

CHAPTER 8

POST-PRIMARY PROVISION

This chapter describes the common issues arising when a pupil is in post-primary education. The section will highlight examples of good practice, and make recommendations for improvement set in the context of current research.

Introduction

8.1 The issues relating to post-primary provision are similar to those highlighted in the primary section. However, the post-primary environment brings new challenges to the pupil with ASD. The social demands are increased due to greater pupil numbers and the constantly changing set of social principles that most pupils in their teens automatically acquire. Organisational demands are also highlighted due to the sheer size of the school. Having to move to different classes can mean additional anxiety for pupils with ASD.

8.2 The information for this chapter has been gathered by interviews with pupils, teachers, parents, special educational needs co-ordinators (SENCOs), educational psychologists and ASD support teachers working in the post-primary sector. Additionally, the data includes the opinions and experiences of a number of Health Service professionals working with adolescents with ASD.

Current Issues

8.3 Although diagnostic clinics are becoming established throughout Northern Ireland there are many pupils who have missed the benefits of early diagnosis and may only gain a diagnosis in their post-primary years. Teachers and Health Service professionals consider that in these instances the behavioural, social, and emotional difficulties faced by these pupils are more marked. The pupils are likely to have been misunderstood, as their additional needs cannot

have been understood or adequately met without a defining diagnosis. Most of the pupils have the disadvantage of having to come to terms with adolescence and with a diagnosis of autism or Asperger syndrome and the implications of that on their lives. The more extreme difficulties displayed by many pupils with a later diagnosis serve to highlight the importance of an early diagnosis and intervention programme to ensure that difficulties are addressed at a young age. There is more likelihood that the child with ASD will then be better equipped to deal with the demands of post-primary education and the later demands of independent living. Raising awareness of autism and the associated features through leaflets, booklets and media coverage would help teachers and parents to recognise the difficulties at an early stage in the child's life.

8.4 Teachers and pupils in the post-primary setting interviewed as part of the work of the Task Group identified a number of demands which arise from the more complex organisational and social setting of the post-primary school. These demands include:

- ❖ accessing the correct book for each subject from day to day;
- ❖ organising loose worksheets and folders;
- ❖ managing a musical instrument;
- ❖ sorting out PE kit;
- ❖ using locker systems appropriately;
- ❖ moving from class to class through the noisy and less structured environment of school corridors;
- ❖ coping with teachers' expectations, which are often not made explicit enough;
- ❖ being understood by teachers and peers;
- ❖ having a growing realisation that they are different.

8.5 Frequently, the pupils with ASD could appear outspoken and rude in class and had difficulties with turn-taking, waiting and sharing. The teachers reported behaviours which they interpreted as attention-seeking and disruptive behaviours, which delayed the progress of others in the class.

8.6 Pupils and teachers remarked that physical education was often a problematic subject. Pupils found it difficult to work in a team and to take account of other pupils' points of view. They had difficulties remembering and adhering to rules; their spatial awareness was often poor. They also had difficulties in understanding competitive games. The source of these difficulties lies in the associated features of ASD but may be compounded by the lack of opportunities for informal practice in team games. Typically developing pupils play games in the playground whilst children with ASD often remain isolated at these times and do not make use of the opportunities to learn the rules of play.

8.7 Handwriting and the presentation of pupils' work were thought by the teachers to be of poor quality in comparison to the pupil's academic ability. Teachers often misunderstand this as a behavioural problem rather than as a possible effect of having poor motor skills and/or poor muscle tone. In addition, having to complete work at speed is often a problem for pupils with ASD, as many tend to get tired easily and often need to take breaks before finishing a piece of work.

8.8 Homework is an issue with teachers, parents and pupils. The pupils have problems noting their homework correctly or spend hours at night time trying to complete it. Pupils with ASD may perceive study as an activity rightly based in school and may not understand why it should be done at home.

8.9 Teachers were also concerned that pupils' exam techniques were often poor. They report that pupils know the answers but tend to miss the main point of the question. This was a common problem in whole-class lessons, where the pupil would become very interested in an irrelevant detail often missing the main teaching point altogether. Frith (1989) refers to this as 'Central Coherence Deficit.' Simple solutions such as a system for highlighting important points, plots,

formulas or quotations can help solve these problems. However, teachers need to be trained in ASD and the implications for learning in order to use such strategies effectively.

8.10 In addition, examination time brings the added pressures on the pupil to do a greater volume of work at home. This task becomes increasingly problematic at GCSE level when the course work required is practical and involves applied knowledge. Pupils with ASD need to have very clear guidelines as to when work must be completed. A study guide for planning revision should be provided for and discussed with them. Coping strategies may need to be made explicit if changes in their revision timetable occur. The pupils may need special arrangements for completing exams such as extra time, using word processing or having an amanuensis made available to them. They may also benefit from guidance on following examination instructions and allocating appropriate time to different parts of the examination. These interventions are not always known by or used consistently by teachers and staff working with pupils with ASD.

8.11 An acute problem for pupils in the post-primary environment is bullying. Typically developing pupils at this stage do not like to include people who are 'different' into their social circle. Pupils with ASD are particularly vulnerable because of their inabilities to understand the implications of the social setting and often feel insecure as a consequence. Many pupils understand threats and name-calling in a literal manner. They get very anxious about how they are being treated and are unable to defend themselves in these situations. This makes bullying a particularly serious issue for pupils with ASD. Teachers need to be aware that bullying can be quite subtle and is likely to take place in class and at unstructured times, in the corridors or at break and lunchtime. In most schools there is little awareness of the impact the environment makes on the lives of pupils with ASD and in most instances, little is done to assess the environment of the school as a factor in the challenges facing them. Pupils may need assistance at these times, perhaps with alternative activities being provided.

8.12 All pupils with ASD differ in their personality and temperament. Some find the demands of school very difficult to cope with and

withdraw, keeping their anxieties hidden. Other pupils display aggressive behaviours, misunderstand the notion of being popular and become disruptive and violent within the home and school environment. These anxieties can lead to school refusal or phobia. Depression can develop early on in their lives and, according to health professionals, psychotic behaviours can occur leading at worst to being admitted to an institution or to suicide (Fitzgerald and Matthews, 2000).

8.13 A number of pupils complained that when their diagnosis was given to them people began to treat them in a childish manner as if they were not bright. One pupil asked:

“Why does everyone treat me like a baby?”

8.14 Another pupil was less able to express specific difficulties experienced in school, simply stating, *“help me”*.

8.15 The visiting ASD service within the ELBs found the above examples typical and commonplace and underline the importance of schools developing a policy to ensure the pupil’s needs are clearly understood and responded to.

8.16 Other issues commonly raised by SENCOs and ASD support service teachers and educational psychologists related to difficulties the pupils experience in coping with social and emotional issues. Teachers felt ill-equipped to deal with these issues and requested access to health professionals to help their work with the pupils. The teachers were aware that social skills training would be invaluable for these pupils but were often unsure what this would involve or how to access appropriate training packages.

Current Provision

8.17 Across the ELBs, the range of provision is similar and the allocation of additional resources, including staffing, is usually a response to problems that have arisen rather than as part of a strategic plan and policy directive. Provision includes:

- ❖ additional classroom assistants;

- ❖ advice from the ASD service;
- ❖ input from the Educational Psychology Service;
- ❖ access to information and courses organised by the ELBs' Curriculum and Advisory Support Service;
- ❖ curriculum modifications and examination support.

8.18 In most responses, it was clear that the level of support was insufficient to effect improvement; principals complained of the difficulties maintaining regular contact with the support services and of the pressures on the service to meet the demands made of it. It emerged from the submissions that appropriate and suitably planned intervention programmes directing individual education plans were available only on a limited basis. In relation to training, the lack of a coherent programme aimed at the post-primary sector is regarded by the principals as a major obstacle to the development of provision in this area.

Models of Good Practice

8.19 ASD support service teachers and educational psychologists found from experience that it was useful for the pupil to have a named adult to talk to at designated times. They also reported that assigning peer mentors was helpful in that other pupils could take care of the pupil with ASD and provide guidance for them in the classroom and particularly during unstructured times such as transitioning to other classes and at break and lunchtimes. One pupil reported feeling safer and less anxious about coming to school when using a mentor system. This system works best when the mentors are informed that the pupils have a diagnosis of ASD and the condition is explained to them. However, the family of the pupil and the pupil have to be in agreement before disclosure. Often pupils have concerns about other pupils knowing. They worry that it may make the school situation worse or lead to further bullying. These factors must be fully considered before intervention.

8.20 Social skills teaching is necessary for these pupils because they do not learn these skills incidentally. There are varying methods

of teaching such skills. Social skills groups often bring pupils with ASD together to teach them specific skills in particular areas of difficulty, such as initiating and maintaining friendships. The advantage of this method is that pupils can meet others with interests likely to be similar to theirs; however, the pupils may have difficulties in generalising the skills learned in isolated groups. Mariage et al (1995) propose that programmes should be conducted within the school setting. This may be possible during PSE lessons and would be most effective if educational psychology, speech and language therapists, ASD advisory teachers and class teachers liaised on the content and delivery of the lessons and their application in the wider school environment. Whole-school training is very effective at the transition year when the pupil is changing schools. In addition to this, simple strategies, such as the pupil visiting the school, meeting their teachers and being given a map to help them negotiate the building can make the transition easier for the pupil. Follow-up training is helpful when the pupil has spent a term in the school and the staff and parents are aware of the pupil's unique difficulties. ASD support teachers state that this is good practice but that time restraints and heavy caseloads make it very difficult. Any training programme in the post-primary sector needs to include methods for the teaching of social skills.

8.21 An innovative project is taking place in the Southern Board where a social worker is attached to the school and a social skills training programme is being piloted where the child with ASD is learning skills alongside his peers. Some social workers are gaining expertise in this area and would be useful partners in delivering programmes.

8.22 The Circle of Friends approach (Jones, 1999) specifically targets the needs of the pupil with ASD as the focus of the group; it is designed to help the pupil integrate more easily and has proven to be effective in many school settings (Whitaker et al, 1998). A most effective way of teaching social understanding is to teach the skills in the environment in which they are necessary. This would mean bringing the children with ASD into structured situations in the community. In addition to this some pupils may need one-to-one explanations of appropriate social behaviour and understanding. A designated teacher within school might provide this. Whatever the

methodology, it is clear that this is an area which needs to be addressed by health and education professionals working collaboratively.

8.23 Speech and language therapy input is also vital for these pupils. The speech and language therapist can accurately assess their receptive understanding and how appropriately they use their language. They are highly skilled in assessing and delivering social skills training and would be an important asset in devising programmes and ensuring the generalisation of the understanding acquired.

8.24 Occupational therapy is valuable for post-primary pupils in dealing with handwriting and presentation of work and in addressing possible motor or sensory difficulties. Pupils with ASD may require a palm or lap-top computer to help with presentation. Many schools stated that this is difficult to access due to the child not displaying obvious physical disability. Occupational therapy advice would play a useful part in gaining access to this kind of equipment.

8.25 In the course of its deliberations, the Task Group endorses many of the views expressed in the submissions, and suggests that a special resource base option for pupils with high functioning autism or Asperger's syndrome is an important facility which should be considered. One member of the Task Group visited facilities, including a post-primary school, in Cumbria LEA in England, which has established an effective level of provision to support some 15 pupils with ASD. The facility has a number of important strengths which are worthy of note. These include:

- ❖ a well-established LEA autism policy;
- ❖ ringfenced funding (individual capitation);
- ❖ strategic planning;
- ❖ comprehensive assessment including risk assessment;
- ❖ individual teaching as required;
- ❖ individual counselling;

- ❖ whole-school training, including accredited training for staff more involved with the pupils;
- ❖ an annual dissemination conference to evaluate the provision;
- ❖ a developed system of monitoring and evaluation;
- ❖ exit strategies to local and specialist FE colleges and training provision.

8.26 It is clear that whole-school approaches to creating an environment in which the child with autism can function is necessary. The ETI Asperger Survey (1999-2000) Report recommends:

“the development of an ethos which favours the needs of pupils with Asperger syndrome.”

8.27 Training is the key to providing positive environments for these pupils. Training programmes need to be available for teachers and classroom assistants. In one ELB’s in-service booklet two half-day courses were available on autism out of 129 courses for teachers. Most boards do offer ASD courses but not as part of a strategic training plan.

8.28 Jordan (1996) found, in Scotland, that parents of children at this age often sought residential schooling, concluding that for some children with ASD a range of settings will be needed to meet the various needs of pupils during their second level years.

CHAPTER 8

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RECOMMENDATIONS

Recommendation 8(i)

The Task Group recommends that the Department of Education should ensure that ELBs, Trusts and voluntary organisations significantly develop services for pupils of post-primary school age so that they include the following:

- ❖ continuing assessment and regular review by multi-agency, multi-disciplinary teams involving parents;
- ❖ access to suitable mainstream placement;
- ❖ access to special unit or placement when required, and for as long as required, subject to regular review - the needs of some pupils with ASD may be met in MLD units or Speech and Language units but some pupils may require placement in a unit specially designed to meet the needs of pupils with ASD. These units may be attached to designated secondary schools;
- ❖ access to special school when required, and for as long as required, subject to regular review - the needs of some ASD pupils may, for example, be met in MLD schools or in schools which cater for children with communication difficulties or medical needs;
- ❖ ASD resource bases in schools to support pupils unable to integrate fully into mainstream classes and to provide additional advisory and practical help to all members of staff - such bases should in turn be supported by the ASD support service;

- ❖ residential provision for some pupils, which maintains high levels of involvement of parents and staff from the mainstream school and works towards reintegration;
- ❖ provision of a comprehensive and adequately resourced programme by trained staff, implementing an individual education plan which addresses the child's needs and maximises educational and social inclusion;
- ❖ access to appropriate levels of training for all staff - the training needs of staff will vary according to circumstances, and the training available should match their identified needs - staff in special schools and units for children with MLD, speech and language problems and health problems will have particular need of training since they work frequently with pupils with ASD;
- ❖ provision of educational advice, training and support from an adequately resourced ASD support service, to assist post-primary pupils to integrate and benefit from mainstream placement;
- ❖ access to therapy and advice from professionals allied to medicine, to include support with the development of the child's individual education plan;
- ❖ close co-operation between education and health professionals to ensure that the social and emotional needs of pupils with ASD are jointly planned for within a personal social education programme including individual counselling when necessary;
- ❖ carefully structured and adequately resourced programmes to ensure smooth transition into Further and Higher Education, training and work placements;
- ❖ home-school programmes which encourage the full involvement of parents.



