

A-JOURNAL

A Journal Celebrating Effective Autism Practice

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★ Welcome to A-Journal!

Hello and welcome to the first edition of A-Journal! We've started A-Journal to highlight and share effective practice and strategies for supporting autistic young people. We know that over time A-Journal will grow and evolve and we'd love your ideas on what we should include in future issues. You can give us your thoughts and feedback by emailing:

autismsupport@springfields.wilts.sch.uk

In this issue, you can find out more about who we are and find out some of our recent professional learning takeaways.

★ Who we are

The Springfields Academy is a large special school for children with autism and communication and interaction needs. We are a day school for children aged 5-19 and all our learners have an EHCP. Our aspiration is to enable pupils to lead safe, independent lives. As part of our therapy first culture, all pupils benefit from the expertise of our in-house therapy team. Our talented therapy team work alongside our teachers and autism support workers to ensure that all children receive appropriate and bespoke support. We are proud of the quality of education our learners receive and we were awarded an Ofsted 'Good' rating in March 2022. In June 2022, we were visited by the National Autistic Society who designated us with the Advanced Autism Specialist Award. Pupils receive a curriculum personalised to their needs and we promote achievement both academically, socially and emotionally. You can learn more about us through this [video](#).

★ A-Fest 2023

2023 saw our fifth A-Fest, taking place on 20th and 21st February. More than 25 workshops took place across the 2 days and we were joined by around 200 people. We followed this with a 6 day online programme, where attendees from across the UK joined us virtually. You can read some of our reflections from different A-Fest sessions in this edition of A-Journal. You can also follow our [Eventbrite](#) page or [social media](#) to find out how you can join us for A-Fest 2024.

★ Parenting Autistic Teenagers with Helen Eaton

Nicola Brooks attended the A-Fest Online session with Helen Eaton on 'Parenting Autistic Teenagers'. Her key takeaways were:

- to celebrate autistic strengths, traits and skills
- the importance of reducing the sensory burden
- build small changes into daily routines
- step into their world and share special interests with autistic youngsters
- keep communication simple- one thing at a time
- use repetition of ideas, information and opportunity
- think long-term when preparing for significant transitions
- pre-load information in advance- what will it look like? Sound like? Smell like?
- the autistic brain is often good at identifying patterns or mistakes- use its strengths.

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★ A-Fest 2023: Gender Identity and Gender Diversity in Autism with Karl Mears, University of Bath

Maxine Page, Deputy Senco, attended Karl's A-Fest session on 'Gender Identity and Gender Diversity in Autism'. Here are her key takeaways:

Karl Mears is a doctoral research student at the University of Bath.

Useful Definitions:

- Gender identity – the label someone give themselves.
- Gender diversity – the umbrella term for when one's gender identity doesn't conform to masculine or feminine gender norms.
- Agender – someone who doesn't conform to having any gender.
- Cisgender – your gender identity corresponds with the sex assigned to you at birth.
- Zie/Zim/Zir – A different way of saying 'they'/'them'.

Research has found that:

- 22-33% of autistic people assigned female at birth are gender diverse.
- 8-22% of autistic people assigned male at birth are gender diverse.

However, this area is relatively under-researched.

Studies in 2017 and 2018 found greater amounts of gender diverse people in the autistic population than the neurotypical population. The studies also found that the 'mental health & autism' group had a higher amount of people that wanted to be a different sex than the cisgender control group. However, all these studies had different sample group sizes (i.e. the control group was larger than the diagnosis of autism group). Therefore, these results need to be interpreted carefully, since they aren't readily generalisable. It doesn't mean that all trans people are autistic, or that all autistic people struggle with their gender identity.

Here are some factors which may explain the correlation:

1. Biological factors

- High birth weight correlated with high autistic traits and high gender conformity.
- Extreme Male Brain Theory – autistic people may have an 'extreme male brain', they may be less empathetic. They may perceive themselves as more male and may be more interested in traditionally 'male things' (such as ICT) due to this.

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2. Psychological factors

- Transgender people score lower on Theory of Mind. Autistic people also often lack Theory of Mind.
- Obsessive behaviours/sensory difficulties – a person may have a preference for certain clothing of the opposite sex as this better suits their sensory needs. This behaviour could then lead to obsessive thoughts about one's gender.

3. Social factors

- One study found that gender diverse people had significant difficulties – it could be that people with autism find it harder to understand society's gender norms.
- People with autism may not feel the societal pressure to fit in with gender norms.

The headlines:

- Gender diverse people report greater autistic traits and autism diagnoses than cisgender people.
- There are higher rates of gender diversity in autistic people than non-autistic people.
- More autistic females identify as gender diverse than autistic males.
- There are several explanations of these points, but no singular explanation.

Gender diverse people are more likely to experience mental health difficulties compared to cisgender people. They are also more likely to suffer from gender dysphoria (the psychological distress a person may feel when gender is misaligned with their biological sex). There are higher rates of autism diagnoses in gender dysphoria clinics than in the control groups. Theories that may explain this are:

- Theory of Mind and obsessions – the lower the Theory of Mind, the greater the feeling of gender dysphoria. Low Theory of Mind is more frequently seen in autistic individuals.
- 2 studies found that children referred for gender dysphoria had elevated rates of obsessional interests and compulsive behaviours than the control group- these kinds of behaviours are characteristics of autism. However, these traits also occur in OCD. Obsessions in autism don't usually cause distress, so it could be that it is OCD rather than autism which is causing this.

Karl has researched the relationship between autism traits and OCD. He found that both autism and OCD traits predict Gender Dysphoria. He also found that autistic traits are more predictive of gender dysphoria than OCD symptoms. Karl also researched the comparison of Gender Dysphoria scores between diagnostic groups – he found that the autistic group scored higher than the Gender Dysphoria group, but lower than the OCD group and the non-clinical group.

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The OCD group also scored higher than the Gender Dysphoria group, but there was no difference when compared to the non-clinical group. The Gender Dysphoria group scored significantly lower for Gender Dysphoria compared to the other 3 groups. This could mean that experiences of gender dysphoria may be short lived and transient, but this is a very under-researched area.

★ A-Fest Online: HAVEN- Hearing, Accepting, Valuing Every Neurotype

Nicola Brooks attended a session about the HAVEN project, led by Charlotte Butter, Research Assistant at the University of Manchester and Katy Baldwin, Specialist Speech and Language Therapist.

Overview

Prior practice in speech and language interventions has often focused on getting neurodivergent individuals to be more neurotypical. These interventions often use a deficit model and focus on how we can change neurodivergent behaviour. Current thinking is that we need a neuroaffirmative approach. Traditional models often use 1:1 interventions or social skills groups, however, teenagers don't often want to be in a social skills group e.g. they may feel that they don't need this. Interventions often teach individuals rather than present a naturalistic environment. The project sought feedback from autistic individuals on how they make friends and develop social skills. They used these findings to create a training programme for secondary school professionals and parents.

Findings

- The young people involved in the project showed a preference for quieter and smaller environments.
- Participants found it easier to talk to 1 or 2 people rather than large groups.
- Not many of the participants had autistic friends at school. Some saw this as a good thing (just because we're autistic doesn't mean we're going to be friends), some saw this as challenging (it's easier to talk to other autistic people).
- Some participants felt that when everyone in a group is divergent then communication is improved.
- It is important not to force friendships- don't pair people together because they're autistic. It also should be accepted that some individuals might be happy being alone.
- Not everyone needs or wants support. One participant felt that if they had help then they wouldn't learn the skills themselves.



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★ A-Fest Online: HAVEN- Hearing, Accepting, Valuing Every Neurotype

- Everyone has a different way of making friendships. We should value these and not accept that everyone will act in a neurotypical way.
- Autistic young people tend to join the clubs they find interesting (e.g. something related to a hobby) rather than being motivated by the desire to meet people.
- Participants felt that if the environment was safe and accepting, and the topic was something they were interested in, then they would naturally find people with similar interests.
- Autistic young people may make acquaintances rather than friends i.e. the friendships don't carry on outside of the clubs.
- Participants appreciated a sense of togetherness, they liked feeling like they belong.
- We need to normalise neurodivergent approaches and experiences and teach and accept these.
- Aim to educate neurotypical individuals, rather than change neurodivergent behaviours.

The HAVEN training programme

- The programme is currently being trialled in secondary schools across Manchester and is very popular.
- The programme includes training for parents so that they can continue at home what is being taught at school.
- It may take a few sessions for interaction to emerge and confidence to increase- don't expect instant results after 1 session.
- Keep groups small e.g. 5 or 6 individuals.
- The sensory environment is important- if you don't get the environment right then you won't attract people. Ask the young people involved- what are your sensory preferences?
- It is useful if sessions begin with setting up the room and a snack, followed by an emotional check-in.
- There is then an interest based activity e.g. sorting pictures into likes and dislikes.
- It is useful to provide sentence starters or talk mats.

The programme is being evaluated by researchers at the University of Manchester and, depending on the results and impact, may be extended into other areas.

★ World Autism Acceptance Week

We've matched the launch of A-Journal to coincide with World Autism Acceptance Week. As educators we're passionate about ensuring that our young people live in a world that moves beyond tolerance to acceptance. We want our learners to be their authentic selves and to be proud of their autism and the strengths it gives them.



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★ A-Fest 2023: ADHD and Autism a Mixed Profile by Marc Thomas SEND Teacher

Coral Pagram, Springfields Academy's Semi-formal Curriculum Lead, attended the above session with Marc Thomas.

Marc has a diagnosis of ADHD so is able to draw on his lived experienced. Marc explained that having ADHD can mean that it is difficult to decide which task/idea is more important and should be focussed on first. Through the session I learned that it was only in 2013 that dual diagnoses became permissible. At Springfields, 43% of pupils have dual diagnoses. However 30-80% of children with an autism diagnosis also have co-occurring ADHD symptoms. Like autism, more males are diagnosed with ADHD than females.

Marc discussed how autism support often follows a social model, whereas ADHD support often follows a medical model- changing the biology of the brain with medication to 'clear the fog'. The overlap of presentation between autism and ADHD is a reason to ensure that we personalise support to the child's presentation as well as to their diagnosis.

Marc gave an overview of strategies that can support young people with ADHD and autism, such as wobble stools, sensory supports, individual workstations and visuals. We also enjoyed getting up for a movement break. Marc also included pupil voice, having asked his class what works for them.

★ Removing challenges to strive for change – autism, girls and Black and ethnic minorities

A think piece by Nicola Whitcombe, Deputy Headteacher of The Springfields Academy.

I write this article as a neurotypical woman who is racialised as white. I write with the moral aim that, if we are all talking about equality and diversity issues, then we will create systemic change and change for individuals. The views and concepts shared in this think piece are informed by autistic and/or Black and ethnic minority voices, as well as evidence-based research. I don't profess to understand the experiences of Black and ethnic minority autistic girls as it is not my experience, but I am listening to those with lived experience and I'm writing this to raise awareness of the challenges they face in order to promote change.

Autism research and diagnostic materials have developed over time, starting with Kanner's observations of autistic boys in the 1930s and 40s (Kanner 1943, Wong 1981, Asperger 1991, Frith 1991, Silberman 2015). However, current thinking suggests that these diagnostic tools may lack validity when diagnosing girls (Cheslack- Potava and Jordon -Young 2012, Rovit and Matson 2011).

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There is also evidence of gender bias affecting diagnosis, with autistic girls typically being diagnosed later and with more extreme presentations than boys (Dworzynski et al 2012, Gould and Aston - Smith 2012). Furthermore, it is suggested that autistic girls without an intellectual or behavioural need may 'fly under the radar' and not obtain a diagnosis at all (Dworzynski et al 2012, Egerton et al 2016). I witness this gender disparity in my own work as Deputy Head of The Springfields Academy, a school for autistic learners where just 20 of the 232 pupils are girls. Encouragingly, this number has grown over time, which suggests a developing understanding that autism may present differently in girls.

Although it is an under researched area, there is evidence that fewer Black and ethnic minority individuals are diagnosed with autism. Moreover within this group, women are less likely to be diagnosed (Bobb 2019). There is some high-profile representation within the Black autistic community, however these tend to be male role models such as:

- Stephen Wiltshire MBE - artist
- Willard Wigan MBE - micro-sculptor
- Joshua Beckford - the youngest ever Oxford University Student
- John Paul Horsley (J-Rock from MOBO award winning group Big Brovaz)

These role models are high-achievers in their areas of expertise and although we rightly celebrate this, we should consider that the high profile nature of such individuals can be intimidating and unrelatable for Black women considering autism diagnosis.

It is understood that every autistic person is an individual, but it is also acknowledged that an autistic individual experiences the world differently to a neurotypical individual. It is therefore worth considering whether cultural mismatches may lead to the under identification of Black autistic girls. Bobb (2019) argues that the impact of an autism diagnosis is different in Black and ethnic minority communities to that of white racialised communities, as autism may be viewed through the lens of traditional, cultural and religious expectations. Additionally, support for families with autism is usually presented from a white cultural perspective, which can affect the response to the support and how comfortable families feel about accessing it.

Research by the National Autistic Society (NAS, 2014) found five key themes regarding Black and ethnic minority families not accessing autism support:

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1. Challenges getting a diagnosis due to less knowledge and awareness of autism in Black and ethnic minority communities, leading to a diagnosis occurring later in life. Moreover, teachers were less likely to spot the characteristics of autism due to incorrect assumptions of a child's behaviour or abilities.
2. Cultural barriers to accessing support services.
3. Communication difficulties when dealing with professionals. It was reported that some families didn't feel confident speaking with professionals, or felt that professionals lacked cultural understanding. Others felt their community was suspicious of professionals.
4. Awareness and understanding of autism within communities. It was shared that disability was stigmatised in some communities and sometimes blamed on parents.
5. Denial and isolation - some families refused to acknowledge that their child was autistic or felt it should be dealt with within the home. Many felt blame and/or shame.

In my own professional experience, I have observed that fewer pupils from Black and ethnic minorities are identified with SEND. It could be argued that this is because my career has been spent in the South West of England, a majority white context, or that the system does not engage individuals from a Black and ethnic minority background in diagnostic and supportive processes, as the findings from the National Autistic Society suggest. This was in fact a reflection point during a SEND panel I contributed to earlier this academic year. Anecdotally, my setting reflects the low rates of Black and ethnic minority girls with autism- currently only one girl identifies as being from an ethnic minority, the first admitted to Springfields in over five years of my employment here.

Changing the narrative around recognising and diagnosing Black and ethnic minority autistic girls will take time, but we all have the moral responsibility to play our part. Education empowers and is a vehicle for change, so this is where we must start. We must educate all communities regarding autism presentation in Black and ethnic minority girls. We must enable communities to understand the needs of their autistic population and support professionals to remove their cultural bias, being open-minded to autism in their Black and ethnic minority pupils. Bobb (2019) argues that meaningful support needs to come from within a community and by working together we can raise awareness of autism and autism acceptance, overcoming the cultural barriers and bias that prevent this.

Moreover, further thought needs to be given to the profile of autistic girls and reaching them before they reach crisis point. For many women diagnosed later in life, getting a diagnosis has meant that what was once confusing now makes sense, as they can understand why their life experiences felt different to those of neurotypical peers.

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This was a true experience for Amanda, aged 45, who is racialised as Black and is a SEND Co-ordinator and Masters student. Amanda was diagnosed with autism at the age of 34. She states: "When I did get the diagnosis, it was a relief because I thought: oh thank goodness there is nothing wrong with me I'm just autistic". Amanda shares her story on the NAS [website](#).

Amanda and many in her situation have felt they have had double barriers to break through – those around race and those around disability. We all now must play our part in removing these barriers, creating a society that appreciates all cultures and a neurodiverse paradigm where all neurotypes are valued for their different strengths and contributions to society. As Amanda writes 'I think it hurts people more not to know they are autistic', a situation we must take steps to prevent.

If you enjoyed reading this article please join us on Wednesday 14th June, 4-6pm at Springfields for our first Neurodiversity Network meeting. Contact autismsupport@springfields.wilts.sch.uk for more details.

★ Coming up in Issue 2: Summer 2023

- Reflections on a session with Dr Hannah Belcher- 'Autistic Masking and Mental Health'.
- Highlights from our first Neurodiversity Network.
- Neurodiversity in the workplace- our journey towards being more inclusive.
- An update on our Connections project and the importance of helping autistic young people understand their autistic identity.
- Transitions- how to support autistic learners with the summer holiday and new school year.



Thank you for reading issue 1 of A-Journal.

