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Becca's update

Rebecca Tranter, SASS Lead

Autism

The termly newsletter from the B&NES SASS Team



The Partnership Trust

Bath & North East Somerset Council

AUTISM AND GOOD MENTAL HEALTH



summer sun challenge... can you find 4 more sunny faces in this newsletter?

Hello and welcome to our final SASS newsletter of this academic year! What a year it has been for our service and for the children and young people, families and professionals we support.

When we think of our journey over the past year, we have made many changes and developments to our service which has included re-launching from the ASDSS to the Specialist Autism Support Service and shaping our service delivery, very much with the views and perspectives of the autistic community in mind.

The SASS team have made great strides towards developing our service offer and this has included the production of some new documents and support guides, including our:

- Specialist Autism Guide for Education Settings
- Specialist Autism Guide for Early Years Providers
- Transition Toolkit and Workbooks

To share the strategies within our guides further, we have also recently written a blog for the Autism Education Trust 'A Blog', which can be found here: <u>https://www.autismeducationtrust.org.uk/blog/specialist-guide-for-education-settings/</u>

We have also provided support to many children and young people, who should all be proud of the progress they have made in these challenging times. It has not been an easy year with regard to the pandemic; we have gratefully welcomed views and feedback from our service users and would like to thank everyone who has worked alongside us over the past year to develop some great, supportive relationships and networks.

We have many exciting plans for next year... we look forward to sharing these with you and continuing to support our children and young people in their education settings.

In the meantime, Summer is on its way which can be a fun time for our young people, but also a time where they may benefit from continued predictability and support with their mental health and wellbeing. So we have provided some ideas and support within this newsletter to ensure that Summer is an enjoyable time for all.

We hope you all have a great summer!

Becca



The termly newsletter from the B&NES SASS Team





We were lucky to receive some great training around Sleep and Autism from Educational Psychologist Jenny Stephenson of <u>happysleepers.co.uk</u> this term. **We know that there is a strong link with getting enough quality sleep and maintaining our mental health.**

Did you know that between 40-80% of the autistic community experience sleep disturbances?

There are many factors which might contribute to these problems in those with autism:

- Different balance between physiological processes and sleep wake cycle causing them to be more sensitive to environmental stimuli
- Circadian rhythm disturbances, lower melatonin levels
- Organisational and Sequencing differences
- Communication differences
- Behavioural challenges
- Co-existence of other developmental or physical needs (e.g. ADHD, epilepsy)
- Sensory processing needs
- Mental health needs, including anxiety
- Families may have developed complex pre-sleep routines

You may have noticed that autistic children you know or work with have sleep problems, particularly problems with falling asleep and not sleeping for long at night.

Some autistic children have low levels of melatonin.

What is melatonin?

Melatonin is a hormone that's produced in the brain. Your body produces more melatonin when it's dark and less when it's light. Melatonin maintains your circadian rhythm, which is your internal 24-hour clock. Your circadian rhythm helps to control when you fall asleep, how long you sleep and when you wake up.

Who is melatonin for?

Melatonin is used to help people who have trouble sleeping – for example, because of jet lag or shift work. It can also be used to help with sleep problems in children, including autistic children.

What is melatonin used for?

Melatonin is used to help those who have sleep problems fall asleep quicker, sleep for longer and wake up fewer times in the night. It might also help improve daytime behaviour in some autistic children.

Where does melatonin therapy come from?

Melatonin therapy comes from research that started in the 1990s. This research showed that some autistic people have reduced melatonin levels. Researchers looked at whether melatonin supplements would help with sleep difficulties for autistic people.

The National Autistic Society has some great resources around sleep on their webpages here: <u>https://www.autism.org.uk/advice-and-guidance/topics/physical-health/sleep</u>



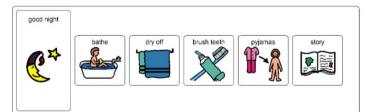
Preparing for the Summer Holidays

For many autistic people, any kind of unpredictability can be stressful.

Here are our top tips to keep as much

familiarity and predictability in the days as possible.

- Keep **structure** to the days and show this on a **visual schedule** so that your child knows what is coming up that day, that week (and that month if your child can cope with that much information and timescale)
- Use a mini whiteboard to write down/draw what is happening **now and next**
- Show videos or pictures of anywhere special you are visiting, to prepare your child
- When travelling, put together a bag of **calming objects** and activities that your child finds relaxing and enjoyable. These can help to regulate if they are finding it challenging doing new things in new or busy environments.
- As much as possible, keep the same **sleep routine** and wake up times across weekdays and weekends. You could set up a sleep routine and add a visual jig to support your child, e.g.



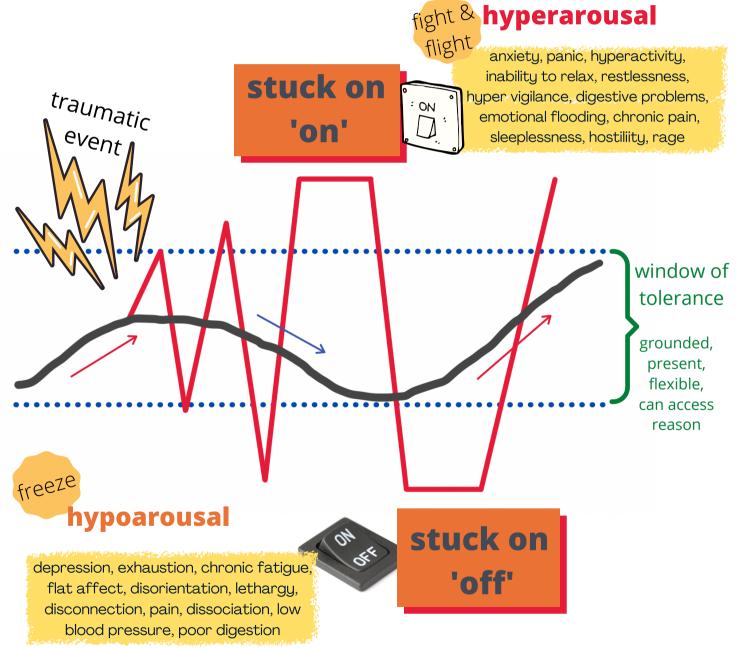


from livingwellwithautism.com and twinkl.co.uk

- If you're going to visit people you haven't seen for a long time, consider showing your child up-to-date pictures, or FaceTime with those friends or family **before** you visit
- Have **clear**, **written rules** & expectations around screen time: you could use visual timers to support with clear start & finish times
- If you're going on a long journey show them the route and **plan in stops** together. Pre-teach that you may need to stop at other times too for the toilet etc.
- Plan in **daily outside time** which meets sensory needs (water play, running, scooting, rolling in grass) and uses up energy! If there are sleep problems, try not to exercise later than 1 hour before bedtime. A small trampette in the garden can be a great activity... or a garden disco
- Before the new term, leave plenty of time to try on **new bits of uniform**, a bit at a time; look through new timetables and new staff photos; make a list of things that will be staying the same – **emphasising familiarity** rather than focussing on change can be really reassuring

THE WINDOW OF TOLERANCE

Many autistic people function at a very high level of anxiety all the time and find everyday life occurrences traumatic. They can find it especially hard to get themselves into the safe window of tolerance, a place where they will be more ready to learn, reason, communicate and interact. Instead they can bounce between hyper and hypo arousal.



How can we support regulation and raise tolerance? Read on for practical ways to help...

Supporting a child or young person to stay or return into their Window of Tolerance

The Coronavirus Pandemic has affected everyone. Feelings of anxiety and feeling unsettled are normal, healthy reactions to an abnormal and unique situation.

Research suggests there are 5 themes to consider when outlining the possible impact of Covid-19 lockdown on an individual: structure. routine, friendships, opportunities and freedom (Carpenter and Carpenter, 2020). These are useful themes to consider when investigating how to support children and young people at this time and what strategies might prove effective to broaden their river, enhance their canoeing skills and improve your effectiveness when supporting them.

 Before you consider supporting another person, be aware of where you are in your window of tolerance. If you are outside of your window, you are not going to be able to effectively support another to be in theirs. If outside of your window, use strategies for yourself firstly.



'a dysregulated adult cannot regulate a dysregulated child'

Dr Lori Desautels

2. Explore the right foundations are in place. Sleep deprivation, poor nutrition, lack of exercise, physical pain or illness, substance misuse, underlying neurodevelopmental condition/s or underlying stress (e.g. from being bullied) are all likely to narrow the Window of Tolerance.





3. When supporting a child, try to understand their triggers. What tends to move them outside of their window? Examples include: being overly excited, sensory overload, peer problems, difficulty with written work or sustaining attention for long periods. ABC charts can be helpful for identifying themes and patterns. Are there any adaptations that can be made?

Antecedent Events or interactions that appen before the behaviour occurs Behaviour or Behaviour or sequence which has occurred Consequence interactions which happen after the behaviour



4. Understand what helps. What works to return one person to their Window of Tolerance, or the centre of the River of Wellbeing, may not work for someone else. As you explore and identify what helps, make a list that can then be shared with the child or young person and their family / school. Some of the strategies below may help to move from a hyper-aroused state as well as hypoaroused depending on individual need.

taken from:

https://www.gov.je/Health/Coronavirus/EducationChildcare/Pages/PsychologyWellbeingServiceCoronavirusResponse.aspx

Ideas for moving from chaos / hyper-arousal back within Window of Tolerance: where to start as an adult helping a child / young person

When a child is emotionally 'offline', begin with validation; self-soothing or self-regulating behaviours before trying to help them make sense of a situation. Allow for choice and control. A child needs to feel safe, understood and accepted (have emotional resonance). Also, remember what helps one person will be unique and individual. Skills need to be practised regularly and when the child is calm. When skills are familiar they are easier to use at times when they feel outside their window.

Exploration with a child, combined with observations and triangulating information, can help determine the triggers for dys-regulation, the child's emotional response and which of the following strategies might prove helpful and meaningful to enhance resilience.

The Power of Breathing

The breath can be extremely effective for regulating emotions, especially when used with movement. However, not all children will respond well to using breathing techniques. If you think a focus on breathing may be useful to the child, then consider how you can build in some exercises as a proactive measure e.g. at the start of every school morning and afternoon, or at home before they leave for school.

- Diaphragmatic breathing also known as belly breathing or abdominal breathing. The belly rises on the in-breath and lowers on the outbreath. This allows effective use of oxygen as it reaches the lower parts of the lungs. Children can practise by placing a hand on their belly and feel the movement. A younger child could practise by lying on their back with a soft toy on their belly – giving the toy a ride as the belly goes up and then lowers.
- Square breathing combines regulating breath with a visual focus. Using an actual square shaped object (e.g. picture frame, table, window, book [it doesn't need to be an exact square]) or an imaginary square shape, breathe in from one corner to another horizontally for a count of 4; hold breath from this point to the bottom corner for a count of 4;



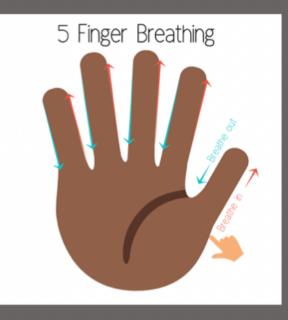
breathe out from this point moving horizontally for a count of 4; and hold breath moving up to the start point for a count of 4; and repeat.

- 3. 7/11 breathing Breathing in for a count of 7 and out for a count of 11. The longer outbreath triggers the parasympathetic response, which calms the body. For younger children 3/5 breathing can be used. Also blowing bubbles, making the blowing extended in length; and hot chocolate breath (imagining smelling the hot chocolate through the nose and cooling the drink by gently blowing out).
- Drinking from a straw This can aid attention and be soothing. This promotes one of the earliest forms of self-regulation – sucking on a dummy or a thumb (or breastfeeding).
- 5. Progressive muscular relaxation (PMR) -Tensing and releasing different parts of the body, usually in a systematic way. Tensing on the in-breath and releasing on the outbreath. Caution is needed for high blood pressure or for areas of recent surgery / injury. Research shows that the muscles are less tense following PMR and the proprioceptive sites in the body give feedback to the brain that the body is calmer. It is also useful as it is tangible (the physical nature of tensing and releasing). For younger children they could do a whole body tense and release, such as pretending to be a robot and then changing to a ragdoll.

taken from:

https://www.gov.je/Health/Coronavirus/EducationChildcare/Pages/PsychologyWellbeingServiceCoronavirusResponse.aspx

6. Finger breathing - Sometimes called star breathing (using a star instead of a hand). With fingers outstretched use index finger of other hand to trace around the thumb and fingers of outstretched hand whilst breathing. From base of thumb to tip breathe in; from tip of thumb to base on the other side breathe out and so on. This can then be repeated on the other hand.



- Tracing and breathing Draw a shape on a piece of paper. As you breathe slowly in and out continue to trace the shape without lifting the pencil from the paper.
- Visualisation imagining going to a favourite place, such a beach or a meadow.
- 9. Jumping on a trampoline movement and rhythm.
- 10. Throwing a yoga / therapy ball against a wall movement and rhythm.
- 11. Kicking or bouncing a ball
- Shaking or stomping out excess energy

 a natural discharge during fight or flight is the use of energy. Exercise reduces adrenaline and cortisol (stress hormones) and increases the feel-good endorphins.

- 13. Brisk walking / marching on the spot
- 14. Star jumps using two sides of the body (bilateral) to help integration.
- 15. Large bilateral motor movements opening up the body, utilising both sides of the body helps to integrate the two sides of the brain. Consider crossing midline, using figure of 8 etc.
- 16. Playing the drums movement, rhythm and sound.
- 17. Stress / squeeze balls
- Heavy work (risk assessed) such as lifting, pulling, crab walking.
- Weighted blanket deep pressure stimulation of the body can increase the release of the feel good neurotransmitter serotonin in the brain.
- 20. Rolling over yoga / therapy ball



- 21. Opposite sides clicking the finger of one hand whilst simultaneously blinking the eye on the other side of the body and then alternating.
- Dual drawing co-regulator begins a drawing and the child does the next bit and then alternates – promotes connection.
- 23. Bilateral scribbling to beat of music having a crayon in both hands (2 different colours) and scribbling to music.



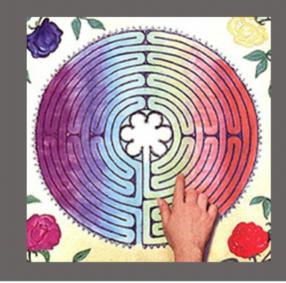
- 24. Warm water can feel soothing (warmth can reduce adrenaline and increase oxytocin).
- 25. Music (soothing and calming music and sounds) utilising the sense of hearing with rhythm can relax the mind and body. Can be used to accompany breath work, movement and / or PMR. Music could be graded from a higher tempo to lower tempo to gradually regulate. Audios of different sounds could be played. For example, some people like the sound of the sea, a stream, a crackling fire, birds, etc.
- 26. **Capturing sound** listening out for the different sounds in their environment, imagine having a net to catch each sound as they arise.
- 27. **54321** using the 5 main senses for bringing attention 5 things they can see; 4 they can feel; 3 they can hear; 2 they can smell (or imagine) and 1 they can taste (or imagine).
- 28. Sensation wall / feeling phrases a sensation wall is an area in the classroom with words that describe sensations of feelings. This can be helpful as language is difficult to access when dysregulated but a child could point to the sensation they feel in the body. Examples include empty, rattled, tense, jumpy, jittery, or knotted. Pictures can accompany this such as an empty plastic bottle, a rattle, a knotted rope. The 'language of the brain stem is sensation.

Ideas for moving from rigidity / hypo-arousal back within Window of Tolerance



- 1. Anything that stimulates the senses.
- 2. Smell is the fastest way to the thinking brain.
- 3. Chewy, crunchy food.
- 4. Use of a sensory shaker.
- 5. Sensory bin an area where there are various sensory toys.
- 6. Sand play.
- 7. Rolling a pencil between palms.
- 8. Hand washing / massage.
- 9. Stress / squeeze balls / slime.
- 10. Weighted blanket.
- Feeling the soles of the feet on the floor or the body sat on a chair, noticing how the body is supported.

- 12. Dance and music.
- Small movements gradually getting bigger (wiggling toes) – 'breathe through your nose, wiggle the toes'.
- 14. Rocking chair.
- 15. Gently sitting or bouncing on a trampoline or yoga / therapy ball.
- 16. Finger tracing see labyrinth picture.
- 17. Finger painting.
- 18. Water play with a straw blowing out through a straw encourages diaphragm involvement.
- 19. 54321 see above.





The Sensory Scavenger Hunt

from <u>https://nurtureandthriveblog.com/sensory-scavenger-hunt-for-kids/</u>

This takes children through their environment using their five senses and helps them to reconnect to things they enjoy or take comfort in.

Invite your child to go on a scavenger hunt using their five senses, "let's find all of the things you love and love to do using your five senses!"



• First, find five things you love to look at. Write or draw them here. Let's walk around and take a picture of these five things. This could be things like a stuffed animal collection, a Lego collection, the trees outside, or a drawing.



• Now let's find four things you love to feel. Things that feel snuggly or things that have different textures. This could be things like a favourite blanket, a pet, or sand in a sandbox.



• Next, let's find three things that are lovely to smell. This could be fresh laundry, a warm drink, a candle, or a flower.



• What are some sounds around the house that you like? This could be birds, wind chimes, or music.



• Now, what is something that you love to taste? This is a nice end to the hunt because you and your child can share a snack and enjoy thinking about the hunt together.

NEW SERVICE RUN BY THE NATIONAL AUTISTIC SOCIETY!

Autism inpatient mental health casework service (England) funded by NHS England & Improvement

The service offers advice and support to autistic people and the families of autistic people in England who have been detained in a mental health hospital, or are at imminent risk of detention or re-detention.

From the NAS website, 2nd July 2021: What we can do:

• Offer information, advice and support by phone or email



- Explain mental health rights and entitlements in England to help prevent or challenge detention and secure the care and support autistic people need in their communities.
- Help autistic people and their families explore their options and make informed decisions.
- Provide guidance and support on specific issues such as accessing advocacy, finding suitable provision in the community, making a complaint or appealing against a decision.
- Work closely with and signpost to relevant advice and support within our wider contact centre, including education rights, transition support, autism helpline, parent to parent

'Despite some progress moving people with a learning disability out of hospital and into the community, the number of autistic people in inpatients facilities has increased. In 2015, autistic people made up 38% of the number in hospital, now it is 57%.

This is unacceptable. Autism is not a mental health condition and hospital isn't the right place for the vast majority of autistic people, who should be supported in their own communities and near their families and friends.

We will continue holding the Government to account on its promises and fighting for the changes needed to put this right. As part of this, we will update this news story each month with the latest data on the number of autistic people in inpatient care.

What needs to change

Alongside autistic people and families, we are continuing to campaign for better support and services. And we are also helping autistic people and families who are detained or at risk of detention directly, via our Autism Inpatient Mental Health Casework Service for England.

The Government recently announced important plans to reform the Mental Health Act, which could stop people being sectioned just because they're autistic. This is a big step forward.'

https://www.autism.org.uk/what-we-do/help-and-support/autism-inpatient-mental-health-service

First Training Dates for 2021-22

Professionals Courses:

Date and time	Course	Details	Leader	Cost and venue
Wednesday, September 22nd 9.15am to noon	Universal classroom strategies for pupils on the autism spectrum— early years and primary	This course will support early years and primary settings to develop their knowledge and understanding of autism and how to provide support at a universal level. This includes promoting key strategies to ensure consistency across all settings in support of the Graduated Approach.	Hannah Hobbs	Free to all professionals working with children in B&NES £50 to others Fosse Way School, Longfellow Road, Radstock BA3 3AL
Wednesday, September 22nd 1.30pm to 3.30pm	AET early years making sense of autism	Raising awareness of staff in all early years settings, whether or not they work directly with children on the autism spectrum.	Hannah Hobbs	Free to all professionals working with children in B&NES Fosse Way School, Longfellow Road, Radstock BA3 3AL
Monday, September 27th 9.15am to noon	Developing social and friendship skills	 This course will cover: How to develop friendship skills How to develop social understanding A focus on resources and strategies to support pupils 	Sarah Keelty and Carol Jones	Free to all professionals working with children in B&NES £50 to others Fosse Way School, Longfellow Road, Radstock BA3 3AL

To book onto any of these courses, please email: training@thepartnershiptrust.com

RESOURCE

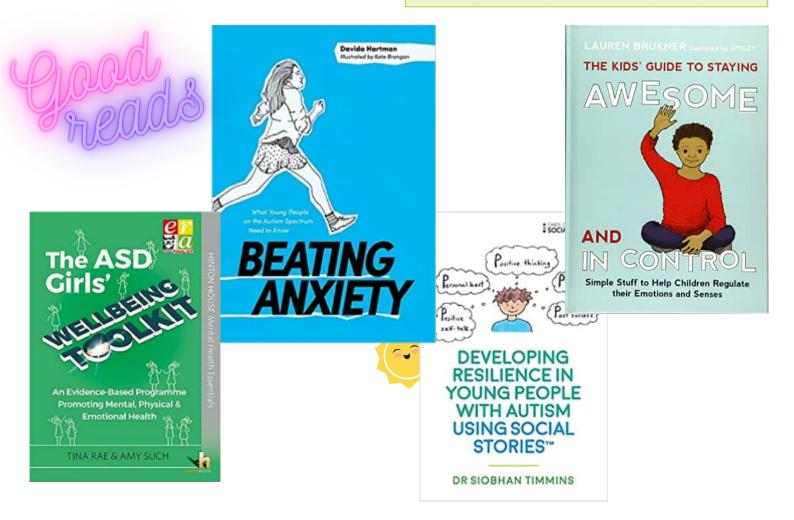


Parent and family courses:

You can find the booking form in the downloads section on The Rainbow Resource: <u>https://www.rainbowresource.org.uk/pages/autism-</u>

information/additional-support

Date and time	Course	Details	Leader	Venue
Fridays, September 17th, 24th, October 1st, 8th and 15th and Thursday, October 21st 9.30am to 11.30am	CYGNET core	CYGNET Programme: Supporting parents of autistic children aged four - 18	Hannah Hobbs	Fosse Way School, Longfellow Road, Radstock BA3 3AL
Monday, October 11th 9.30am to 12.30pm	Autism strategies in the home for younger children	Understanding how autism strategies can be implemented to support younger children in their home environment	Hannah Hobbs and Hayley Brimble	Fosse Way School, Longfellow Road, Radstock BA3 3AL
Monday, October 18th 9.30am to noon	Autism strategies in the home for teenagers and young adults	Understanding how autism strategies can be implemented to support teenagers in their home environment	Conrad Hein Hartmann and Carol Jones	Fosse Way School, Longfellow Road, Radstock BA3 3AL
Wednesday, October 20th 9.30am to noon	Understanding girls on the autism spectrum	Supporting parents to understand how to support girls on the autism spectrum	Hannah Hobbs	Fosse Way School, Longfellow Road, Radstock BA3 3AL
Wednesdays, November 3rd, 10th, 17th and 24th 9.30am to 12.30pm	SPACE	SPACE Programme: Supporting parents of autistic children in the early years	Hannah Hobbs	Online via Zoom





support still available during school holidays

helpline open every Wednesday morning 9am - 12 noon











THE SASS TEAM

supporting our autistic young people in B&NES









anxiety practitioner and occupational therapist coming soon!

Same supportive service... different name!



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