeks, - low birth weight, multiple pregnancies – twin, triplet, etc.)
* Pregnancies spaced less than one year apart.

Decreased risk

* Pre-natal vitamins containing folic acid, before and at conception and through pregnancy.

No effect on risk

* Vaccines – each family has a unique experience with an autism diagnosis, for some, it corresponds with the timing of their child’s vaccinations. Research has shown vaccines do not cause autism.

**Differences in Brain Biology -** Genetic and non-genetic influences appear to affect crucial aspects of early brain development. Some appear to affect how brain nerve cells, or neurons, communicate with each other. Others appear to affect how entire regions of the brain communicate with each other. Research continues to explore these differences with an eye to developing treatments and supports that can improve quality of life.

Diagnosis for Autism

Medical professionals can carry out screening for autism in the first few years of a child’s life.

Doctors diagnose ASD by assessing the differences and signs, interacting with the child, observing interactions between the child and parent or caregiver, and asking parents and caregivers questions.

Previously there were 4 different types of autism. There are now 3 different levels of ASD, which doctors determine according to the amount of support an individual requires.

The 3 levels of ASD are:

**Level 1: Requiring Support -** The communication issues that a person with Level 1 ASD may face include:

* Difficulty initiating social interactions
* A typical or unsuccessful response to social interaction from others
* Decreased interest in social interactions in some cases
* The ability to speak in clear sentences and engage in communication, but with an issue maintaining a 2-way conversation with others.
* Difficulty making friends

The repetitive behavioural issues a person with Level 1 ASD may face include:

* Inflexible behaviour that interferes with general functioning in one or more contexts
* Problems switching between activities
* Issues with organisation and planning, which can impact independence.

**Level 2: Requiring Substantial Support -** The communication issues that a person with Level 2 ASD may face include:

* Noticeable issues with verbal and non-verbal social communication skills
* Social issues being apparent despite supports in place
* Limited initiation of social interaction
* Reduced response to social interactions with others
* Interactions that are limited to narrow special interests
* More significant differences in non-verbal communication.

The repetitive behavioural issues a person with Level 2 ASD may face include:

* Inflexible behaviour
* Struggling to cope with change
* Restricted or repetitive behaviours that are obvious to a casual observer and interfere with functioning in several contexts.
* Difficulty changing focus or action.

**Level 3: Requiring very Substantial Support -** The communication issues a person with Level 3 ASD may face include:

* Severe issues in both verbal and non-verbal social communication, which severely impair functioning.
* Very limited initiation of social interactions
* Minimal response to social interaction from others
* Using a few words of intelligible speech
* Unusual methods of meeting social needs and responding to only very direct approaches.

The repetitive behavioural issues a person with Level 3 ASD may face include:

* Inflexible behaviour
* Extreme difficulty coping with change
* Restricted or repetitive behaviours that significantly interfere with functioning in all areas of life
* Experiencing great distress or difficulty when changing focus or action.

Autism Spectrum Disorder (ASD)

Is now the umbrella term for the group of complex neurodevelopmental disorders that make up autism. It is a condition that affects communication and behaviour.

The autism spectrum refers to the variety of potential differences, skills, and levels of ability that are present in autistic people.

The differences in autistic people are often present from early childhood and can impact daily functioning. Autistic people can experience the following challenges:

* Having trouble communicating and interacting with others
* Exhibiting repetitive behaviours
* Having difficulty functioning in several areas of their life.

Differences in people with ASD generally appear in the first 2 years of life.

According to the National Institute of Mental Health [NIMH » Home (nih.gov)](about:blank), early signs of ASD include:

* Little or inconsistent eye contact
* Not sharing enjoyment of objects or activities by pointing or showing things to others.
* Difficulty with back-and-forth communication
* Difficulty responding to adult attempts to gain attention
* Talking at length without gauging the interest of others
* A flat tone of voice
* Difficulty with perspective-taking
* Sensory sensitivities
* Repeating certain behaviours, words, or phrases
* Intense interest in specific things
* Becoming upset by sudden changes in routine
* Problems sleeping

While autistic people may face many challenges, they may also have differences that many would consider strengths. These include:

* Superior memory of facts and figures
* Specialist knowledge in topics of interest
* High level of motivation and enthusiasm in activities of interest, with a drive to share this enjoyment and enthusiasm with others
* A high degree of accuracy in various tasks
* Innovative approaches to problem-solving
* Exceptional attention to detail
* Ability to follow instructions accurately, under appropriate guidance
* Exceptional skills in creative skills
* Ability to see the world from an alternative perspective and therefore offer unique insights.
* A tendency to be non-judgmental, honest, and loyal in social relationships
* A unique sense of humour.

Managing ASD

Numerous therapies and behavioural interventions can help improve the specific challenges that autistic people face.

Healthcare professionals often recommend that ASD therapies begin as soon as possible after a child receives their diagnosis. Early intervention can reduce their difficulties, allowing them to adapt and learn new skills.

Management strategies for ASD may include:

* Educational and developmental therapy
* Behavioural therapy to help learn life skills and overcome other challenges.
* Speech, language, and Occupational Therapy to help with social, communication, and language skills.
* Medication to tackle accompanying mental health issues, such as irritability, aggression, repetitive behaviour, hyperactivity, attention issues, anxiety, and depression.
* Psychotherapy to help a person increase or build upon their strengths.
* Supplements or changes in diet.

It is important to note that ASD is a spectrum disorder, meaning people can experience a varying range of these differences. After an ASD diagnosis, many people go on to live productive, independent, and fulfilling lives.

Communication Needs

Autistic people may communicate differently. Some people may be non-verbal or find traditional forms of communication difficult or confusing. As an organisation, we recognise the individual needs for communication and adapt to meet these including:

Social Stories

These are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. Social stories present information in a literal, 'concrete' way, which may improve a person’s understanding of a previously difficult or ambiguous situation or activity. The presentation and content can be adapted to meet different Service Users’ needs.

They can help with sequencing (what comes next in a series of activities) and 'executive functioning' (planning and organising).

By providing information about what might happen in a particular situation, and some guidelines for behaviour, the structure of the person’s life can be increased and thereby reduce anxiety.

Creating or using a social story can help staff to understand how the autistic Service User perceives different situations. Social stories can be used to:

* develop self-care skills (for example, how to clean teeth, wash hands or get dressed), social skills (for example, sharing, asking for help, saying thank you, interrupting) and academic abilities
* help the person to understand how others might behave or respond in a particular situation
* help others understand the perspective of an autistic person and why they may respond or behave in a particular way
* help the individual to cope with changes to routine and unexpected or distressing events (for example, absence of teacher, moving house, thunderstorms)
* provide positive feedback to the individual about an area of strength or achievement in order to develop self-esteem
* as a behavioural strategy (for example, what to do when angry, how to cope with obsessions).

Stories should appeal to the interests of the individual they are written for and avoid using words that may cause them anxiety or distress. The content and presentation of social stories should be appropriate to the person’s age and level of understanding. We use age-appropriate photographs, picture symbols or drawings with text to help people who have difficulty reading. A social story needs to have a title, introduction, body and conclusion. It should use gentle and supportive language. It should answer six questions: where, when, who, what, how and why?

Comic Strip Conversations

Comic strip conversations are simple visual representations of conversation. They can show:

* the things that are actually said in a conversation
* how people might be feeling
* what people's intentions might be.

Comic strip conversations use stick figures and symbols to represent social interactions and abstract aspects of conversation, and colour to represent the emotional content of a statement or message.

By seeing the different elements of a conversation presented visually, some of the more abstract aspects of social communication (such as recognising the feelings of others) are made more 'concrete' and are therefore easier to understand.

Comic strip conversations can also offer insight into how an autistic Service User perceives a situation. Comic strip conversations can help autistic Service Users understand concepts that they find particularly difficult. People draw as they talk and use these drawings to learn about different social situations.

In a comic strip conversation, the autistic Service User takes the lead role, with parents or staff offering support and guidance. For complex situations, or for Service Users who have difficulty reporting events in sequence, comic strip boxes may be used, or drawings can be numbered in the sequence in which they occur.

Comic strip conversations can be used to plan for a situation in the future that may be causing anxiety or concern, for example, an exam or a social event. However, as plans can sometimes change it is important to present the information in a way which allows for unexpected changes to a situation.

Visual Supports

Visual supports are a communication tool that can be used in most situations, and are adaptable and portable.

Visual supports can help to:

* provide structure and routine
* encourage independence
* build confidence
* improve understanding
* avoid frustration and anxiety
* provide opportunities to interact with others.

They can make communication physical and consistent, rather than fleeting and inconsistent as spoken words can be. A wide range of items can be used as visual supports. For example:

* tactile symbols/objects of reference, eg swimming trunks, packaging, food labels
* photographs
* short videos
* miniatures of real objects
* coloured pictures
* plain squares of coloured card
* line drawings
* symbols
* written words.

These can be real objects, printed images, or on a smartphone, tablet or computer.

Visual supports are very personal and what works for one person may not work for another. Staff use the person’s special interest, eg make a visual timetable in the shape of a rocket.

Remembering that some autistic people have difficulties generalising, eg they may not realise that a Hula Hoop packet symbolises all crisps, it can sometimes be helpful to use more than one type of visual support, but always introducing visual supports gradually and under the guidance of other health professionals actively involved in the Service User’s care.

Makaton

Makaton helps adults with autism develop language skills, to understand and be understood. Makaton allows adults with ASD to communicate independently using signs and symbols, with many naturally dropping them at their own pace, as speech develops.

Makaton can help people who have autism to communicate by combining signs, symbols and speech, it can also help to reduce frustration and promote inclusion.

Some will have nonverbal autism, or difficulty communicating, and may find that Makaton signs and symbols help them to speak. Signs are used with speech to provide extra visual support about what someone is saying. Using signs helps those who have no speech, or whose speech is not clear. Symbols can be used by individuals who have limited speech, or those who either cannot or prefer not to sign.

Makaton can help Service Users with autism who have difficulty with:

* conveying their feelings, wants and needs
* being understood
* attention and listening
* visual sequencing memory

With Makaton, Service Users with autism are able to connect with other people and the world around them, which opens a range of possibilities.

Positive Behavioural Support (PBS)

PBS is a widely used and person-centred approach to identifying and meeting a person’s support needs, in particular, if someone is distressed and at risk of harming themselves or others. PBS is most commonly used to support people with learning disabilities, some of whom may also be autistic. We will follow the [PBS Framework](about:blank), which sets out how to deliver good quality support.

It is based on working with the individual and their support network to understand why someone is distressed, the impact their environment has on them and the best ways to keep them safe and happy. For example, an autistic person can have a sensory overload in loud or crowded environments and become distressed and very agitated.

Autistic people can also become distressed if their normal routine is suddenly changed. Routine and structure can be very important and if that is changed without notice it can cause great anxiety and distress.

Staff should work with each individual and their wider support network to develop a personalised schedule of activities, where known negative environmental. situations are avoided and any changes in routine are planned and discussed with the individual in advance. This would reduce the anxiety created by unstructured events and time.

What is important is that there is not a one size fits all approach. Everyone will have different triggers and reactions and each support plan must be tailored accordingly.

Accessible Information

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

It is now the law for the NHS and adult social care services to comply with AIS.

The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.

This organisation is committed to meeting the accessible information standard. Information both verbal and written will be provided in the format of choice based on each individual’s unique communication needs.

Oliver McGowan Mandatory Training (OMMT)

The Oliver McGowan Mandatory Training on learning disabilities for health and care staff caring and supporting people with learning disabilities and autistic people has been launched. This training has been developed in partnership with Health Education England, Department for Health and Social Care, Skills for Care, and NHS England.

The Government has introduced a requirement for Care Quality Commission (CQC) registered service providers to ensure their employees receive learning disability and autism training appropriate to their role. This is to ensure the health and social care workforce has the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with learning disabilities. This requirement is set out in the [Health and Care Act 2022](about:blank).

The Oliver McGowan Mandatory Training comes in two tiers and is designed for staff to receive the correct level of mandatory training.

* Tier One – is designed for staff who require general awareness of the support for autistic people or people with learning disabilities.
* Tier Two – is designed for staff who may need to provide care and support for autistic people or people with a learning disability.

The training sessions are expected to be available from early 2023 and have been designed to offer people with learning disabilities and autistic people employment opportunities as part of the delivery team.

From 1 July 2022, all registered health and social care providers must ensure that their staff receive training in learning disabilities and autism, including how to interact appropriately with autistic people and people who have learning disabilities.

Regulation 18 [Regulation 18: Staffing - Care Quality Commission (cqc.org.uk)](about:blank) requires employers to provide employees with appropriate support, training, professional development, supervision and appraisal to enable them to carry out their duties.

The statutory guidance introduced 2 specific points about the new requirement:

* All staff must receive training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role.
* Staff must receive appropriate supervision in their role to ensure they demonstrate and maintain competence in understanding the needs of people with a learning disability and autistic people, including knowing how to support them in the best way.

As an organisation, we are aware of this when reviewing induction, training and supervision plans for all staff.

Autism Alert Card

The project was developed in East Anglia in 2007 with the full support of Essex Police and the Suffolk and Norfolk Constabularies.  It has since been adopted by the Cambridgeshire and Hertfordshire Constabularies and the Bedfordshire Police to make it available in West Anglia also.

The card is designed so that an individual’s behaviour or the nature of their condition can be quickly explained when they find themselves in a difficult or emergency situation. It also means that behind the scenes lots of work is being done to train the Emergency Services so that they understand what they can do to ease interactions they have with someone who has autism, as sometimes a little knowledge can go a long way.

# Related Policies

Induction Training Development and Qualifications

Positive Behaviour Support

Behaviour that challenges

Meeting needs

Accessible Informaton and Communiation

# Related Guidance

National Institute of Mental Health

[https://www.nimh.nih.gov/](about:blank)

Legislation.Gov.UK: Autism Act 2009

[https://www.legislation.gov.uk/ukpga/2009/15/section/1](about:blank)

Autism Anglia: Enhancing the lives of autistic people

[https://www.autism-anglia.org.uk/alert-card](about:blank)

Gov.UK: 'Think Autism': an update to the government adult autism strategy

[https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy](about:blank)

National Autistic Society: Communication Tools

[https://www.autism.org.uk/advice-and-guidance/topics/communication/communication-tools/social-stories-and-comic-strip-coversations](about:blank)

UK Parliament: Health and Care Act 2022

[https://bills.parliament.uk/bills/3022](about:blank)

NHS: The Oliver McGowan Mandatory Training on Learning Disability and Autism

[https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism](about:blank)

Care Quality Commission: Regulation 18: Staffing

[https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-18-staffing](about:blank)

NHS: Long Term Plan

[https://www.longtermplan.nhs.uk/](about:blank)

# Training Statement

All staff, during induction, are made aware of the organisation’s policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervision.

Date Reviewed: May 2023

Person responsible for updating this policy: **IFEYINWA ODOEMENAM**

Next Review Date: May 2024