autism spectrum disorders
training policy and framework
FOREWORD

This Training Framework and Policy document is the culmination of three years of work begun in 2003 through a West Midlands Regional Partnership working group – the West Midlands Autism Training Group (now known as FRED A, WM – Forum for Regional Educational Development, Autism, West Midlands). Recommendations from the West Midlands SEN Regional Partnership report on ASDs (English and Essex, 2001) pointed to the need for a regional policy on training that linked into multi-agency planning. It was recommended that the policy should have a clear structure that would provide a comprehensive means of identifying local training needs, beginning with elected members, through to highly specialist personnel in health and education. It was hoped that this policy would highlight gaps in awareness, knowledge and practice and that different skill levels of personnel could then be matched to appropriate training.

FRED A, WM (see appendix 4 for membership) gave itself the task of devising such a model for structuring training within the region, taking into account the needs of participants and providers alike.

Two working groups were formed – one to work on a Policy document and one to work on a Framework.

The Policy group set out to develop a set of general principles that they felt underpinned all ASD training. A regional vision was devised, together with guidelines for delivering training in the region. The regional ASD Training Policy and accompanying appendices preface this document and we urge all authorities in the West Midlands to take note of this policy and adopt it within their local training arrangements.

When working on the Training Framework, FRED A recognised that the West Midlands is fortunate in having a wide range of high-quality ASD training providers in the region. It was decided, therefore, that FRED A’s remit would not be to replicate or add to this training by devising a regional ASD training package. Instead, it was agreed to create a set of competencies (knowledge and skills) that providers could use to analyse the content of their own training and that participants could use to ascertain their continuing professional development needs.

After much debate, the working group agreed the structure of the Framework and began work on developing the core competencies. It was then that FRED A approached Dr. Glenys Jones from the University of Birmingham (and a member of the West Midlands Regional Partnership Management Team) to help develop the competencies. We would like to acknowledge Glenys’ great expertise and knowledge of ASDs which has helped to devise the sets of knowledge and skills within this Framework. We would also like to acknowledge the wealth of experience, expertise and enthusiasm of members of FRED A, WM who are committed to developing ASD training in the region and willingly gave their time to the working groups which have produced this Policy document and Framework.

It is hoped that adoption of the Framework across the region will provide a structure to ensure more consistency in ASD training by clarifying the knowledge and skills that courses are aiming to cover. It should also help participants to provide evidence of the training they have undertaken in whichever local authority or organisation they work in.

Members of FRED A, WM, therefore, hope that this Framework and Policy for ASD Training will help shape future training in the region and enhance the knowledge and skills of a wide range of people.

Annette English and Bridget Jones
Regional Facilitators
West Midlands Regional Partnership
June 2006
Autism Spectrum Disorders
Training Policy and Framework

Forum for Regional Educational Development,
Autism, West Midlands (FREDA, WM.) & Jones, G.

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VISION STATEMENT
The West Midlands Regional Partnership’s ASD Training Steering Group; Forum for Regional Educational Development, Autism, (FREDA) upholds a vision in which high-quality multi-agency training in ASD is available to everyone in the region, is supported by Local Authority funding and is designed to meet the diverse and changing needs of the full range of universal and specialist services and all their users.

MISSION STATEMENT
Our mission is to promote inclusion and maximise the potential of children/young people with ASD in the West Midlands, and to bring this about by co-ordinating and disseminating training, based on 4 key principles:
- Removing Barriers & Promoting Access
- Partnership
- Inclusion
- Accountability

PRINCIPLES
1. Removing Barriers & Promoting Access
FREDA aims to encourage training which:
- Raises general awareness of ASD through which early identification is facilitated and timely support put in place
- Focuses on the value, principles and practice of early intervention
- Recognises the evolving and dynamic nature of children’s and families’ needs over time and provides a diversity of training content and methods
- Offers timely information and advice to anticipate and prepare for challenges at key points (e.g. transitions) in a young person’s life
- Adopts a broad-based, community focus to promote local awareness and understanding, and reduce the likelihood of social exclusion

2. Partnership
FREDA aims to promote partnership working through training which:
- Is designed and delivered in partnership with families
- Involves children/young adults with ASD in its development and/or presentation
- Is developed to encourage common understanding and information sharing by bringing together agencies, organisations and/or individuals for joint training
- Breaks down organisational barriers by promoting the provision of co-ordinated and integrated services to support and protect vulnerable children/young people
- Is designed and developed by multi-agency teams working in partnership
- Is shared across Local Authority boundaries, in terms of its development, presentation and/or its availability

3. Inclusion
FREDA aims to promote training which:
- Promotes inclusion by acknowledging and celebrating diversity and working to increase understanding of ASD
- Adopts an holistic approach that reflects the diversity and complexity of ASD, and the unique strengths of every child/young person, whatever their needs
- Recognises the ongoing and evolving training needs of all those who live and work with ASD and aims to respond to this dynamic process
- Targets all levels of individual knowledge and experience, from raising awareness in the community to training in highly specialist diagnostic tools
- Is widely available to the full range of universal and specialist services and to all interested individuals
- Aims to support families and children/young people with ASD, whatever their circumstances and life choices
4. Accountability

FREDA expects training packages to be:

- Reflective of local and national policies and legislation on supporting and protecting vulnerable children/young people and their families
- Underpinned by a philosophy of shared responsibility in which everyone in society has a part to play in seeking positive outcomes for children/young people with ASD
- Aimed at bringing about measurable improvements in the quality of life and/or services for children and families
- Able to identify outcomes and provide appropriate methods of evaluating/monitoring them
- Accountable to FREDA for the purpose of demonstrating quality and the positive impact of training

Forum for Regional Educational Development, Autism, West Midlands (FREDA, WM)

November 2004
TRAINING MODELS

1. Diversity
FREDA envisages a range of training models to meet the diverse needs and circumstances of the target population.

It encourages potential training providers to think creatively and to look for opportunities, models and resources outside a narrow definition of training typified by courses and workshops.

For example, one or more of the following might be considered:

● Dissemination of information through a wide range of media
● Training based on coaching/mentoring in the workplace
● Opportunities for secondments and/or shadowing of roles and responsibilities
● Models which involve action research initiatives in the community or service settings

2. Continuity
FREDA would welcome proposals for establishing or contributing to a rolling programme of training, to offer continuity and consistency and address the needs of a changing and dynamic workforce.

A rolling programme might form the basis of a recognised Continuing Professional Development programme within Local Authority areas.

FUNDING
FREDA has highlighted the need for funding of ASD training to be reflected in the budgetary planning process at local, regional and national levels.

In accordance with current government thinking and legislation, agencies and services are increasingly expected to work together to prevent local fragmentation and to establish integrated services that are co-ordinated and clearly accountable. The Government green paper, ‘Every Child Matters’ explicitly recommends joint training across agencies and pooled budgets to support local commissioning.

FREDA views joint-agency funding of ASD training as a key requirement in the inclusion policy developed by any Local Authority in the West Midlands.

Joint funding will promote multi-agency training opportunities and multi-professional delivery of training, which will in turn promote the development of shared understanding, effective communication and integrated services for vulnerable children, as set out in ‘Every Child Matters’.

FREDA further recommends that Local Authorities work together to make the most effective use of their training budgets by pooling resources and establishing joint training initiatives across authority boundaries.

QUALITY ASSURANCE

1. Local Standards
FREDA expects Local Authorities and/or recognised training providers to establish and maintain local quality assurance standards through which they will be able to demonstrate:

● Evidence of need in the target population
● Multi-professional delivery of the training
● Evidence of trainers’ competencies/experience
● Expected outcomes of training
● Appropriate evaluation frameworks
● Uptake of training

2. Evaluation Frameworks
FREDA expects that every training programme/opportunity will be subject to evaluation via a locally approved framework that might be expected to include some of the following:

● Agreed criteria for success of training/Performance Indicators
● Impact on local ASD awareness, understanding and/or practice
● Competencies – those expected and those achieved
Follow-up audit/longitudinal evaluation of training impact
Analysis of participants/uptake patterns

3. Accreditation
FREDA would welcome proposals for establishing an accreditation and/or kite-marking system for ASD training across the West Midlands region. It is recognised that some accredited training is already being provided in the region and that there is potential for this to be extended. Co-ordination is therefore essential to ensure consistency, and it is envisaged that this will form an important part of FREDA’s ongoing role.

IMPLEMENTATION

1. Steering Group
Implementation of the Training Policy across the West Midlands region should be overseen by a regional ASD Training Steering Group – the Forum for Regional Educational Development, Autism (FREDA). The function of this group would be:

2. Functions
- To maintain an overview of ASD training in the region
- To co-ordinate and disseminate information regionally
- To review policy on ASD training
- To monitor the impact of ASD training
- To review quality assurance standards and procedures
- To audit providers’ competencies and systems
- To co-ordinate information on training needs
- To co-ordinate information on uptake
- To report on the above as required

3. Practice
The mechanisms by which the Steering Group will carry out its functions are set out in detail in a separate document ‘Regional ASD Training Steering Group; Forum for Regional Educational Development, Autism; Role and Function’ (2004)

4. Database
The role of the Steering Group would include the establishment and maintenance of a West Midlands ASD Training Database. Information stored on the database would be likely to include:
- Details of regional and local training providers
- Details of training courses
- Details of other training opportunities
- Opportunities for accreditation
- Providers’ competencies
- Quality assurance standards
- Statistics relating to need
- Statistics relating to uptake
- Funding opportunities

5. Circulation of Information
It is envisaged that the role of FREDA would include circulation of regional training information to agencies and individuals.

6. Website
It is proposed that FREDA establishes and maintains a website through the West Midlands Regional Partnership where a range of information relating to regional training in ASD can be accessed.

Please see the document ‘Regional ASD Training Steering Group; Forum for Regional Educational Development, Autism; Role and Function’ for further specifications for FREDA.
NOTES FOR GUIDANCE ON USING THE FRAMEWORK

1. This Framework has been developed for use in planning and training in ASDs for those in education, social care, health and the independent and voluntary sector and should be used in conjunction with the West Midlands Regional Partnership's Policy on ASD training (FREDA, WM November 04) which sets out the vision for ASD training across the region (see previous section). Existing training can be considered against the Framework and new training may be planned on the basis of it. The Framework can also be used to conduct an analysis of need for the Continuing Professional Development (CPD) of individuals or organisations.

2. The Framework aims to provide information that may help to deliver a consistent approach to training across the West Midlands region and against which those who would like training in ASDs, or employers, can determine the level of training needed.

3. The Framework is not intended to be a prescriptive document which all trainers should follow. Instead, it is to be viewed as a guide and a resource. As knowledge and understanding of ASDs is constantly developing and government and local policies change, the contents of the Framework will need revision on a regular basis.

4. It is important to note that what is included in training will depend on: the entry skills of the participants; their experience of ASDs; their previous training; their client group; the setting; professional discipline and role (e.g. education; health; social care; voluntary sector); their degree of direct involvement with individuals with an ASD and/or their families; the participants’ expectations, in terms of the outcomes of training; the time available for training.

5. The Framework is grouped into four levels according to prior knowledge and training in ASDs. These are pre-foundation, foundation, core and extension. Definitions can be found in Section B, page 12.

6. At each level, competencies, i.e. key skills and knowledge which might be included, are itemised under topic headings. These topics will be differentiated at each level in terms of the nature and complexity of the information given.

7. These levels do not refer to academic levels in the sense of level of assessment or entry, but to the depth of knowledge in ASDs. Participants at all levels of experience and qualifications might be found at each level (e.g. a General Practitioner (GP) might be taking a foundation/awareness-raising course and a support assistant might be on an extension course).

8. The nature and needs of the participants and time constraints will determine which topics are selected and the emphasis given at each level.

9. The topics are not given in the order in which they might be presented, nor will they all necessarily be included or studied to the same extent, as this will vary, depending on the need of the participants. The topics chosen and their order will need to be determined by those leading the training. Not all topics within a level will necessarily be covered. Grids are given in Appendix 2 which can be filled in after training to indicate the topics covered.

10. Topics at different levels may be the same or similar but the competencies necessary for training at the levels will be different.

11. For each topic within the 4 levels, it is possible to describe the general areas of knowledge and skills which the training might aim to develop. The descriptions are summary statements for the areas covered and are not intended to provide all the information which the trainers present to participants.

12. At all levels it should be noted that individuals who share the diagnosis of ASD do not necessarily experience and respond to situations and other people in the SAME way. The assumption that strategies which have been found useful in ASD will be useful to ALL with ASD may lead to ineffective practice. There are often major differences between individuals with ASD and so any training should emphasise that a thorough assessment of an individual’s strengths and needs is vital.
13. Training at ALL levels should also consider direct input from children and adults with an ASD and from family members, to explain their perspective, their strengths and the support they value. This input might include written accounts, video material, or a talk from a parent or a person with an ASD.

14. It is expected that all trainers and providers will consider the requirements of particular groups of participants with regard to aspects of culture, disability and language and how the content and delivery might be modified to ensure access. It will also be important to consider the preferred learning style of the participants and how the information is best delivered (e.g. lecture format; PowerPoint; interaction between students; video; CD; DVD; personal accounts; website discussion boards).

15. Trainers are encouraged to consider how the impact/effect of the training might be measured (e.g. measures taken before, during and after; internal and external evaluation; visits to workplace; presentations by students). As e-learning technologies develop, some material and teaching might include the use of CD-Roms, bulletin boards and chat sessions, for example.

16. It is also recognised that it is important to evaluate how training influences practice and it is recommended that trainers seek ways of ascertaining this. It would be time-consuming if the practice of participants was to be observed directly and this raises other issues too. However, there are trainers who attempt to get some measure of this. Examples of strategies used by trainers include: asking participants to present a short piece of work on how they have modified or extended their practice as a result of training; asking participants to complete a short questionnaire 6 months or more after the training to ascertain the longer-term impact of the course; visiting participants at their place of work to observe a change or addition to their usual practice.

17. A list is included in Appendix 3, page 47, of references, websites and other materials. These are grouped into subject areas and the level(s) at which these might be most useful are stated against each reference.

18. Some training offered to those in the West Midlands region is accredited by a university so that students obtain credits for written assignments on ASDs which they can use to gain further qualifications. For a list of accredited courses in the West Midlands region see the West Midlands Regional Partnership website: www.westmidlandsrscp.org.uk

Finally, this is the first attempt to produce such a Framework and there will inevitably be some omissions and aspects where readers might suggest improvements or additions. The West Midlands Regional Partnership Facilitators, Annette English and Bridget Jones would welcome your comments on the Framework. Please see the Regional Partnership website for contact details.

TERMINOLOGY USED IN THE FRAMEWORK

Autism Spectrum Disorder (ASD)

Autism spectrum disorder is used to cover a number of subgroups. These include: Asperger syndrome; autism; pervasive developmental disorder, not otherwise specified (PDD-NOS); and atypical autism. There are also other labels that are often considered to be part of the autism spectrum. These include Kanner’s syndrome and semantic pragmatic disorder. Debate continues on the validity of the distinction between all these subgroups; however, the training within the Framework is relevant to ALL individuals considered to have an ASD, whichever diagnostic subgroup they are considered to be within.

The term ‘autism spectrum condition’ is now used in some literature and is preferred by some adults with autism and Asperger syndrome, but it was felt by the Working Group (FREDA) that the term ‘autism spectrum disorder’ was the term most widely used and understood by others.
Individual
The Framework is intended to cover training in ASDs for those working with children and young people from the ages of 18 months to 25 years. The term individual is used to refer to both children and young people with ASD throughout the Framework.

Parent/carer
This term is used to cover parents and all others (professionals, friends or voluntary sector staff) who might be supporting, or advocating on behalf of, an individual with ASD.

Participant
This term is used to refer to the person receiving the training.

Typically developing
This term is used to refer to those who do NOT have an ASD (or other known condition) and who are considered to be following or have followed the usual developmental route.

Co-existing conditions
This term has been used to refer to conditions which an individual with an ASD might have in addition to the ASD. In other literature, these might be referred to as co-occurring conditions, co-morbid conditions, dual/multiple diagnoses.
DEFINITIONS OF THE FOUR LEVELS

Note:
These levels do not refer to academic levels in the sense of level of assessment or entry, but to the depth of knowledge in ASDs. So individuals at all levels of experience and qualifications might be found at each level (e.g. a GP might be taking a foundation/awareness-raising course and a support assistant might be on an extension course).

● Pre-foundation level
Pre-foundation is at the level of general disability awareness-raising. The knowledge within this level should be pertinent to anyone who works with individuals with learning difficulties and disabilities (LDD) – it is not ASD-specific.

The Pre-foundation topics emphasise how our behaviours (what we do and say) and the environment we create can affect the behaviour and experiences of others, whether or not they have an ASD or LDD.

Leaflets and other resources that include LDD as well as ASD can be given to those who might meet children and young people with an ASD in the community (e.g. shopkeepers; police; dentists; hairdressers). Delivery can take different forms (e.g. by mailshot; sticker distribution; a stand at conferences). Information should invite the public to consider what might underlie confusing, difficult or ‘naughty’ behaviour.

● Foundation level
The Foundation level is intended for those with little or no prior knowledge of ASDs to develop an awareness of the key features and effects of ASDs. It can involve one or more face-to-face or interactive sessions (e.g. talks; lectures; workshops; reference material).

● Core level
The Core level is intended for those who already have some knowledge and training in ASDs and who wish to increase and develop their knowledge and skills and to review and reflect on their practice. It can involve lectures, workshops and reference material given over more than one session.

● Extension level
The Extension level is intended for professionals who are interested in exploring the rationale for their own practice more intensively and who have completed a Core level course or the equivalent. They may wish to update and advance their knowledge and skills. This requires independent working and a critical evaluation of their own practice and would involve lectures, workshops and reference material.
I PRE-Foundation LEVEL

Pre-foundation is at the level of general disability awareness-raising. The knowledge within this level should be pertinent to anyone who works with individuals with learning difficulties and disabilities (LDD) – it is not ASD-specific.

The Pre-foundation topics emphasise how our behaviours (what we do and say) and the environment we create can affect the behaviour and experiences of others, whether or not they have an ASD or LDD.

Leaflets and other resources that include LDD as well as ASD can be given to those who might meet children and young people with an ASD in the community (e.g. shopkeepers; police; dentists; hairdressers). Delivery can take different forms (e.g. by mailshot; sticker distribution; a stand at conferences). Information should invite the public to consider what might underlie confusing, difficult or ‘naughty’ behaviour.

Pre-Foundation Topic 1: Learning difficulties and disabilities (LDD)

PF1 K1 Knowledge
Understands the terms special needs/vulnerable individuals. General information is provided on the range of learning difficulties and disabilities – some of which may be hidden or not obvious, as is often the case in ASDs.

PF1 S1 Skills
Demonstrates tolerance (smiling, patience) to individuals with special needs. Special needs are addressed in policy documents and performance indicators.

Pre-Foundation Topic 2: The response of and respect from other people to LDD

PF2 K1 Knowledge
Knows that it is helpful to change the environment and the approach of others, rather than having a focus on changing the individual with LDD. Knows some ways of enabling an individual to manage situations which cannot be changed.

PF2 S1 Skills
Can explain why information cards such as:
“Because I can speak well, doesn’t mean that I understand”
“If I say or do something that offends you, please tell me and be tolerant”
“Give me time and slow down”
could be helpful for individuals with special needs/ASD.
Pre-Foundation Topic 3: Perspective of individuals with an LDD

PF3 K1 Knowledge
Knows that everyone has a different way of viewing the world and some people with LDD or ASD might find some social behaviour very difficult to understand; sensory issues might affect their tolerance or response to situations.

PF3 S1 Skills
Is able to state key ‘do’s’ and ‘don’ts’:

**Do**
- stay calm
- give space
- smile
- talk quietly
- give time

**Don’t**
- shout
- crowd
- push
- touch
- judge

Pre-Foundation Topic 4: Basic strategies in creating an LDD-friendly environment

PF4 K1 Knowledge
Knows the key elements of the environment which need to be considered. These include our style of interaction and our communication, plus the physical layout of the environment, sensory stimuli, predictability, visual clarity and personal space.

PF4 S1 Skills
Is able to state some key ways to create an LDD-friendly environment, e.g. by: creating a designated space or chill-out zone; keeping language short and to the point; having a team with more information named for each shift; making sure any instructions are presented visually as well as verbally.

Pre-Foundation Topic 5: Key features of ASDs

PF5 K1 Knowledge
Knows that the term ASD means autism spectrum disorder, which is a disorder with early onset affecting social understanding, communication and flexibility of behaviour and thinking.

PF5 S1 Skills
Is able to state 3 difficulties someone with an ASD may have and how these may be helped, e.g.
- Forewarn changes
- Stay calm
- Use key words
- Be aware of behaviour programmes

Pre-Foundation Topic 6: Diversity

PF6 K1 Knowledge
Understands that not all individuals have similar difficulties or needs.

PF6 S1 Skills
Will stop and think – valuing diversity. Remembers the phrases: Perhaps I am not being naughty, perhaps I am frightened.

Knows to ask for help when necessary

Links are made to customer service and competitive advantage, perhaps leading to a kite mark.

Pre-Foundation Topic 7: Importance of tolerance, and understanding the position and impact of LDDs/ASDs on parents and families

PF7 K1 Knowledge
Understands that the emotional impact of LDD/ASD and the demands on family life may affect the response of families and the individual to others.
**PF7 S1 Skills**
Does not exhibit a negative response to behaviour but smiles. Uses an alternative – asking what can I do to help?

**Pre-Foundation Topic 8: Knowledge and Information**

**PF8 K1 Knowledge**
Knows where to obtain further information about individuals with special needs.

**PF8 S1 Skills**
Is able to access information, (e.g. contact numbers and addresses for local services) from libraries, voluntary organisations, the internet, etc.

**II FOUNDATION LEVEL TOPICS AND COMPETENCIES**

The Foundation level is intended for those with little or no prior knowledge of ASDs to develop an awareness of the key features and effects of ASDs. It can involve one or more face-to-face or interactive sessions (e.g. talks, lectures, workshops, reference material).

**Foundation Level Topic 1: Key features of ASDs**

**F1 K1 Knowledge**
Knows that children develop autism spectrum disorders within the first 3 years of life, but that these are often not identified and diagnosed until later, or not at all.

**F1 S1 Skills**
Is able to list the early signs of an ASD in a child under five.

**F1 K2 Knowledge**
Knows that ASDs have a neurological basis and are not caused by emotional trauma or neglect or by ‘faulty’ parenting. Knows there is a strong genetic component and, for reasons yet to be firmly established, the brain develops differently.

**F1 S2 Skills**
Is able to describe briefly the current ideas on causation of ASDs.

**F1 K3 Knowledge**
Knows that there are three main areas of development affected, which are social and emotional understanding; communication; and flexibility of thought and behaviour. Knows also that evidence of difficulties in all these three areas needs to be present for a diagnosis to be made.

**F1 S3 Skills**
Is able to state the three main areas affected in ASDs.

**F1 K4 Knowledge**
Knows that sensory perception and processing of those with ASDs are often affected across all senses (i.e. sight; sound; taste; smell; touch; balance and body awareness) and they may be under- or over-sensitive to stimuli which may result in unusual and problematic responses and understandings.

**F1 S4 Skills**
Is able to state some of the main ways in which an individual’s sensory perception and responses might be different.

**F1 K5 Knowledge**
Knows that the term ASD was introduced as an ‘umbrella’ term to unite ALL individuals found within the various subgroups which share the triad of impairments.

**F1 S5 Skills**
Is able to list some of the subgroups found in ASDs.
Foundation Level Topic 2: Implications of ASDs for living and working with individuals with ASDs

**F2 K1 Knowledge**
Knows that an ASD affects many areas of development and functioning and, therefore, knows that the individual’s needs in all settings and all contexts need to be ascertained.

**F2 S1 Skills**
Is able to identify which situations in his/her own practice would be useful to assess in order to contribute to a diagnostic assessment.

**F2 K2 Knowledge**
Knows that the profile of skills and abilities in individuals with an ASD is often very uneven, and so a comprehensive assessment across all areas is required to ensure his/her needs are identified. Knows this requires a good knowledge of typical development.

**F2 S2 Skills**
Is able to consider the profile of strengths and needs across all areas of development.

**F2 K3 Knowledge**
Knows that the key areas for assessment and intervention are: communication; social and emotional understanding; inclusion; understanding routines and conventions.

**F2 S3 Skills**
Is able to suggest how an individual’s communication, social and emotional understanding, learning style and self-care skills might be explored.

**F2 K4 Knowledge**
Knows that the extent and nature of the difficulties can create high levels of anxiety and ways to reduce stress need to be considered. Suggestions for what to do in ‘free time’ are important.

**F2 S4 Skills**
Is able to recognise the signs that an individual is distressed or anxious and suggest ways for an individual to relax or to take a break.

Foundation Level Topic 3: Development of communication

**F3 K1 Knowledge**
Knows that typically developing children appear to be neurologically prepared to make sense of the early infant-carer dialogues and learn how to communicate with others from birth to get their needs met. In ASDs, this is not the case. Individuals with ASDs have great difficulty in making sense of other people’s attempts to communicate with them and often have far less interaction as a result.

**F3 S1 Skills**
Is able to describe how early development in an individual with an ASD differs from typical development and the implications of this.

**F3 K2 Knowledge**
Knows that even those individuals with ASD who develop speech may not use this to communicate, so ALL those with an ASD need to be taught how, what, when, where and why to communicate.

**F3 S2 Skills**
Is able to suggest ways in which individuals with ASD might be helped to develop an understanding of what communication is for and to develop their communication skills.

**F3 K3 Knowledge**
Knows that because of their difficulties in understanding others’ communication, individuals with an ASD may avoid interactions with adults and children. This means that they need to be exposed to the potential benefits of social interaction and friendship by arranging for others to join them in activities they most enjoy.
F3 S3 Skills
Is able to suggest ways in which adults might engage successfully with individuals with an ASD.

F3 K4 Knowledge
Knows that some individuals with an ASD do not develop speech and so alternative ways to communicate have been developed. Objects of reference, pictures, photos and symbols can be used.

F3 S4 Skills
Is able to show how methods other than speech can be taught to individuals as a means of communicating their needs to others.

F3 K5 Knowledge
Knows that it is extremely helpful to those with an ASD if staff alter the way in which they communicate. This can include saying less; using key words; slowing down; using more than one means of giving the message (e.g. spoken word; sign; symbol; written word); and thinking about their physical proximity, volume and tone of voice too.

F3 S5 Skills
Is able to modify interaction with an individual with an ASD in a way that makes communication clear.

Foundation Level Topic 4: Development of social and emotional understanding

F4 K1 Knowledge
Knows it is not simply that individuals with ASDs lack social skills but that they lack the understanding to know how to behave appropriately in different social contexts – they are unable to read the social signals from others and so can be falsely accused of being defiant, selfish, insensitive and inattentive.

F4 S1 Skills
Is able to list the elements of social interaction that an individual with an ASD might find difficult.

F4 K2 Knowledge
Knows that individuals with ASDs can be taught some of the key social skills required and learn to use these, but that even those who are intellectually able have great difficulty in adapting these if the situation changes slightly – or in changing to suit different social contexts.

F4 S2 Skills
Is able to create opportunities for an individual with an ASD to understand that social conventions change with setting.

F4 K3 Knowledge
Knows that those with ASDs experience and display a great range of emotions (as does any other individual), but they often fail to recognise what they are feeling or the likely consequences or the effects on others.

F4 S3 Skills
Is able to suggest methods to teach an individual to become aware of their own and others’ emotions in real situations.

F4 K4 Knowledge
Knows that sexuality and sexual relationships with others will be problematic for individuals with ASD.

F4 S4 Skills
Is able to suggest how an individual might be supported in developing their understanding of their own sexuality and appropriate sexual behaviour.

Foundation Level Topic 5: Developing flexibility of thought and behaviour

F5 K1 Knowledge
Knows that once those with an ASD have understood and followed a routine or convention, they often have great problems if this is changed in some way. Know they have difficulties in prediction and therefore they are not able to predict what will happen next in a new scenario.
**F5 S1 Skills**
Is able to ascertain the extent to which change to familiar routines is difficult for an individual with an ASD and to judge when to introduce planned changes to help the individual manage change.

**F5 K2 Knowledge**
Knows that individuals with ASDs often need to be warned in advance of any likely changes to a familiar timetable or routine.

**F5 S2 Skills**
Is able to develop strategies to enable an individual with an ASD to manage unplanned change.

**F5 K3 Knowledge**
Knows that it is useful for adults to introduce planned change or uncertainty into the individual’s day to practise changes to the familiar and develop strategies for coping.

**F5 S3 Skills**
Is able to develop strategies to enable an individual with an ASD to practise coping with change and to prepare him/her for changes which are known in advance.

**F5 K4 Knowledge**
Knows that those with ASDs are often not people-focused, but object- or topic-focused and some develop special interests or skills in particular areas. They may want to focus on these to the exclusion of other activities. These special interests or activities can be very useful as incentives to make a ‘deal’, and can lead to effective leisure pursuits or career opportunities.

**F5 S4 Skills**
Is able to ascertain the activities and topics which interest the individual and to consider how these might be used as incentives, and managed, where the pursuit of these creates difficulties.

**F5 K5 Knowledge**
Knows that adults can choose an area of interest and broaden this out to teach other parts of the curriculum or to take elements of it and offer the individual similar and related opportunities.

**F5 S5 Skills**
Is able to ascertain the activities and topics which interest the individual and consider how these might be broadened to extend his/her experiences.

**Foundation Level Topic 6: Sensory issues in ASDs**

**F6 K1 Knowledge**
Knows that individuals with ASDs are often over- or under-sensitive to sounds, sights, touch, taste and smells and have problems with balance and body awareness. All individuals differ and it is necessary to make an individual assessment of their sensory perception and responses.

**F6 S1 Skills**
Is able to list the sensory responses of an individual with an ASD and the potential implications of these.

**F6 K2 Knowledge**
Knows that many settings, particularly schools, have great potential for sensory overload. Knows it is therefore necessary to reduce the amount of background noise and stimuli and to highlight only those to which the individual needs to pay attention. This might be done by changing the environment or by giving the individual a means to block out some of the incoming stimuli.

**F6 S2 Skills**
Is able to modify the sensory environment to help an individual with an ASD.
F6 K3 Knowledge
Knows that those with ASDs often have disturbed and erratic eating, sleeping and toileting routines which may be related to sensory issues and which have significant effects on their physical well-being.

F6 S3 Skills
Is able to monitor an individual’s physical and emotional well-being and to recognise the signals that s/he is unwell, in pain or emotionally upset.

Foundation Level Topic 7: Transitions

F7 K1 Knowledge
Knows that transitions for individuals with ASD can be very difficult and need to be planned. Such transitions might be within a task; from one activity to another; from one situation or from one setting or phase of education to another.

F7 S1 Skills
Is able to prepare an individual with an ASD to make successful transitions during the course of a day and with the bigger transitions from one setting to another.

Foundation Level Topic 8: Independence training

F8 K1 Knowledge
Knows that, irrespective of level of intellectual ability, an individual with an ASD is likely to require greater help than his/her peers with daily living skills such as dressing, toileting, crossing the road, using community facilities and public transport.

F8 S1 Skills
Is able to assess the needs of an individual with ASD in terms of daily living skills and accessing community service and plan appropriate programmes to develop independence.

F9 K1 Knowledge
Knows that parenting a child with an ASD can be extremely stressful, making huge physical, emotional and financial demands on the parents/carers and other family members.

F9 S1 Skills
Is able to acknowledge the demands of parenting, be able to listen to parents/carers in a non-judgemental way and to make good use of the information they contribute about their child.

F9 K2 Knowledge
Knows that all parents/carers will have extensive and important knowledge on their child and may have issues they would like to discuss.

F9 S2 Skills
Is able to offer opportunities for parents/carers to share their knowledge and concerns about the child.

F9 K3 Knowledge
Knows there are other demands on parents/carers, in addition to their child with an ASD, which include their other children, their partner, grandparents and employers. Not all parents/carers will be able to take up ideas suggested by others.

F9 S3 Skills
Is able to appreciate that not all parents/carers can or want to follow strategies used by professionals at home and is able to offer choice in how parents/carers are involved in these and with staff.

F9 K4 Knowledge
Knows that parents/carers need good advice at diagnosis on ASDs and on how to understand and help their child. Knows this should be available in different forms.
F9 S4 Skills
Is aware of the West Midlands Parent Information Pack for parents of newly diagnosed children and how parents/carers are able to obtain the Pack if they do not already have one. Is able to collect and collate information on local support groups and services for parents/carers of those with ASDs and to give this out as and when appropriate.

F10 S3 Skills
Is able to list the main elements of interventions and strategies which are thought to be effective in ASDs.

Foundation Level Topic 11: Overview of the range of educational placements

F11 K1 Knowledge
Knows that the educational needs of children and young people with ASDs differ greatly and that not all will need a Statement of Special Educational Needs nor require additional adult support in school. Knows that pupils with ASDs can be placed in mainstream, special and specialist places on a day or residential basis or may be taught at home. Is aware that each authority will differ in terms of admission policy and procedures for decision-making.

F11 S1 Skills
Is able to state the range of schools which pupils with ASDs attend in their area and which schools specialise in ASDs; and knows the basic procedures which determine placement.

Foundation Level Topic 12: Overview of other services available for families

F12 K1 Knowledge
Knows that each local area will have created a number of different services to support individuals and their families. These include services such as short breaks; befriending; holiday schemes; Parent Partnership; parent support groups; and sibling workshops.

F12 S1 Skills
Is able to list the support services available locally which might support the individual with an ASD and their family.
**Foundation Level Topic 13: Understanding, preventing and managing behaviour which is viewed as challenging**

**F13 K1 Knowledge**
Knows that it is important not to view challenging behaviour as a necessary part of an ASD, but to see it as the result of an interaction of factors which are within the person and factors which are external (e.g. the physical and sensory environment; the activity concerned; the demands made).

**F13 S1 Skills**
*Is able to list information about the individual concerned (e.g. level of understanding; medical condition) and external factors (e.g. physical or sensory environment or activity) which might contribute to an individual’s behaviour.*

**F13 K2 Knowledge**
Knows that behaviours which are viewed as challenging need to be clearly defined in observable terms, and then observed to record the frequency, settings, possible triggers and consequences. Knows that a plan designed on the basis of these should then be implemented to prevent the behaviours, and another plan made to decide how the behaviour will be dealt with if and when it occurs.

**F13 S2 Skills**
*Is able to draw up an observation chart to record the frequency, settings, possible triggers and consequences of a behaviour which is deemed to be challenging.*

**F13 K3 Knowledge**
Knows that identifying and rewarding appropriate behaviour should take priority over applying sanctions for inappropriate behaviours.

**F13 S3 Skills**
*Is able to consider the current policy for managing behaviour within their setting and to check that there are more positives than sanctions when working with an individual child/young person.*

**F13 K4 Knowledge**
Knows that challenging behaviour is often a way of communicating a need or an emotion (e.g. I am upset; frightened; I can’t do this).

**F13 S4 Skills**
*Is able to identify the function a behaviour might be serving for the individual and suggest ways of addressing this.*

**Foundation Level Topic 14: Adults with ASDs and factors which affect outcome**

**F14 K1 Knowledge**
Knows that an ASD is a lifelong disorder but individuals can learn to use strategies to address their difficulties, making their ASD less evident with time or in certain situations. Knows that individuals who are most likely to have good outcomes in adult life are those with speech, those who are intellectually able, and those who have developed a special interest.

**F14 S1 Skills**
*Is able to access knowledge on future provision for adults with ASDs in their local area (e.g. from the individual and his/her family on further education, employment and living arrangements).*

**F14 K2 Knowledge**
Knows that many individuals require continued support into adulthood to access further and higher education and employment and are likely to need supported accommodation. Knows that data on outcomes in adulthood for those with an ASD is very hard to obtain because data can often only be collected from those with a diagnosis who are in receipt of a service.

**F14 S2 Skills**
*Is able to consider how to collect information on the future placements of individuals who have attended the service or school in the past.*
F14 K3 Knowledge
Knows that specific support schemes to help adults with ASDs are being established so that a greater proportion of adults will enjoy a better quality of life in the future than in the past.

**F14 S3 Skills**
*Is able to obtain information on support for older students and adults with ASDs in the local area.*

**Foundation Level Topic 15: Creating effective environments for individuals with ASDs**

F15 K1 Knowledge
Knows that the key components of creating effective environments for individuals with ASDs are the physical and sensory environment; the interactive style of the staff; parental involvement; the nature of demands made; differentiation; flexibility; individual programmes; and the use of visual systems to make situations and activities clear.

**F15 S1 Skills**
*Is able to consider the existing environments and modify these in the light of elements which are likely to be conducive to the individual’s well-being and learning, and to help the individual cope when environments are not very conducive.*

F15 K2 Knowledge
Knows some of the challenges for the individual with an ASD in their particular setting and for staff new to ASDs.

**F15 S2 Skills**
*Is able to identify potential issues for the individual and for the staff and suggest how these might be addressed.*

III CORE LEVEL TOPICS AND COMPETENCIES

The Core level is intended for those who already have some knowledge and training in ASDs and who wish to increase and develop their knowledge and skills and to review and reflect on their practice. It can involve lectures, workshops and reference material given over more than one session.

**Core Level Topic 1: Key features of ASDs**

C1 K1 Knowledge
Knows that children with ASDs develop the condition within the first 3 years of life, although it is often not identified and diagnosed until later. Is aware that video studies of early development show early signs which include lack of shared attention and an absence of pointing and referential looking.

**C1 S1 Skills**
*Is able to list the possible early signs in a child who might have an ASD and to have knowledge of methods which might help to identify these children.*

C1 K2 Knowledge
Knows that ASDs have a neurological basis and are not caused by emotional trauma or neglect. Knows that there is a strong genetic component and, for reasons yet to be firmly established, that the brain develops differently.

**C1 S2 Skills**
*Is able to describe the current ideas on causation of ASDs and the historical perspective on this.*

C1 K3 Knowledge:
Knows the three main areas of development affected: social and emotional understanding; communication; flexibility of thought and behaviour; and knows that evidence of difficulties in all three areas needs to be present for a diagnosis to be made.

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C1 S3 Skills
Is able to state the three main areas affected in ASDs and describe, under each area, the main features found.

C1 K4 Knowledge
Knows that the sensory perception and processing of those with ASDs is often affected across all five senses and individuals may be under- or over-sensitive to stimuli resulting in unusual and often problematic responses and understandings.

C1 S4 Skills
Is able to list the sensory responses of an individual with an ASD and consider, where a difficulty is identified, how this might be addressed.

C1 K5 Knowledge
Knows that diagnosis is made on the basis of observations and discussion with the parents/carers about early development, plus the views of others who know the individual well. Knows that there is no psychological or medical test which can confirm the diagnosis.

C1 S5 Skills
Is able to suggest how information might be collected on the three areas of the triad to contribute to diagnostic assessment.

Core Level Topic 2:
Theories on causation of ASDs

C2 K1 Knowledge
Knows that autism was first identified by Kanner in 1943 and Asperger syndrome was described by Asperger in 1944. Knows that in the early days it was thought that autism was caused by faulty parenting. Since then, research has shown that those with ASD are neurologically different and that there is a genetic basis for autism.

C2 S1 Skills
Is able to give a brief history of ASD from its first identification to the present day.

C2 K2 Knowledge
Knows that there are several genes involved and that some individuals have a genetic disposition for ASD which may then be triggered by one or more of a range of factors such as: prenatal infection; environmental pollutants; very early childhood illness; food intolerance. Knows there is no conclusive evidence of the exact mechanisms but much research is being conducted in an attempt to establish this.

C2 S2 Skills
Is able to list some of the main factors thought to be involved in causation.

C2 K3 Knowledge
Knows that current research is looking at: the effects of diet; the differences in brain activity in terms of the regions which are active when completing different tasks; the attention of people with ASDs in terms of where they look for information and how they understand it.

C2 K3 Skills
Is able to describe the nature of the research which is being conducted on the brain and some of the main findings.

C2 K4 Knowledge
Knows that the term ASD was introduced in 1996 as an ‘umbrella’ term to unite ALL individuals found within the various subgroups which share the triad of impairments. These subgroups include Asperger syndrome, autism, Kanner’s syndrome, and pervasive developmental disorder, not otherwise specified (PDD-NOS), atypical autism and semantic pragmatic disorder. Knows that debate continues on the validity of the distinction between all these subgroups.

C2 S4 Skills
Is able to name the main subgroups found in ASDs and to give the key distinguishing criteria for these.
Core Level Topic 3: Other conditions which may co-exist with ASDs

C3 K1 Knowledge
Knows that those with an ASD can have other difficulties. The most common diagnoses made in addition to ASD are learning disabilities and epilepsy. Knows that some individuals also have dyslexia or dyspraxia or ADHD; and Tourette’s syndrome is being increasingly diagnosed. Knows that, in addition, there are those who are deaf or blind or who have Down Syndrome or cerebral palsy. Realises that individuals with ASDs may also have a mental health disorder, most often depression or anxiety.

C3 S1 Skills
Is able to list other conditions associated with ASDs.

Core Level Topic 4: Implications of ASDs for the individual and for those living and working with an individual with an ASD

C4 K1 Knowledge
Knows that an ASD affects many areas of development and function and therefore the individual’s needs in all settings and all contexts need to be ascertained.

C4 S1 Skills
Is able to develop a proforma to collect information across activities and sessions in their own practice on an individual, to contribute to a diagnostic assessment.

C4 K2 Knowledge
Knows that the profile of skills and abilities in individuals with an ASD is often very uneven, and so a comprehensive assessment across all areas is required to ensure his/her needs are identified. Participants will need a knowledge of typical development to facilitate this.

C4 S2 Skills
Is able to use appropriate methods to develop a profile of an individual with an ASD on which to plan strategies and assist the individual in the most effective way.

C4 K3 Knowledge
Knows that the key areas for assessment and intervention are: communication; social and emotional understanding; understanding routines and conventions; self-care and independence skills; learning style.

C4 S3 Skills
Is able to ascertain the needs of an individual in the areas of communication, social and emotional understanding, learning style and self-care skills to guide interventions.

C4 K4 Knowledge
Knows that the extent and nature of the difficulties create high levels of anxiety, and so ways to reduce stress need to be considered and methods to teach the individual how to relax and take a break need to be designed.

C4 S4 Skills
Is able to monitor the anxiety levels of an individual with an ASD across situations and sessions and to plan intervention and strategies designed to reduce anxiety on the basis of this.

Core Level Topic 5: Features of the main subgroups within the autistic spectrum

C5 K1 Knowledge
Knows that there a number of subgroups within the autistic spectrum which include: Asperger syndrome; autism; Kanner’s syndrome; pervasive developmental disorder, not otherwise specified (PDD-NOS); atypical autism; semantic pragmatic disorder. Knows that debate continues on the validity of the distinction between all these subgroups.
C5 S1 Skills
Is able to list the key distinguishing features between the different subgroups.

C5 K2 Knowledge:
Knows that the two main distinguishing features of those with Asperger syndrome and those with autism are that in the development of those with Asperger syndrome their speech and language is not delayed and that they are of average or above-average intellectual ability.

C5 S2 Skills
Is able to give the main criteria currently used to differentiate between the main subgroups and to consider implications for practice.

C5 K3 Knowledge:
Knows that there is still confusion and debate over the defining characteristics and some individuals are put into the wrong subgroup. So, for the purposes of intervention, it may be preferable to be guided by the ‘umbrella’ term of ASD and to know that all individuals, irrespective of the subgroup they are thought to be in, will experience problems in the three areas known as the triad.

C5 S3 Skills
Is able to list the main implications for practice arising from the diagnosis of ASD.

Core Level Topic 6: Psychological theories and implications for practice

C6 K1 Knowledge
Knows that research psychologists such as Frith, Baron-Cohen, Happe and Hobson have tried to explain the behaviours and understandings of those with ASD and a number of different theories have been suggested. The main theories are those which suggest that: individuals with ASDs lack a theory of mind (TOM); they lack central coherence; they have executive functioning difficulties; and problems with intersubjectivity.

C6 S1 Skills
Is able to consider the extent to which these explanations make sense of some of the behaviours seen in an individual known to them.

Core Level Topic 7: Sources of information on ASDs for a particular individual

C7 K1 Knowledge
Knows that ASDs affect the interactions between the individual and others. It is therefore essential that all who meet the individual understand the nature of ASDs and the individual in particular.

C7 S1 Skills
Is able to develop ways of creating a brief summary of an individual’s main needs and strengths and of disseminating this to key people.

C7 K2 Knowledge
Knows that an individual with an ASD will behave differently in different settings with varying demands. Knows that it is important for key people involved with the individual to contribute to assessment and to intervention plans, including family members.

C7 S2 Skills
Is able to consider how information is currently collected and to modify this to ensure that all key people have their views included.

C7 K3 Knowledge
Knows that reading past reports on an individual can be very useful in developing an understanding of the person and in designing strategies.

C7 S3 Skills
Is able to extract key information from reports in order to inform future practice.
Core Level Topic 8: Developing effective links and collaboration with parents/carers and families

C8 K1 Knowledge
Knows that the nature of ASDs is such that parenting a child with an ASD can be extremely stressful, making huge physical, emotional and financial demands on the parents/carers and other family members. Realises that they or family members may feel ignored or unwanted and blame themselves for some of the child’s difficulties.

C8 S1 Skills
Is able to listen to parents/carers in a non-judgemental way and to make good use of the information they contribute on their child.

C8 K2 Knowledge
Knows that all parents/carers have experienced distress, shock and grief with the realisation that their child has significant difficulties. Realises that parents/carers have often had upsetting encounters with members of the public and with some professionals.

C8 S2 Skills
Is able to consider the opportunities parents/carers have for discussion about issues that concern them and then suggest ways to enhance these.

C8 K3 Knowledge
Knows that the parent/carer and family perspectives need to be obtained in considering how they might be effective partners with professionals. Several areas of practice need to be considered in terms of parental contribution. These include: their involvement in gaining good information about the individual; their involvement in decision-making; their contribution to planning and target setting; sharing ideas on what works.

C8 S3 Skills
Is able to ascertain how parents/carers are involved and informed about the work with their child and the extent to which there is a consensus and consistent practice.

C8 K4 Knowledge
Knows that ascertaining the views of parents/carers on the needs of other family members, including siblings, grandparents and other relatives, and how these might be addressed, is important.

C8 S4 Skills
Is able to analyse the extent to which the needs of other family members or friends are included and supported and how these might be enhanced.

Core Level Topic 9: Decision-making processes regarding assessment, educational provision, short breaks and other services to individuals and their families

C9 K1 Knowledge
Knows that it is important to understand local policy and procedures and appreciates the diversity of individual needs which require diversity of provision.

C9 S1 Skills
Is able to discuss the processes and dilemmas in supporting individuals and families across agencies and within budgets.

Core Level Topic 10: Current interventions and strategies in ASDs

C10 K1 Knowledge
Knows that there are many interventions and strategies in ASDs with differing rationale, practice and claims and that deciding which to follow is difficult, as there is no firm research evidence for their effects.

C10 S1 Skills
Is able to name the main interventions and strategies used and comment on the extent to which they are supported by research evidence.
C10 K2 Knowledge
Knows the key components of current interventions/strategies.

C10 S2 Skills
Is able to identify which elements of practice are included in this list and which areas of practice need to be developed.

C10 K3 Knowledge
Knows about a variety of current, named interventions/strategies in the UK (e.g. Circle of Friends; Daily Life Therapy; Intensive interaction; Lovaas programmes; Musical interaction therapy; Option; PECS; Social Stories; TEACCH).

C10 S3 Skills
Is able to state the main aims of these interventions/strategies and their potential relevance to their main client group.

C10 K4 Knowledge
Knows the key components and rationale of current named interventions and strategies which are likely to be useful for the individuals with whom they work/live and how to access further training and literature on these (e.g. PECS; Social Stories; TEACCH).

C10 S4 Skills
Is able to provide information on the rationale and main components of relevant, named interventions and strategies and how these might support an individual.

Core Level Topic 11: The role of diet and medication in ASDs

C11 K1 Knowledge
Knows that some researchers suggest that some individuals with ASDs are intolerant to certain foodstuffs which affect their metabolism and, in turn, affect their behaviour. Two of the main foods being investigated are the proteins from milk and wheat.

C11 S1 Skills
Is able to describe the current research on diet and to know where further information might be obtained.

C11 K2 Knowledge
Knows that medication has been used to modify the behaviour of a minority of individuals with ASDs, often those with the additional diagnosis of ADHD or those with sleep disorders (e.g. Ritalin; Risperidone; Melatonin). Knows that the side effects and long-term effects of these drugs are often not well known, so extreme caution is required in their use. There is a history in ASDs of beneficial claims being made for different vitamins or substances (e.g. B6; fenfluramine; secretin), but none has been proven and research continues.

C11 S2 Skills
Is able to provide feedback on the effects of medication on an individual to the individual’s parents/carers and medical professionals.

C11 K3 Knowledge
Knows that the key questions about an intervention should include questions on its rationale, its aims and practice, the individuals for whom it is intended, the likely outcomes and the evidence for its effects.

C11 S3 Skills
Is able to ask useful questions in relation to any intervention in ASDs to establish its likely effectiveness.

C11 K4 Knowledge
Knows that the key components of a successful intervention are considered to be: those which are person-centred and value what the individual enjoys; those which develop the individual’s communication skills and social and emotional understanding; those which provide individual teaching opportunities and opportunities to generalise the skills learned; those which involve typically developing individuals; those which view challenging behaviour as having a communicative function.
C11 S4 Skills
Is able to give details on each of these components and explain the extent to which they are present within their own work.

Core Level Topic 12: Local, regional and national policy and guidance on ASDs

C12 K1 Knowledge
Knows about information on recent guidance from statutory agencies which informs practice and is able to reflect upon the extent to which local practice matches this.

C12 S1 Skills
Is able to state the main recommendations of current legislation and the extent to which this is being implemented within their service.

C12 K2 Knowledge
Knows about the work of the West Midlands Regional Partnership on ASDs and government initiatives such as the ASD Good Practice Guidance.

C12 S2 Skills
Is able to use the materials from published documents to audit/reflect on their individual work or ASD service.

Core Level Topic 13: Assessment for intervention

C13 K1 Knowledge
Knows the specific areas which should be assessed in an individual with an ASD; knows forms of assessment; knows current instruments available locally and nationally.

C13 S1 Skills
Is able to suggest how the skills of individuals with an ASD might be ascertained and how this information might be used to design interventions and strategies.

Core Level Topic 14: Rationale for inclusion with typically developing peers

C14 K1 Knowledge
Knows about: current legislation and guidance on inclusion; the evidence base for inclusion; models of inclusion; benefits and challenges; the roles of specialist services; the role of outreach staff.

C14 S1 Skills
Is able to list the potential advantages and disadvantages of inclusion of individuals with an ASD with typically developing peers and how inclusion might best be supported.

C14 K2 Knowledge
Knows about the national and local policies and practice in relation to inclusion.

C14 S2 Skills
Is able to comment on the extent to which schools and services in the area are prepared to meet the needs of individuals with ASDs and knows how to access any available support services.

C14 K3 Knowledge
Knows of ways in which peers might be informed about an individual’s diagnosis of ASD and how they might include the individual in their work and leisure activities.

C14 S3 Skills
Is able to list the ways in which schools and services might arrange for those with ASDs to have time with typically developing peers and how this might best be supported.

Core Level Topic 15: Recommendations within current legislation and guidance [e.g. Every Child Matters, Excellence for All Children (2003); The Children Act (2004); the National Autism Plan for Children (2003); DfES ASD Good Practice Guidance (2002); National Service Framework Exemplar, DoH (2004)].
C15 K1 Knowledge
Knows about the latest government guidance and legislation affecting individuals with an ASD and their families and carers.

C15 S1 Skills
Is able to suggest how their working practice already meets the recommendations and areas which need to change to meet the demands of new legislation and recommendations.

Core Level Topic 16: Effective multi-agency working

C16 K1 Knowledge
Knows current guidance stresses the need for agencies to work together and to co-ordinate support for individuals and their families. Knows it is important to consider how professionals liaise with each other to share ideas, make decisions and co-ordinate interventions and strategies.

C16 S1 Skills
Is able to find out which other agencies are involved with an individual and to consider how they currently liaise with each other.

C16 K2 Knowledge
Knows about services available to individuals with an ASD and their families provided by health, social care, education and the voluntary sector. Is able to analyse the extent to which they recognise the challenges and benefits of working closely with other agencies.

C16 S2 Skills
Is able to ascertain which other agencies are involved with an individual and the extent to which the school/service links with these to ensure coherence and consistency. Is able to state some of the challenges and benefits of working with other agencies.

Core Level Topic 17: Obtaining the views of the individual with an ASD

C17 K1 Knowledge
Knows: the rationale for gaining the views of the individual; current strategies and methods to gain these views; assessing and enhancing self concept; involvement of the individual in decision-making.

C17 S1 Skills
Is able to create a means of obtaining the views of individuals with ASDs and uses these in planning strategies and decision-making.

Core Level Topic 18: Positive report writing

C18 K1 Knowledge
Knows that it is important to share key information about an individual with other professionals and with his/her parents/carers. Such reports should contain positive statements about the individual’s strengths interests and skills.

C18 S1 Skills
Is able to analyse a report and comment on its likely impact on the family and the individual.

Core Level Topic 19: Developing social and emotional understanding

C19 K1 Knowledge
Knows that there is a need to increase the individual’s awareness of his/her own emotions and social behaviour in real situations; knows there is then a need to work on increasing the individual’s awareness of the emotions and responses of others, using different strategies.

C19 S1 Skills
Is able to gain the views of an individual with an ASD on an aspect of their life and use this to aid planning and decision-making.
C19 K2 Knowledge
Knows that those with ASDs can be taught some of the key social skills required and learn to use these, but recognises that even intellectually able individuals have great difficulty in adapting these if the situation changes slightly – or in understanding that different social contexts require different social responses.

C19 S2 Skills
Is able to design strategies to teach individuals with ASDs what is appropriate to do and to say in social situations.

C19 K3 Knowledge
Knows that those with ASDs experience and display a great range of emotions (as does any other individual), but that they often fail to recognise what they are feeling or the likely consequences or effects on others. Knows that individuals with an ASD are often unable to tell us how they are feeling emotionally, so they need to be taught and made aware of and given labels for their own emotions at the time these are experienced.

C19 S3 Skills
Is able to help the individual identify his/her own emotions in a situation and to gauge the depth of the emotion and then to use this knowledge to develop awareness of others’ emotions.

C19 K4 Knowledge
Knows that sexuality, and understanding what is appropriate sexual behaviour, will be problematic for individuals with ASD.

C19 S4 Skills
Is able to suggest how an individual might be supported in developing understanding of his/her own sexuality and appropriate sexual behaviour.

Core Level Topic 20: Development of communication

C20 K1 Knowledge
Knows that adults need to modify their communication style as well as their spoken and non-verbal language, to enable a child with ASD to understand them.

C20 S1 Skills
Is able to describe the key ways in which an adult might modify their communication when interacting with a child with ASD.

C20 K2 Knowledge
Knows that children with ASD need to be taught to develop effective communication with others.

C20 S2 Skills
Is able to consider how a child with ASD might be taught the purpose of communication and how they might be enabled to effectively interact with adults and children.

C20 K3 Knowledge
Understands that a child with ASD has to be provided with the means to communicate, a reason to communicate and the opportunity to communicate.

C20 S3 Skills
Is able to suggest how a family member or professional might provide opportunities to facilitate communication in a child with ASD.

C20 K4 Knowledge
Has knowledge of alternative forms of communication, other than speech (e.g. objects; photos; symbols; pictures) and how a child might be taught to use these.

C20 S4 Skills
Is able to ascertain which forms of communication a child with ASD might be able to use and has ideas on how to teach these to the child.
C20 K5 Knowledge
Understands that it is important for all people whom the child meets to understand and use the same system that the child understands and uses.

C20 S5 Skills
Is able to suggest how the different settings a child experiences during the course of a week can employ a common and consistent form of communication.

C20 K6 Knowledge
Realises that although some children with ASD have good expressive skills, their level of comprehension may not be at a similar level and that they may need help understanding what people say to them.

C20 K6 Skills
Can state the difficulties a child with good expressive skills can have with comprehension and suggest ways to aid their understanding.

C20 K7 Knowledge
Understands that even children with ASD who have quite good or very good speech and language skills may still require alternative forms to speech in different situations.

C20 S7 Skills
Is able to suggest ways in which a child with speech might use other means to make his or her needs known to others.

C21 K1 Knowledge
Knows a number of different ways to help an individual with an ASD relax (e.g. breathing exercises; massage; activities which de-stress) and can provide a means to ascertain their stress levels.

C21 S1 Skills
Is able to teach an individual with an ASD to do simple relaxation techniques to use in times of stress, and has ways of ascertaining the levels of stress in an individual.

Core Level Topic 22: Peer awareness

C22 K1 Knowledge
Knows the potential benefits of links with peers and the possible strategies and models to develop these.

C22 S1 Skills
Is able to consider which individuals might make effective friends for an individual with ASD and to design an intervention to foster this friendship.

Core Level Topic 23: Curriculum priorities in ASDs

C23 K1 Knowledge
Knows: that Individual Education Plans (IEPs) need to have targets written in the three areas of the triad; that there is a need to focus on the individual’s strengths and interests; that there is a need to consider life and leisure skills and personal and social education, including sex education, differentiation of teaching and learning styles and materials.

C23 S1 Skills
Is able to write a clear IEP stating the individual’s main needs arising from his/her ASD, which includes positive details in addition to targets to address.

Core Level Topic 24: Evaluation of the participant’s own practice

C24 K1 Knowledge
Knows a framework within which to consider his/her own practice in terms of understanding the rationale and aims of the work and how these compare to other interventions, strategies and practice elsewhere in terms of key components.
C24 S1 Skills
Is able to evaluate his/her own practice and to identify areas which might be enhanced by knowing how to assess outcomes and how to consider potential benefits and/or disadvantages of his/her way of working.

Core Level Topic 25: Information and Communication Technology

C25 K1 Knowledge
Knows about the potential benefits of computer and web technology for literacy, academic work, social networking, peer interaction and leisure.

C25 S1 Skills
Is able to identify some of the key ways in which ICT can be used in work with individuals with ASDs.

Core Level Topic 26: Deployment of staff – roles and responsibilities

C26 K1 Knowledge
Knows the issues involved in staff deployment and roles and responsibilities in ASDs.

C26 S1 Skills
Is able to analyse the deployment of staff within a situation and suggest ways of making this more effective.

Core Level Topic 27: Effective environments for individuals with ASDs

C27 K1 Knowledge
Knows how to analyse an environment in relation to key variables which include: the physical and sensory environment; the interactive style of the staff; parental involvement; the nature of demands made; differentiation; flexibility; individual programmes; the use of visual systems to make situations and activities clear.

C27 S1 Skills
Is able to analyse the environment of an individual with an ASD and the individual’s responses to this, with a view to changing aspects which may not be helpful.

Core Level Topic 28: Key areas of life affected

C28 K1 Knowledge
Knows that transition is an area which needs special attention in ASDs and that transition poses particular difficulty because the individual often does not know what s/he is moving on to – even when s/he has experienced the activity or session many times. Knows that transitions can be small (e.g. within a task) or large (change of class or school), but all need attention to check that the individual has the information and skills s/he needs.

C28 S1 Skills
Is able to assess the individual’s responses to the small and large transitions which occur during a week and to develop ways to address any problems.

C28 K2 Knowledge
Knows that relationships with others in the family and at school can be very difficult for both parties. Realises that specific strategies are necessary to help the individual know what to do and to help other people understand the individual with an ASD.

C28 S2 Skills
Is able to facilitate the interaction and understanding between the individual with an ASD and other people.

C28 K3 Knowledge
Knows that the times of day which do not have an obvious routine or where there is choice (e.g. breaks and lunchtimes) can be very problematic, as the individual with an ASD may literally not know what to do. Knows that a fixed choice is often
helpful with clear visual information of the activities and their sequence. Teaching the individual how to play with others is also a key strategy.

**C28 S3 Skills**
Is able to create systems which enable an individual with an ASD to be clear about what s/he is able to do in free choice times.

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**IV EXTENSION LEVEL TOPICS**

The Extension level is intended for professionals who are interested in exploring the rationale for their own practice more intensively and who have completed a Core level course or the equivalent. They may wish to update and advance their knowledge and skills. This requires independent working and a critical evaluation of their own practice and would involve lectures, workshops and reference material.

**Extension Level Topic 1: Diagnostic assessment and screening for ASD**

**E1 K1 Knowledge**
Knows about some of the main tools and procedures for ascertaining diagnosis and information on the main issues surrounding diagnostic practice, to include: parent/carer interview on early development; nature of diagnostic tools (e.g. ADI-R; ADOS; ASDI; DISCO); issues regarding tools for screening ASD (e.g. CHAT; M-CHAT; CAST).

**E1 S1 Skills**
Is able to state the main methods used in the diagnosis of ASDs, including the information the participant might provide on this. Is aware of the National Autism Plan for Children (2003) which sets out national guidelines for the identification, assessment, diagnosis and access to early interventions for pre-school- and primary school-aged children with ASDs.

**Extension Level Topic 2: Missed diagnosis and misdiagnosis in ASD**

**E2 K1 Knowledge**
Knows of case study material to illustrate situations where individuals with ASD have been misdiagnosed with a different condition or have not been diagnosed until late childhood or adulthood.

**E2 S1 Skills**
Is able to list the factors which might lead to misdiagnosis or to professionals not recognising ASD.

**Extension Level Topic 3: Potential benefits and issues in having the diagnosis**

**E3 K1 Knowledge**
Knows about the potential benefits to the individual and the family of having the diagnosis and some of the potential issues which arise.

**E3 S1 Skills**
Is able to analyse the potential benefits and/or disadvantages to an individual known to them.

**Extension Level Topic 4: Sharing the diagnosis with the individual and/or with classmates/peers**

**E4 K1 Knowledge**
Knows of current strategies to share the diagnosis with the individual and with classmates or peers, together with the issues arising.

**E4 S1 Skills**
Is able to analyse the potential issues in sharing the diagnosis with the individual with an ASD and/or his classmates/peers and ascertain how this might be done.

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Extension Level Topic 5: Other conditions which may co-exist with ASD

E5 K1 Knowledge
Knows about conditions which co-exist with ASD and which appear to be more prevalent in ASD (e.g. epilepsy; general cognitive impairment; dyslexia and hyperlexia; dyspraxia; depression; anxiety).

E5 S1 Skills
Is able to explore further whether an individual with ASD has any co-existing condition.

Extension Level Topic 6: Psychological theories in ASD and implications for practice

E6 K1 Knowledge
Knows about the main, current psychological theories, their evidence base and the implications for practice (to include: theory of mind; central coherence; executive functioning; intersubjectivity; monotropism).

E6 S1 Skills
Is able to summarise briefly each of the main theories and state their implications for practice.

E6 K2 Knowledge
Knows that some researchers suggest individuals with ASD are ‘mind blind’ and are unable to read the thoughts and intentions of others, which could then account for their failure to engage in appropriate social encounters with other people. Knows that other researchers feel that it is only individuals with an ASD who need a theory of mind (TOM), that is, they have to work out consciously what others might be thinking and wanting, whereas typically developing individuals can do this almost subconsciously.

E6 S2 Skills
Is able to give examples which support the TOM theory in individuals with ASDs known to them and the implications for practice.

E6 K3 Knowledge
Knows that adults with ASDs sometimes report they have problems with recalling, organising and planning their thoughts and actions – often termed executive functioning problems. Knows that this suggests that regions of the brain are connected differently and that they may have to use different (and possibly slower) routes to process and act on information. Research using brain imaging techniques is helping to give evidence on this.

E6 S3 Skills
Is able to give examples which illustrate problems in executive functioning in individuals with ASDs known to them and the implications for practice.

E6 K4 Knowledge
Knows that those with ASDs often seem to focus on detail and have problems in grasping the whole picture or the gist of a story or scene. Knows that Uta Frith sums this up as weak central coherence.

E6 S4 Skills
Is able to give examples which suggest individuals with ASDs have weak central coherence or are detail-focused with reference to individuals with ASDs known to them and the implications for practice.

E6 K5 Knowledge
Knows about Hobson’s views, in his book, Cradle of Thought, which suggests that typical babies are born with the ability to read and make sense of their parents’ communication and so develop social and emotional understanding from these early dialogues. Knows that individuals with ASDs appear not to be neurologically ‘hard-wired’ to do this and are not able to make sense of these dialogues. As a result, their understandings and skills do not develop and they may actively avoid interactions with others.

E6 S5 Skills
Is able to compare the responses of a typically developing child and those of a young child with an ASD and list the differences and similarities.
Extension Level Topic 7: Differences in attention and attention shifting

E7 K1 Knowledge
Knows there is evidence which suggests that those with ASDs are not able to multi-task and attend to several activities or sources of information at once, but instead are single channelled (monotropic). The latter can be a strength in certain contexts and some individuals with ASDs can become very knowledgeable and skilled as a result of focusing much of their time and attention on a single subject. Knows, however, it also causes difficulty for them in situations or activities which call for fast shifts of attention or require fleeting attention to several stimuli at once (e.g. cooking; group work; riding a bike).

E7 S1 Skills
Is able to give examples of what individuals with ASDs do which suggests they may be single-channelled with reference to individuals with ASDs known to them and the implications for practice.

Extension Level Topic 8: Analysis of verbal and non-verbal communication using formal and informal measures

E8 K1 Knowledge
Knows of strategies, instruments and ideas on how to assess an individual’s communication skills and the strengths and weaknesses of these.

E8 S1 Skills
Is able to make an analysis of the communication of an individual with an ASD and to make recommendations on the basis of this.

Extension Level Topic 9: Analysis of social inclusion and understanding

E9 K1 Knowledge
Knows about the nature of the difficulties in ASDs in social understanding and how this differs fundamentally from the problems experienced by individuals with other types of disability.

E9 S1 Skills
Is able to analyse the social interaction and networks of an individual with an ASD and consider how s/he might be supported.

E9 K2 Knowledge
Has knowledge of strategies that may be effective when working with groups or an individual in trying to develop their understanding of sexuality and appropriate sexual behaviour.

E9 S2 Skills
Is able to design and deliver an intervention which aims to promote the understanding of the individual in the area of sexuality and relationships.

Extension Level Topic 10: Current named interventions and strategies in ASD

E10 K1 Knowledge
Knows how to implement some or all of the key components of one or more current, named interventions/strategies which are likely to be useful with the individuals with whom they work/live (e.g. Buddy system; Circle of Friends; Communication system using objects, pictures, photos; Social Stories; TEACCH).

E10 S1 Skills
Is able to implement the main components of one or more relevant, named interventions with an individual with an ASD.

Extension Level Topic 11: Assessment of the needs of families and selection of appropriate systems of support

E11 K1 Knowledge
Knows about the diversity of needs across families with children with ASDs, and how these might be ascertained and addressed.
E11 S1 Skills
Is able to offer a range of options to meet the varying needs of families over time and to show flexibility and sensitivity in addressing their needs.

Extension Level Topic 12: Cognitive behaviour therapy with able individuals

E12 K1 Knowledge
Knows the key principles of cognitive behaviour therapy (CBT) and the individuals it might help.

E12 S1 Skills
Is able to use some of the principles of cognitive behaviour therapy in their work and to refer individuals on to relevant agencies if CBT might help.

Extension Level Topic 13: Mental health issues

E13 K1 Knowledge
Knows the relationship between quality of life and the occurrence of anxiety, depression and low self-esteem, in particular what makes a difference to a particular individual in the way others respond.

E13 S1 Skills
Is able to ascertain the emotional well-being of an individual with an ASD and the factors which contribute to that and to be able to recognise possible symptoms of depression and anxiety disorders.

Extension Level Topic 14: Evaluation of interventions and practice

E14 K1 Knowledge
Knows: the complexities in evaluating outcomes and process; the selection of measures; issues of measurement; views of different stakeholders; issues relating to the heterogeneity of the ASD population.

E14 S1 Skills
Is able to design an evaluation of practice which takes account of the main issues and factors involved.

Extension Level Topic 15: Fostering advocacy and assertiveness for the individual with an ASD

E15 K1 Knowledge
Knows some of the ways in which individuals might be encouraged to become more assertive and to participate in planning and decision-making.

E15 S1 Skills
Is able to enable an individual with an ASD to become more assertive and more involved in decision-making.

Extension Level Topic 16: Fostering a ‘joined up’ approach with effective collaborative working and links across provision

E16 K1 Knowledge
Knows and understands how different agencies link up and communicate on a local, regional and national basis to meet the needs of individuals and families with ASDs.

E16 S1 Skills
Is able to obtain and share information with relevant agencies involved with individuals with ASD and their families.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
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<tr>
<td>ADI-R</td>
<td>Autism Diagnostic Instrument - Revised</td>
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<tr>
<td>ADOS</td>
<td>Autism Diagnostic Observation Schedule</td>
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<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder</td>
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<tr>
<td>ASDI</td>
<td>The Asperger Syndrome (and high-functioning autism) Diagnostic Interview</td>
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<tr>
<td>CAST</td>
<td>Childhood Asperger Syndrome Test</td>
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<tr>
<td>CBT</td>
<td>Cognitive Behaviour Therapy</td>
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<td>CHAT</td>
<td>Checklist for Autism in Toddlers</td>
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<td>CPD</td>
<td>Continuing Professional Development</td>
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<td>DfES</td>
<td>Department for Education and Skills</td>
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<td>DISCO</td>
<td>Diagnostic Interview for Social and Communication Disorders</td>
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<td>DoH</td>
<td>Department of Health</td>
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<tr>
<td>FREDa (WM)</td>
<td>Forum for Regional Educational Development, Autism (West Midlands)</td>
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<td>National Initiative for Autism Screening and Assessment</td>
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<tr>
<td>NSF</td>
<td>National Service Framework</td>
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<tr>
<td>PDD-NOS</td>
<td>Pervasive Developmental Disorder, Not Otherwise Specified</td>
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<tr>
<td>PECS</td>
<td>Picture Exchange Communication System</td>
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<tr>
<td>SEN</td>
<td>Special Educational Needs</td>
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<tr>
<td>TEACCH</td>
<td>Treatment and Education of Autistic and related Communication-handicapped Children</td>
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<tr>
<td>TOM</td>
<td>Theory of Mind</td>
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## Appendix 2

### Recording Grids

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<tr>
<th>Topic Type</th>
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<td>F1 – F15</td>
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<td>Extension Topics</td>
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<td>E1 – E16</td>
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## Pre-Foundation Topics

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<th>Topic</th>
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<tr>
<td>PF1: Learning difficulties and disabilities (LDD)</td>
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<td>PF1 S1</td>
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<tr>
<td>PF2: The response of and respect from other people to LDD</td>
<td>PF2 K1</td>
<td>PF2 S1</td>
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<tr>
<td>PF3: Perspective of individuals with an LDD</td>
<td>PF3 K1</td>
<td>PF3 S1</td>
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<tr>
<td>PF4: Basic strategies in creating an LDD-friendly environment</td>
<td>PF4 K1</td>
<td>PF4 S1</td>
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<tr>
<td>PF5: Key features of ASDs</td>
<td>PF5 K1</td>
<td>PF5 S1</td>
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<td>PF6: Diversity</td>
<td>PF6 K1</td>
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<tr>
<td>PF7: Impact of LDD/ASDs on parents and families</td>
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<tr>
<td>PF8: Knowledge and information</td>
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<td>PF8 S1</td>
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## Foundation Topics

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<th>Foundation Topics</th>
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<td><strong>F1: Key features of ASDs</strong></td>
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<td><strong>F2: Implications</strong></td>
<td>F2 K1</td>
<td>F2 S1</td>
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<tr>
<td><strong>F3: Development of communication</strong></td>
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<tr>
<td><strong>F4: Development of social and emotional understanding</strong></td>
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<td><strong>F5: Developing flexibility of thought and behaviour</strong></td>
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<td><strong>F6: Sensory issues</strong></td>
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<td><strong>F7: Transitions</strong></td>
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<td><strong>F8: Independence training</strong></td>
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<td><strong>F9: Understanding, involving and informing parents/carers</strong></td>
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<td><strong>F10: Current interventions and strategies</strong></td>
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<td><strong>F11: Educational placements</strong></td>
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<td><strong>F14: Adults with ASDs</strong></td>
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<tr>
<td><strong>F15: Creating effective environments</strong></td>
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### Core Topics

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<th>Topic</th>
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<td>C1: Key features of ASDs</td>
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<td>C3: Co-existing conditions</td>
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<td>C4: Implications of ASDs</td>
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<td>C5: Features of the main subgroups</td>
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<td>C6: Psychological theories</td>
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<td>C7: Sources of information on ASDs for a particular individual</td>
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<td>C8: Developing effective links and collaboration with parents/carers and families</td>
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<td>C11: The role of diet and medication in ASDs</td>
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<td>C12: Local, regional and national policy and guidance on ASDs</td>
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<td>C13: Assessment for intervention</td>
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<td>C14: Rationale for inclusion with typically developing peers</td>
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<td>C15: Current legislation and guidance</td>
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<td>C17: Obtaining the views of the individual with an ASD</td>
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## Extension Topics

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<td>E10: Current, named interventions in ASD</td>
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<td>E12: Cognitive behaviour therapy with able individuals</td>
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<td>E16: Fostering a ‘joined up’ approach with links across provision</td>
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Topics that link across Levels:

**Key Features of ASDs** PF5 + F1 + C1

**Implications** F2 + C4

**Development of Social and Emotional Understanding** F4 + C19 + E9

**Parents/carers and Family needs** PF7 + F9 + C8 + E11

**Policy and Guidance** C9 + C12 + C15

**Interventions and Strategies** PF4 + F10 + C10 + E10 + E14

**Creating effective environments** PF4 + F15 + C27
appendix 3
references for ASD training framework
References for the ASD Training Framework

These references have been grouped under topic areas. They have been annotated to suggest at which level they are most useful.

Some books, journal articles and resources are useful for many different topics and have therefore been grouped together under the heading General (ASD) References.

GENERAL REFERENCES


Good Autism Practice Journal (www.goodautismpractice.com)
This journal is published by BILD and contains articles on good practice in ASDs in relation to both children and adults. Articles are written by parents, by professionals in health, education and social services and by individuals with an ASD themselves. For subscription details, you can write to Pam Mazurek, BILD, Campion House, Green Street, Kidderminster, DY10 1JL or email her on: p.mazurek@bild.org.uk

1 ADULTHOOD


Howlin, P. (2000) Outcome in adult life for more able individuals with autism or Asperger syndrome, Autism, 4, 1, 63-83 (Core and Extension)


Smith Datlow, M. D. et al. (1995) A guide to successful employment for individuals with autism, Baltimore, MD: Brookes (Core and Extension)

2 ASPERGER SYNDROME


Hall, K. (2001) Asperger syndrome, the Universe and everything, London: Jessica Kingsley (Foundation and Core)


NAS (2000) What is Asperger syndrome and how will it affect me? London: NAS (Foundation)
Segar, M. (1996) *Coping: a survival guide for people with Asperger syndrome*, Nottingham: Early Years Centre or the National Autistic Society *(Foundation and Core)*


### 3 COMMUNICATION AND LANGUAGE


### 4 CO-EXISTING CONDITIONS


### 5 DIAGNOSIS, IDENTIFICATION AND SCREENING


Wing, L. (1996) Autistic spectrum disorders: no evidence for or against an increase in prevalence, *British Medical Journal*, 312, 327-8 (Extension)
6 EDUCATION AND INCLUSION


Broderick, K. and Mason-Williams, T. (2005) (Eds) Transition toolkit, Kidderminster: BILD (Foundation and Core)

Casey, J. (2002) Changing schools: A PSE programme for pupils transferring to a new school, Bristol: Lucky Duck (Foundation and Core)

Demain, C. and Hurst, L. (2004) Success into secondary: supporting transition with Circle Time, Bristol: Lucky Duck (Foundation and Core)


Rae, T. (2001) Strictly stress, Bristol: Lucky Duck (Core and Extension)

Scholl, C. and Dancyger, F. (2005) Transition pathway toolkit (email: transitionpathwaypartnership@yahoo.co.uk) (Foundation and Core)


7 EVALUATION OF PRACTICE AND INTERVENTIONS


### 8 INTERVENTIONS AND STRATEGIES


Harris, S. L. and Handleman, J. S. (1994) *Preschool education programs for children with autism*, Austin, TX: Pro-Ed (Core and Extension)


9 MEDICAL AND BIOLOGICAL ASPECTS


Whitely, P. and Shattock, P. (1997) *Guidelines for the implementation of a gluten and/or casein free diet with people with autism and associated disorders*, Sunderland: Autism Research Unit, Sunderland University (Extension)
10 MENTAL HEALTH ISSUES


Rae, T. (2000) Confidence, assertiveness self-esteem, Bristol: Lucky Duck (Core and Extension)


Harris, S. L. (1994) Siblings of children with autism, Bethesda, M D: Woodbine House (Foundation and Core)


Mental Health Foundation (2001) All about autistic spectrum disorders: a booklet for parents and carers, London: Mental Health Foundation (cost £2.00 from the Foundation for Learning Disabilities, 20/21 Cornwall Terrace, London, NW1 4QL) (Foundation and Core)


West Midlands SEN Regional Partnership (2004) ASD Parent Information Pack, West Midlands SEN Regional Partnership, See www.westmidlandsrscp for contact details (Pre-foundation, Foundation and Core)

11 PARENTS, CARERS AND FAMILIES


Davies, J. (1995) Children with autism: a booklet for brothers and sisters, Nottingham: Early Years Centre (Foundation and Core)

Davies, J. (1995) Children with Asperger syndrome: a booklet for brothers and sisters, Nottingham: Early Years Centre (Foundation and Core)


West Midlands SEN Regional Partnership (2004) ASD Parent Information Pack, West Midlands SEN Regional Partnership, See www.westmidlandsrscp for contact details (Pre-foundation, Foundation and Core)
12 PERSPECTIVE OF THOSE WITH ASDs
DeClerq, H. (2000) Mum, is that a human being or an animal? London: Whurr (Core and Extension)

13 SENSORY ISSUES

14 SOCIAL AND EMOTIONAL UNDERSTANDING AND INTERPERSONAL RELATIONSHIPS
Rae, T. (2004) Emotional survival: an emotional literacy course for high school students, Bristol: Lucky Duck (Core and Extension)
Rudd, E. (2003) Talking is for teens: emotional literacy for Key Stages 3 and 4, Bristol: Lucky Duck (Core and Extension)


London: Jessica Kingsley (Core)

15 SUBGROUPS WITHIN THE SPECTRUM


Gagnon, L., Mottron, L. and Yves, J. (1997) Questioning the validity of the semantic pragmatic syndrome diagnosis, Autism, 1, 1, 37-55 (Extension)


16 UNDERSTANDING BEHAVIOUR


Dickinson, P. and Hannah, L. (1999) *It can get better; a guide for parents*, London: NAS (Foundation and Core)

Hymans, M. (2003) *Think before you act*: thinking skills and behaviour improvement for 9 to 16 year-olds, Bristol: Lucky Duck (Foundation and Core)


17 USEFUL WEBSITES

www.autismwestmidlands.org.uk  autism.west midlands, 18 Highfield Road, Edgbaston, Birmingham, B15 3DU

National Autistic Society (Office: 020 7833 2299; Helpline: 020 7903 3555)

Email: nas@nas.org.uk; website: http://www.nas.org.uk

National Centre for Autism Studies in Scotland www.strath.ac.uk/autism-ncas

Autism Cymru – national organisation for services to children and adults in Wales www.autismcymru.org


www.blacksheep-epress.com (for the Talking About...Secondary School Pack)

www.teachernet.gov.uk/sen - website for the DfES/special educational needs

www.treehouse.org.uk – national charity for autism education

www.westmidlandsrcp.org.uk – the website for the West Midlands Regional Partnership

www.teachernet.gov.uk/sen - Department for education and skills’ web-site; information on special educational needs

18 ADDRESSES FOR CDS, DVDS AND VIDEOTAPES

▷ Videotape: Asperger Syndrome, crossing the bridge, – Liane Holliday Willey talking to Tony Attwood: Michael Thompson Production MTPRO.NET (Core)

▷ Videotape: Autism: in introduction, available from Rathgael House, 43 Balloo Rd, Bangor, Co Down, Northern Ireland BT19 7PR (Foundation)

▷ DVD on inclusion of children with an ASD in primary settings (Birmingham City Council) from Action for inclusion, Room 329, Council House Extension, Margaret St, Birmingham, B3 3BU (£19.99) (Core and Extension)

▷ Supporting Pupils with ASD in Mainstream Secondary Schools (2005) DVD + CD- Rom (Birmingham City Council) - £29.99 See address above (Core and Extension)

▷ An ASD Toolkit for Teachers (2005). Includes over 200 reusable resources, over 60 strategies and more than 40 videos and personalised pupil record tools. Warwickshire CD-Rom: Available from Jane Carter, DISCS, Kingsway Primary School, Baker Avenue, Leamington Spa, CV31 3HB (£19.99) (Core and Extension)

▷ ‘In OTHER words’ video (augmentative communication for children with autism and learning difficulties) 22 minutes from: University of Leiden, Dept of Childcare and Special Education, PO Box 9555, 2300 RB Leiden, Netherlands (Core and Extension)

▷ UCL CD for Educational Psychologists on ASDS (cost £50) from Educational Psychology Group, University College London, 26 Bedford Way, London, WC1H 0AP (Extension)

▷ A is for Autism (1993) (available from the NAS) (11 minute film of animations to show the perspective and behaviours of those with ASDs (Foundation and Core)

▷ Ages of autism (available from the NAS) shows children and young people with ASDs at different stages of their life and considers housing and employment (Foundation and Core)
> Approaches to autism (1997) (available from the NAS) 60 minute video to show 5 approaches in ASDs (Auditory integration; Daily Life Therapy; Lovaas programme; TEACCH; Facilitated Communication) (Core)

> Autism Awareness (2000) a 40 minute video for health professionals to show the key features of autism (from Professor Ann LeCouteur, Nuffield Unit, Newcastle on Tyne (approx £20) (Core and Extension)

> Building bridges: supported employment (available from the NAS) (30 minute video showing the work experiences of 3 young people with ASD) (Foundation and Core)

> Picture Exchange Communication System (approx. £32, available from www.pecs.co.uk) shows the rationale for PECS and how the first stages are taught (Core)

> Aiming High (2003) – available from the South West Regional Partnership (www.sw-special.co.uk) – 23 minute video aimed at parents of children with an ASD providing them with information on good practice in supporting children in inclusive settings, based on the principles identified in the DfES/DoH Autism Good Practice Guidance (Foundation)

> Understanding Christopher (2005) – a 32 minute DVD giving an insight into the challenges that can face a young person growing up with Asperger Syndrome – West Sussex County Council and the South East Regional Partnership – see www.sersen.uk.net for details (Foundation and Core)
## Group Membership and Acknowledgements

### West Midlands Regional Partnership

#### ASD Policy Working Group Membership

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We would also like to thank the following people who have contributed to the development of the Framework:

Ian Attfield, Sandwell Autism Development Officer, Autism West Midlands; Kevin Baskerville, Autism Inclusion Co-ordinator, Warwickshire LA; Julie Birchall, Head of Autism Outreach Support Services, Staffordshire LA; Birmingham Communication Difficulties/Autism Team; Steve Broach, Head of Public Affairs, TreeHouse; Virginia Bovell, Associate Director, TreeHouse; Mike Collins, Education Advisor, National Autistic Society; Jayne Corns, SEN Consultant, Telford and Wrekin LA; Ann Diprose, Learning Services Manager, British Institute for Learning Disabilities; Sue Hatton, Training Manager, Autism West Midlands; David Martin, Solihull Autism Services Development Manager, Autism West Midlands; Neil Martin, TreeHouse; Jenny Maygood, ASD Teacher, Woodlands Outreach, Shropshire; Nik Morgan, Manager of ASD Family Support Service, Birmingham LA; Lynne Owen, SEN Consultant, Shropshire LA; Rob Rogers, Advisory Teacher, Education Walsall; Margo Sharp, Speech and Language Therapist, Parkview Clinic, Birmingham; Jane Stanfield, Special Needs Co-ordinator, Solihull Special Needs Active Partnership; Joanne Tasker, Pupil Support Manager, Dudley LA; Lee Vince, Social Worker, Birmingham SC/CAMHS; Shauna Walsh, Speech and Language Therapist, Worcestershire PCT; David Ward, Parent Support, Special Needs Action Partnership, Solihull; Liz Wassall, Speech and Language Therapist, Walsall PCT; Sara Wolczek, Sandwell ASD Development Officer, Autism West Midlands; Linda Woodcock, Family Services Manager, Autism West Midlands.