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## Case Study - Ali

Ali is 4 years 4 months. He has <u>learning difficulties</u>, though, given his age, and other disabilities, it is not clear how significant these are. Ali received a diagnosis of <u>autism</u> at the age of 2 years 6 months. There were no concerns about his vision until he was about 3 years 6 months; his vision then deteriorated rapidly and by the age of 3 years 11 months he was assessed as having very little vision: he reacts to light / dark and is aware of large objects.

Ali attends a <u>special school</u> for young people with <u>autism</u> where he has <u>additional support</u>. He has a designated teaching assistant (TA) who knows him really well.

The school regards his parents as members of the team.

Ali's communication skills are limited. He responds to clear, short spoken language (e.g. "stop", "wait"). Staff <u>augment their spoken language</u> with <u>objects of reference</u>. They <u>reduce the amount of spoken language</u> and <u>simplify</u> it.

Practitioners support Ali using the <u>hand-under-hand approach</u>. For example, they place their hands under Ali's when demonstrating a task and when <u>prompting him physically</u> to carry out a task.

Ali appears to know his usual routine. By keeping to it, staff <u>support his understanding of events</u>. <u>Keeping to his usual routine</u> also helps to promote his positive behaviour.

Expressively, Ali <u>communicates for a few basic reasons</u>, making requests through his actions. He communicates distress, frustration and anxiety through crying and movements. To facilitate expressive communication, staff constantly <u>provide Ali with a responsive environment</u>. An aspect of this is that they <u>respond to his behaviour and moods</u>.

Ali is sociable when he feels secure and relaxed, and enjoys interacting with familiar members of staff; he particularly enjoys rough and tumble. Ali has a lot of energy and is physically very active during the breaks in the school day. If he becomes restless towards the end of the school morning, the TA takes him outside again to provide additional opportunities for physical exercise.

When he is using the outside play area, staff <u>use heading off and gentle</u> <u>guiding to ensure Ali's physical safety</u>.

When Ali becomes stressed, staff <u>calm him by providing one of several sensory integration activities</u>. These activities were contained in advice from the occupational therapist. Staff also employ these strategies when he becomes overactive and it is not appropriate to take him outside for additional physical exercise.

Sometimes when presented with a task, Ali fails to engage with it initially. On these occasions, staff <u>prepare him to participate</u>.

Ali is described as <u>tactile defensive</u> and generally avoids messy activities. Despite this, he fingers feeds items such as mashed potato, vegetables in gravy and yogurt. (He does not yet use cutlery.) For the present, the occupational therapist has recommended that Ali should not be provided with messy tasks.

Ali is physically mobile; he moves around the school environment by feeling with his hands and feet, and appears to use hearing and smell. He sometimes relies on a <u>sighted guide</u> (e.g. in unfamiliar settings). As yet, Ali does not receive formal support from a mobility officer. However, staff are conscious of the need to promote his mobility and independence. They do so by <u>waiting and providing time</u>. They also ensure he <u>avoids crowded</u> situations in the cloakroom.

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