



## Section 2 Training

**A Report on the Training Needs of Carers and Professionals who support Children/Young People with an Autistic Spectrum Disorder within the West Midlands, including a Directory of Existing Training Opportunities**

**West Midlands  
SEN Regional Partnership**

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## Section 2 Training

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# Training

## 1. Foreword

A key element of the Government's 'Action Programme: Meeting Special Educational Needs' (DfEE, 1998) is a focus on teachers' continuing professional development. The Programme states that the Government is '*committed to ensuring that all teachers have the training and support they need to do their job well and are confident to deal with a wide range of special educational needs.*'

Recent figures on the incidence of autistic spectrum disorders suggest that it is highly likely that most schools will have at least one pupil on the autistic spectrum. It is of interest that research conducted by Birmingham University on behalf of MENCAP reported that 60% of teachers have no specialist SEN qualification and that 20% of those that do, are over 50 years of age. If this is not addressed, there is likely to be a significant skills gap, which will challenge the Government's 'inclusion' agenda for all pupils with special needs and not just those with an autistic spectrum disorder.

It is generally accepted that training is the key to the successful placement of children and young people with autistic spectrum disorders (ASDs). An excellent teacher or support assistant with no formal, specialist training may be able to work with a pupil with an ASD but to really understand how that pupil thinks and learns, they will need a sound background knowledge of autism. Teachers and Learning Support Assistants (LSAs) need to know how to develop pupils' communication, interaction and flexible thinking/behaviour and to also understand why they are working in a particular way with an individual child. In addition, other members of staff (administration, mid-day supervisors and drivers and escorts), need a general level of awareness of ASDs to enable them to respond appropriately to individual pupils.

This report has therefore taken the concept of training as a requirement for all of those who come into daily contact with children and young people with an ASD and not solely parents/carers and teachers.

## **2. Terms of Reference**

To produce costed proposals to the pilot region's Local Education Authorities (LEAs) and other agencies for the training of teachers and parents to support and complement the proposals for provision, and recommendations on collaborative mechanisms to implement these proposals.

## **3. Summary and Key Recommendations**

There appears to be a growing awareness of the special needs of children and young people with autistic spectrum disorders throughout the West Midlands. Several authorities have employed specialist teachers who are able to raise staff awareness of ASDs in schools and colleges. Other staff (teachers and LSAs), have attended courses run by specialists in their own authorities or by Institutions of Higher Education/Voluntary agencies.

There is a danger, however, that attendance on a short-course on autism is seen as adequate training and that knowledge of one approach will meet the needs of all pupils with an ASD. No one approach, however, will be suitable for all pupils with an ASD and staff need to be able to adapt their knowledge and skills to suit the individual pupil and situation. If staff are unable to do this, then they will need to be able to draw upon the knowledge and expertise of a specialist teacher or educational psychologist.

### **Main Findings**

- The West Midlands region boasts some excellent training facilities, all offering courses/sessions regarding ASDs. Voluntary agencies also run training courses for staff although most staff training is 'in-house'. There is variation in the quality of courses offered although this can be counteracted by courses being accredited by Institutes of Higher Education where there is ASD expertise.

- Many LEAs do not keep central records of staff training and it is therefore, often difficult to know which schools/staff have any knowledge/expertise in autistic spectrum disorders.
- An understanding of autistic spectrum disorders is essential when working with children and young people with an ASD. A minimum requirement for all staff who work with children and young people on the autistic spectrum is a basic knowledge of the triad of impairments and their educational implications. Effective training is vital to “help allay fears and increase expertise” within schools and support services themselves.
- Staff (schools and support services) are keen to share expertise and ways of working and benefit from regional forums where this can occur.
- Independent schools would welcome closer collaboration with the maintained sector and some could provide valuable sources of additional specialist training for the region.
- Close links between education, social services and health are important for any joint training initiatives.
- Quality time is not commonly made available to either receive or to deliver training. Courses are often offered as twilight sessions which means that all those involved are tired and not at their best. Participation in these types of courses demands self-discipline, self-motivation and utilisation of staff’s own time and these factors restrict take-up of courses.
- Special school heads are concerned that off-site training does not easily generalise into changes in classroom practice and that procedures for cascading new skills throughout the school are complex to construct. Special school heads therefore advocate the development of an ASD-specific package based on the NVQ model that could be used by in-school trainers.
- In smaller LEAs, courses are often focussed predominantly on mainstream school populations.

- Qualifications do not automatically provide a basis for career progression or access to higher education and professional training, consequently there is little incentive in terms of pay or career opportunities to encourage staff to pursue further training.
- There is a wide variance in allocation of standards funding between LEAs. Standards funding for training is directed towards curriculum development/pupil improvement and not towards named disabilities such as autistic spectrum disorders. This makes budgeting for ASD specific training difficult.
- Restraint training is still an outstanding and very significant issue within special schools. The issue affects schools' ability to meet the needs of those pupils with an ASD who present challenging behaviours. Consequently many of these pupils are admitted to relatively very expensive independent/non-maintained special schools, often on a residential basis.
- Training across the region is of variable quality – some authorities do not have the specialism to deliver in-house training.
- Families are eager to engage in any training that will increase their ability to understand and support their children, but very few have access to this form of support. Nearly all of the carers, who responded to a regional Carers' Questionnaire stated that they had not received any kind of formal training.
- Nearly half of those families who had received training had to fund it themselves. An overwhelming majority of carers felt that the training they received had been helpful, although there was some criticism that the training was not followed up to reflect changing needs.
- Behaviour management is the major source of stress for carers of children with ASDs. Carers emphasised a desperate need for support in developing their skills in managing their child's behaviour.
- Over a third of parents/carers across the region lack awareness of the level of training and specialist knowledge available in their child's school. This lack of

information consequently reduces their confidence in the school's ability to meet need.

- A large percentage of carers felt that there was a general awareness of autistic spectrum disorders within their child's placement.

## **Recommendations**

- It is essential that LEAs have a strategic plan for training all staff who work with pupils with an ASD, which is incorporated into their policy on the education and support for children, young people with autism and their families. Ideally policies should include a commitment to share expertise across the region as a whole, in order to promote regional collaboration and the dissemination of good practice.
- A regional policy on training that links into multi-agency planning needs to be devised. The policy should have a clear structure that will provide a comprehensive means of identifying local training needs beginning with elected members through to highly specialist personnel in health and education. The use of a model such as PAK (Practice, Awareness, Knowledge) would highlight gaps in awareness, knowledge and practice into which different skill levels of personnel can be matched by appropriate training. (See appendix t1 for PAK model).
- A regional working group needs to be commissioned to develop a specialist introductory course for those teachers and Learning Support Assistants who work with pupils on the autistic spectrum. This course would cover all of the 'Extension Standards' necessary to work with pupils on the autistic spectrum as described by the Teacher Training Association Standards, TTA Standards – National Special Educational Needs Specialist Standards (Dec. 99). The course would then be available on a regional basis, as core training on ASDs and delivered by local multi-agency teams, or alternatively -

- A teacher/trainer with responsibility for ASD training across the region could be employed. This person's sole remit would be to deliver ASD-specific training on a regional basis. It would be intended to deliver training to a multi-agency audience thereby making it appropriate for the post to be jointly funded by health, social services and education. It is a priority that tier 1 health professionals are ASD aware. Section 31A of the Health Act may be used to access pooled funding.
- LEAs could be invited to join the newly created Forum for Regional Education Development (FRED) established through the Regional Health Authority, to advise on and commission training across the health/social care divide. This forum would then provide an opportunity to include educational professionals in joint training initiatives and promote multi-agency working.
- The needs of children and young people with autism are diverse and no one training package will be able to fully meet those needs. A wide-ranging menu of training should be made available across the region.
- It is essential that accurate data is available regarding the knowledge base and expertise in ASDs within schools and pre-school provision in the region. This information must be regularly up dated so that it is current and accurate. Individual LEAs should conduct a skills audit, which will provide the basis for a regional database on current skill levels and training needs. This would inform regional planning and provide a tool for training providers to identify ongoing training needs.
- All provisions (support services, nurseries and schools) should keep a database, (developed within the constraints of the Data Protection Act) which details the knowledge and experience of the staff in relation to ASDs. Ideally this would include a record of training, which distinguishes between professional development courses that lead to qualifications, and one day, or short course, attendance. This information would provide a tool on which to market services and increase parental confidence in a local provision.

- A compulsion to enrol on accredited HE courses should be a criterion in the selection of key staff requiring ASD expertise. For existing key teaching and advisory staff, who have not acquired a specialist qualification, priority should be given to encouraging them to enrol on an appropriate course.
- The national network of advisory teachers (Autism) which is facilitated by the West Midlands Autistic Society (WMAS), would be strengthened if it was supported by all LEAs. In addition, members from the West Midlands would benefit from developing a sub-group that would link into any regional, multi-agency, ASD training teams that may exist or emerge. The regional network could act as a Forum to share good practice, where packages/resources are developed.
- Specialist support staff need to have time allocated to keep up to date with new methods of teaching and supporting children with an ASD. Time ought to be made available to share good practice across the region e.g. visits to other schools/ authorities/services as part of their continuing professional development.
- There needs to be Continuing Professional Development for LSAs on the subject of ASDs. This could be through locally run courses that are accredited by an HE facility with ASD expertise. LSAs need a progressive career structure and should be given support for open learning opportunities to gain at least Level 1 (HE) qualifications in ASDs. LSAs supporting pupils with an ASD should be required, through their contract of employment, to complete a level of minimum training that is delivered to a common regional standard.
- Staff should have initial training in ASDs as a precursor to attending ASD 'approach-specific' short courses.
- A rolling programme across the region for ASD awareness raising should be prioritised across all pre-school provision and schools.

- Ideally there should be a component of ASD awareness raising in initial teacher training courses, but if not, this could be included in courses run for newly qualified teachers in each authority. All teachers need to have at least an understanding of the triad of impairments in autism and the potential implications for teaching.
- ASD awareness needs to be included within induction programmes for any new LEA Officers (SEN), who may be involved in the decision making process for children and young people with an ASD, or who have direct contact with families in terms of offering help/advice. This may also be appropriate for some officers already in post, who lack confidence in their knowledge of autistic spectrum disorders.
- Whilst performance indicators for school improvement and raising standards focus on the national curriculum e.g. literacy, creative methods of funding initiatives for school improvement against a specific disability should be explored.
- Quality time needs to be identified to deliver training courses. It should be recognised that staff are resistant to giving up evenings and weekends.
- Opportunities to access training on a flexible, local basis need to be identified e.g. distance learning, video and on-line training.
- Participation in a training and support programme such as the Early Bird programme or 'HELP' (see appendices t2 and t3) should be offered to all families, following the identification of an autistic spectrum disorder.
- Training for families must be on-going as individual needs change according to age and circumstances – All authorities should offer a variety of training courses for parents/carers in the management of ASDs which are delivered by a multiagency team.

- There is a need for siblings' workshops to be set up within easy travelling distance of home – it would be appropriate for the voluntary sector to respond to this challenge in partnership with local Parent Support Groups and Parent Partnership Services. They would play a major role in organising and running the workshops as well as supporting hosts by providing advice on agendas/speakers etc.
- A database of parents/carers' training needs should be compiled on a voluntary basis (a form could be included in an information pack). This would enable targeted training to be set up and advertised via a postal mailing list - this could be done by any, or all of the voluntary agencies working in partnership.
- The regional Training Directory should be regularly up-dated (at least annually) and be made available to all staff.
- As a pilot to SEN training more generally, a co-ordinated regional website on ASD training could be produced to complement the Directory. The site might provide up-to-date information on training opportunities that are open to school staff and parents/carers throughout the West Midlands region. Opportunities will include those offered by the voluntary sector as well as formal training courses.
- The website could be further supported by a "Web-Wise" pack of information on autistic spectrum disorders. This would double up as a training resource for schools and parents/carers.

## **4. Staff training**

The West Midlands is fortunate in having some excellent training facilities within the region all offering courses/sessions regarding ASDs e.g. the University of Birmingham, Worcester College and the British Institute of Learning Disabilities (BILD).

Voluntary bodies such as the West Midlands Autistic Society, the National Autistic Society and Afasic, also offer a variety of training courses ranging from awareness raising sessions and one-day workshops, to a modular course run by the WMAS and accredited by Worcester College. One Independent school also offers training in the region in the form of one-day workshops and employs the only qualified TEACCH tutor in the country.

Most training in the region, however, is 'in-house'. A survey of training across the 14 West Midlands LEAs, found that there are courses/sessions being offered by a variety of professionals to school staff in a bid to raise awareness of ASD and these are often followed up by more detailed sessions. Some courses run by Educational Psychologists or specialist staff, have been accredited by Worcester College, details of which can be found in the Training Directory for the West Midlands. (See end of Section 2).

The Directory of training was collated from responses by Educational Psychologists, Support Services, Inspectors/Advisors and Education Officers regarding the training for staff working with children/young people with an ASD. Some services have developed specific courses or packages for staff and some would be willing, in theory, to 'open up' their training to neighbouring authorities. A major barrier to this, however, is time.

## 5. Support staff

The views of the specialist support staff currently supporting pupils with an ASD within the West Midlands, were sought through a regional workshop. During a professional debate on their aspirations for training and professional development the following points were agreed:

- ◆ Effective training is vital to “help allay fears and increase expertise” within schools and support services themselves.
- ◆ Sharing of expertise and ways of working were seen as high priorities as well as having time to develop and deliver training packages. Comments included:

*“It is important to be able to keep up to date regarding ways of teaching and supporting children with ASDs with special regard to approaches for ASDs and to have time allocated to visit environments where these approaches are happening.”*

*“A Forum to share good practice should be available where packages/resources could be developed.”*

- ◆ Close links between social services/and health are necessary if we are to develop joint training initiatives.
- ◆ There should be consistent information in all schools regarding ASDs as well as training for all generic and specialist support service members. (One participant felt that all support service teams should have TEACCH training).
- ◆ An understanding of autistic spectrum disorders is essential when working with children and young people with an ASD. It was stated that a minimum requirement for all staff who work with children and young people on the autistic spectrum should be that they are knowledgeable about the triad of impairments and their educational implications.

- ◆ Pupils with an ASD might be supported more effectively in schools if there was awareness raising in initial teacher training courses. The group studied the 'Competencies required by teachers of pupils with autism' taken from the SENTEC report to the DfEE 'Professional Development to Meet Special Educational Needs' (Feb 1996) and concluded that all 'new' staff should have training to cover at least the competency stated below:

*Staff working with pupils with ASD should know and understand the triad of impairments in autism and the implications of these, i.e.*

- *social interaction difficulties – the child will need to be taught how to tolerate, initiate and maintain relationships with others and to learn how to learn in a social context;*
- *communication difficulties – the child will need to understand what communication is and be taught the skills involved (e.g. understanding and using gesture, body language, words);*
- *difficulties in thinking and behaving flexibly – the child will need to be taught how to manage change and transition, how to generalise learning and ways of reducing dependence on cued, rote learning.*

There were differing opinions as to which of the other 32 competencies were essential for initial teacher training. It was suggested that a resource pack could be made available to all schools. This would contain information on how to access additional help and expertise both nationally and locally, and details on recommended literature, local provision and the role of voluntary organisations with contact details.

It was also felt important that teachers in training should have some input on how to work as part of a team. For example, many pupils with an ASD are supported by Learning Support Assistants (LSAs) or other support staff. Participants felt it was important that teachers should know how to develop effective ways of exchanging information, skills and trust with other professionals and parents and use this in planning curriculum objectives and managing behaviour positively.

## 6. Special Educational Needs Co-ordinators (SENCOs)

It was agreed that in principle, SENCOs should have a greater knowledge of ASDs than the majority of staff in the school, for example, the Support Service staff thought that it was important that SENCOs had:

*‘the knowledge, skills and understanding to write IEPs with specific reference to impairments in autism and to the requirements of current legislation and advice such as the Code of Practice’ and ‘the knowledge, skills and understanding to develop a system for reviewing a pupil’s progress in terms of calling for and writing reports, gaining parent involvement and agenda setting, including awareness of factors affecting progress in autism.’*

Subsequent to the regional workshop for SEN support services, the Teacher Training Agency published the National Special Educational Needs Specialist Standards which outlines standards for teaching pupils with special educational needs, including autistic spectrum disorders (TTA, Dec.1999). The standards that specifically apply to pupils with an ASD are detailed in the appendix t4.

## 7. Special School Headteachers

The views of special school head teachers from both the maintained and independent sector across the region were sought during a Project workshop focussing on special schools supporting pupils with an ASD. During the course of the workshop, it became clear that training is a major challenge for special schools.

The group offered the following in terms of local/recent training opportunities that had been accessed by staff in their own particular schools:

- ◆ Birmingham University – Advanced Certificate in Education (ACE),/Diploma,/M.Sc. (Autism)
- ◆ Worcester College - Advanced Certificate of Teaching
- ◆ SEN modular course, accredited by Worcester College. Modules contribute to a Foundation Qualification through to Degree level



- ◆ British Institute for Learning Difficulties (BILD) for B.Tech. Diploma in ASD.
- ◆ In-house training (LEA and school)
- ◆ Manchester - BA in Professional Studies (content however, was deemed appropriate with the exception of autism, although it was noted that there may have been improvements to the course)
- ◆ Northampton – TEACCH course
- ◆ Behaviour therapists providing regular input - working with children, respite care facilities and school.

### **Perceived gaps/issues**

Heads put forward the following comments:

- ◆ They would like an ASD-specific package based on the NVQ model that could be used by in-school trainers. (The majority of training and assessment of competence in an NVQ, is assumed to occur in the workplace)
- ◆ Restraint training is still an outstanding issue
- ◆ There is a wide variance in allocation of standards funding between LEAs
- ◆ Standards funding for training is directed towards Curriculum development, pupil improvement and not towards named disabilities such as autistic spectrum disorders
- ◆ Parents need more ongoing support – especially on all transitional stages, with a focus on transfer to adulthood
- ◆ In smaller LEAs, courses are often focussed predominantly on mainstream school populations
- ◆ There is a lack of co-ordinated, quality training. Training can be of variable quality – it is difficult to know what is good training. Evaluation of training is an issue
- ◆ There should be greater interagency understanding/working/co-ordination
- ◆ Provision for pupils with an ASD may be a minority provision within a school but there is a need for majority understanding. Staff, however, need to discriminate carefully between training courses open to them so that they receive a balanced professional development programme
- ◆ There is a need for a regional ‘expert’ team to support and assist schools who provide for pupils with an ASD
- ◆ Sabbatical training for staff serving more than 3 years may prove a valuable motivator giving staff time to reflect, analyse and raise the quality of education

## Other comments

- ◆ The independent sector buys in medical/clinical input who have a training role. (See appendix t5 for examples of independent schools' staff training.)
- ◆ It was recognised that qualifications do not always lead to practical improvement.
- ◆ Courses should be relevant and have a practical test element to them. Theory on its own is not enough. This is especially true of distance-learning packages.
- ◆ There should be a mechanism to evaluate in-service work in schools, with whole staff or blocks of staff learning and re-learning together.
- ◆ Training might be better described as professional development. Training is only one vehicle to enhance skills.
- ◆ Staff who attend training should disseminate what they have learnt, monitor changes in practice and help in the evaluation of good practice. Difficulties were noted, however, in cascading training to others.

## Challenges

The special school Headteachers identified the following examples as challenges to providing training for staff who work with pupils with an autistic spectrum disorder:

- ◆ Forming links with mainstream to provide opportunities for staff to exchange expertise, knowledge and experience. For example, Stretton Brook School, Staffs, offers training which is linked to Derby University, to LSAs in mainstream. A barrier to such training, however, is the demands of the special school's own training needs
- ◆ Ensuring that provision and practice develop as a consequence of professional development
- ◆ Accessing funding for training and development. Costs of fees and for providing cover are often prohibitive
- ◆ Recruitment and retention of trained staff with the right skills.
- ◆ Difficulties finding trained LSAs who can travel. Working with pupils with an ASD can be stressful and only certain types of staff can cope
- ◆ Providing training for parents and specialists so that they are able to carry on the 24 hour curriculum
- ◆ Training for care staff for Looked After Children with an ASD

- ◆ Training for parents/carers on communication systems, including signs and symbols
- ◆ Some schools find that their rural location is not conducive to sharing expertise
- ◆ Finding suitable cover for staff who are participating in training
- ◆ Balancing short term training needs/long term needs (practical –v- strategic)
- ◆ Finding out about relevant courses
- ◆ Training of the ‘wider’ staff group (including lunchtime supervisors)
- ◆ Reduced training grant since Fair Funding, particularly for LSAs and Residential Social Workers.

## **8. Carers’ Perceptions Regarding Staff Training in Autistic Spectrum Disorders**

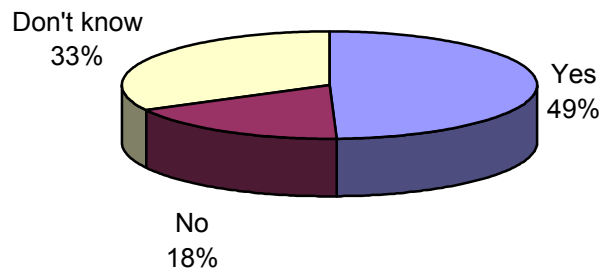
The project sought the views of carers across the region through a Carers’ Questionnaire which was distributed via Local Education Authorities, the West Midlands Autistic Society, Parent Partnership Services and Diagnostic Specialists. Carers were asked about their perceptions of how skilled/ knowledgeable the staff were who worked with their child with an ASD. They were told that:

*“Staff includes any member of staff at your child’s/young person’s current placement – e.g. nursery nurse, class teacher, tutor, dinner lady, support assistant etc. This information will be used by local education authorities to assure parents of the expertise of staff or to plan further staff training for staff”.*

Carers were asked whether staff had received any training in working with children/young people with an ASD. The chart below, taken from the Carers’ Questionnaire analysis, demonstrates the differing perceptions of parents/carers across the region. On average, it appears that just under half of the carers who answered this question (595 responses) felt that staff working with their child had participated in training regarding ASDs. One third of parents/carers, however, did not know what training staff had obtained.

### **Chart to show carers’ perception of percentage of staff with ASD training**

**Regional response to question - Have the staff had any training in working with young people with an ASD?**



Carers' responses were then categorised according to LEA. The wide variation in numbers of responses from each LEA means that comparison of LEAs must be treated with caution (e.g. 5 responses from Stoke-on-Trent as compared to 117 responses from Birmingham). However, some clear trends can be seen. On average, 50% of carers in each LEA, thought that staff working with their child were ASD trained. Differences between LEAs were more apparent when 'No'/'Don't know' responses were analysed. (See table below.)

**Table to show the comparative breakdown of Carers' responses by LEA, with regard to school staff being trained in ASDs**

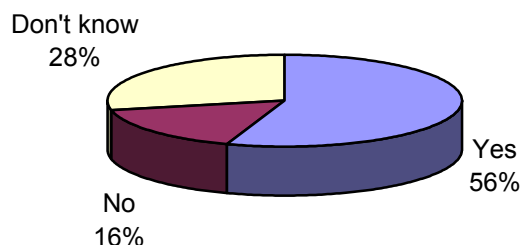
<b>LEA</b>	<b>Yes</b>	<b>%</b>	<b>No</b>	<b>%</b>	<b>Don't know</b>	<b>%</b>	<b>Total</b>	<b>% of regional total</b>
Birmingham	59	50.4	21	17.9	37	31.6	117	19.7
Coventry	31	57.4	10	18.5	13	24.1	54	9.1
Dudley	35	49.3	11	15.5	25	35.2	71	11.9
Herefordshire	7	58.3	2	16.7	3	25.0	12	2.0
Sandwell	11	50.0	3	13.6	8	36.4	22	3.7
Shropshire	11	47.8	4	17.4	8	34.8	23	3.9
Solihull	9	39.1	4	17.4	10	43.5	23	3.9
Staffordshire	24	48.0	8	16.0	18	36.0	50	8.4
Stoke-on-Trent	2	40.0	3	60.0	0	0.0	5	0.8
Telford and Wrekin	11	44.0	2	8.0	12	48.0	25	4.2
Walsall	11	44.0	3	12.0	11	44.0	25	4.2
Warwickshire	38	48.7	11	14.1	29	37.2	78	13.1
Wolverhampton	8	47.1	7	41.2	2	11.8	17	2.9
Worcestershire	37	50.7	17	23.3	19	26.0	73	12.3
<b>Region</b>	<b>294</b>	<b>49.4</b>	<b>106</b>	<b>17.8</b>	<b>195</b>	<b>32.8</b>	<b>595</b>	<b>100</b>

### **Previous Experience in Working with a Child/Young Person with an ASD**

Previous experience in working with a child/young person with an ASD can be conducive to a successful placement as long as individual differences are addressed. Carers were also asked if they knew whether staff had any previous experience in working with young people with an ASD.

On average, more than half the carers thought that staff did have previous experience although again, nearly a third of carers did not know.

**Regional response to question - Have the staff had any previous experience in working with young people with an ASD?**



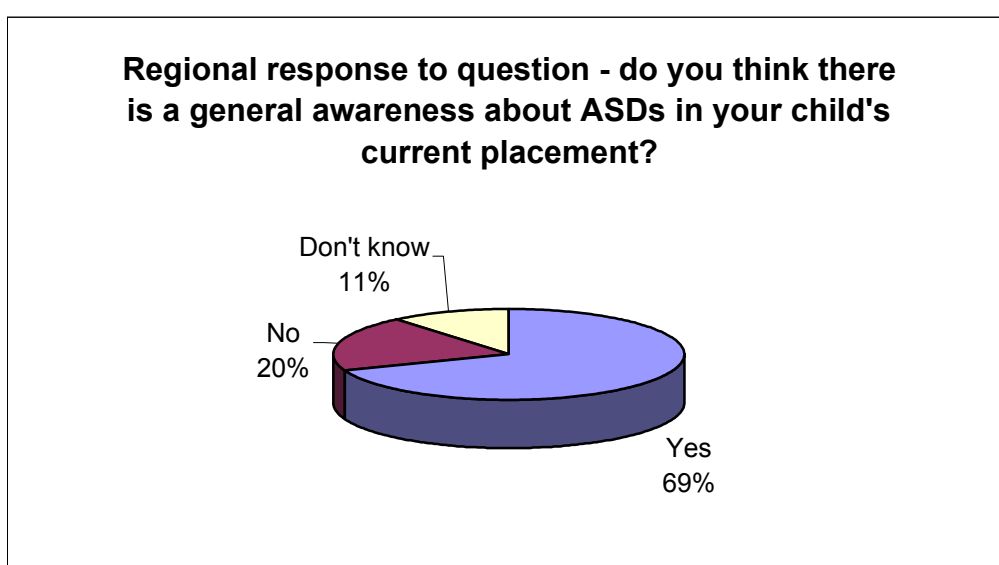
**Table to show the comparative breakdown of Carers' responses by LEA, with regard to their awareness of previous staff experience in ASDs**

LEA	Yes	%	No	%	Don't know	%	Total	% of regional total
Birmingham	75	64.1	9	7.7	33	28.2	117	19.7
Coventry	25	46.3	14	25.9	15	27.8	54	9.1
Dudley	33	46.5	10	14.1	28	39.4	71	11.9
Herefordshire	8	66.7	1	8.3	3	25.0	12	2.0
Sandwell	14	63.6	5	22.7	3	13.6	22	3.7
Solihull	9	39.1	6	26.1	8	34.8	23	3.9
Shropshire	15	65.2	2	8.7	6	26.1	23	3.9
Staffordshire	29	58.0	7	14.0	14	28.0	50	8.4
Stoke-on-Trent	2	40.0	3	60.0	0	0.0	5	0.8
Telford and Wrekin	18	72.0	2	8.0	5	20.0	25	4.2
Walsall	14	56.0	1	4.0	10	40.0	25	4.2
Warwickshire	41	52.6	16	20.5	21	26.9	78	13.1
Wolverhampton	9	52.9	5	29.4	3	17.6	17	2.9
Worcestershire	38	52.1	16	21.9	19	26.0	73	12.3
<b>Region</b>	<b>330</b>	<b>55.5</b>	<b>97</b>	<b>16.3</b>	<b>168</b>	<b>28.2</b>	<b>595</b>	<b>100.0</b>

## General Awareness of Autistic Spectrum Disorders within Educational Placements

Awareness raising of autistic spectrum disorders is an important issue and it is heartening to see that a large percentage of carers felt that there was a general awareness of ASDs within their child's placement.

**Chart to show the percentage of carers who thought there was a general awareness regarding ASDs in their child's current placement**



See page 21 for breakdown of responses by LEA.

**Table to show the comparative breakdown of Carers' responses by LEA, with regard to general awareness about ASDs in their child's placement**

<b>LEA</b>	<b>Yes</b>	<b>%</b>	<b>No</b>	<b>%</b>	<b>Don't know</b>	<b>%</b>	<b>Total</b>	<b>% of regional total</b>
Birmingham	80	70.2	20	17.5	14	12.3	114	19.3
Coventry	41	75.9	10	18.5	3	5.6	54	9.1
Dudley	46	64.8	13	18.3	12	16.9	71	12.0
Herefordshire	9	75.0	1	8.3	2	16.7	12	2.0
Sandwell	12	54.5	7	31.8	3	13.6	22	3.7
Shropshire	17	68.0	3	12.0	5	20.0	25	4.2
Solihull	16	69.6	6	26.1	1	4.3	23	3.8
Staffordshire	36	72.0	6	12.0	8	16.0	50	8.4
Stoke-on-Trent	2	40.0	3	60.0	0	0.0	5	0.8
Telford and Wrekin	20	80.0	4	16.0	1	4.0	25	4.2
Walsall	14	56.0	4	16.0	7	28.0	25	4.2
Warwickshire	58	74.4	16	20.5	4	5.1	78	13.2
Wolverhampton	12	70.6	4	23.5	1	5.9	17	2.9
Worcestershire	46	64.8	20	28.2	5	7.0	71	12.0
<b>Region</b>	<b>409</b>	<b>69.1</b>	<b>117</b>	<b>19.8</b>	<b>66</b>	<b>11.1</b>	<b>592</b>	<b>100</b>

## **9. Multi-Agency Training**

Recent papers from Health, Social Services and Education have all stressed the importance of multi-agency working, e.g. The DfEE's, 'Excellence for all children' (DfEE, 1997) and 'Quality Protects' (DoH, 1998 and DoH/DfEE, 1999). Professionals and different agencies are at last beginning to work together more effectively, through jointly funded posts and multi-agency strategic groups and meetings. Barriers are still evident, however, with agencies having different priorities and even different language to describe similar concepts which can create confusion and misunderstanding between professionals and between professionals and parents/carers.

Further confusion and misunderstandings can come from professionals having different theoretical backgrounds and knowledge regarding autistic spectrum disorders. Multi-agency working requires ownership by all agencies within an atmosphere of mutual respect and trust. Joint training initiatives will help to break down barriers and clarify any misunderstandings between professions so facilitating multi-agency working.

The project brought together professionals from Health, Social Services and Education in a conference regarding the identification of ASDs across the region. Delegates were asked what further training they would like (see appendix t6).

## **10. Ways Forward**

It is clear that a variety of training courses is required across the region for both staff and families. The needs of children and young people with autism are diverse and no one training package will be able to fully meet those needs.

A small working group needs to be commissioned to develop a specialist introductory course for teachers and Learning Support Assistants who work with pupils on the autistic spectrum. This course should cover all the 'Extension Standards' necessary to work with pupils on the autistic spectrum as described by the Teacher Training Association Standards, TTA Standards – National Special Educational Needs Specialist Standards (Dec.99). (See

appendix t4.) The course can then be available on a regional basis and delivered by local multi-agency teams.

Alternatively, the region could employ a teacher/trainer with responsibility for ASD training across the region. This person's sole remit would be to deliver ASD-specific training across the region.

The cost of this post would be approximately £40,000 (including on-costs). If this was shared on an equal basis between LEAs, the cost per LEA would be £2857 per annum. This would be a cost-effective way of delivering training for each authority. For example, Wolverhampton has recently invested £7,000 on training 90 staff on a 2 day TEACCH course (£2,300 per 2 day course). In-house training is often cheaper but costs covering professionals' time could equate to at least £2 – 3,000 per 4 days training.

A regional training co-ordinator would be able to give at least 10 days training per authority for the cost of 2 days TEACCH training. Close contact with existing training providers would need to be maintained, so that any courses provided, complimented existing training opportunities. The courses delivered should be accredited by an HE establishment who have ASD expertise.

The regional training co-ordinator could co-ordinate a multi-agency training team who are seconded from each authority, to have a rolling brief to deliver aspects of training across the region. Personnel would change according to the subject areas to be covered but the regional training co-ordinator would co-ordinate and deliver the training packages across the region. Voluntary agencies such as the WMAS and the NAS need to play a central role in the organisation of courses, using the network of contacts and knowledge of expertise within the region developed by the Regional project.

The training co-ordinator would keep a central database of all training delivered in the region which included training provided by support services. The training should be delivered to a multi-agency audience and jointly funded by health, social services and education. Section 31A of the Health Act may facilitate joint funding of training.

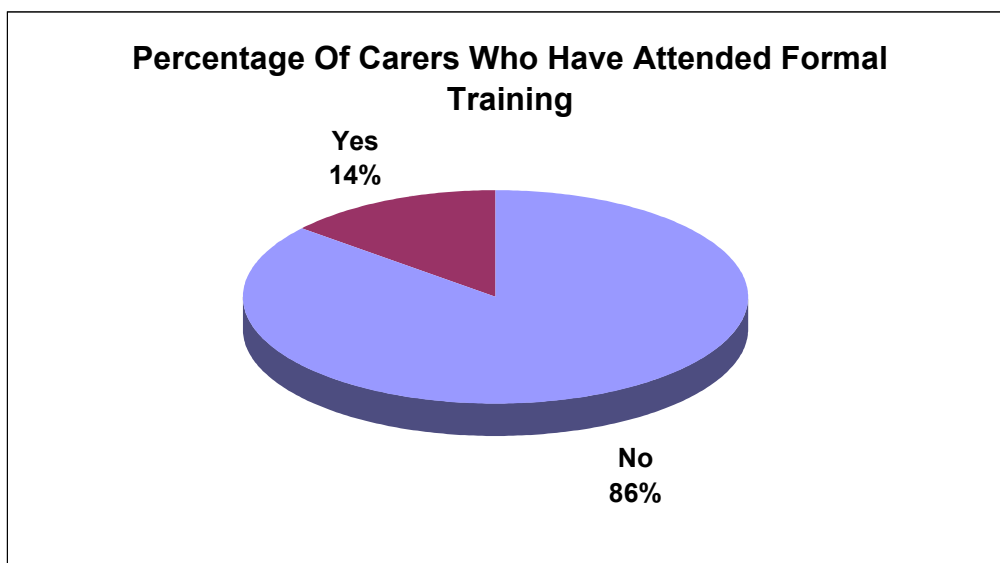
Consideration should also be given to LEAs joining the newly created Forum for Regional

Education Development (FRED) established through the Regional Health Authority, to advise on and commission training across the health/social care divide. The scope for joint training – and the emergence of a new style of joined-together posts was recognised by the Forum, as was the need to “capture” staff during training – before professional boundaries obtruded. This could be a powerful force for change in the future.

## 11. Training for parents/carers - Developing Skills and Strategies

Returns from the Carers’ Questionnaire suggest that carers are eager for training but very few families have access to this form of support. 86% of carers in the region stated that they had not received any kind of formal training and of those that had, almost half (49%) had to fund it themselves.

**Chart to show numbers of carers who have attended formal ASD training**



**Table to show funding source of training for carers**

Funding source	Percentage
Self	49

Health	17
LEA	8.5
CDC	3.4
Don't know	3.4
Employer	3.4
Free	3.4
University of Birmingham	3.4
Charity	1.7
GP	1.7
NCH	1.7
Sponsorship	1.7
Social Services	1.7
<b>Total</b>	<b>100%</b>

Of those carers who received formal training an overwhelming majority felt that it was helpful (94%). Just 5% of carers stated that the training had not been helpful with 1% still to complete their training so therefore could not comment.

Carers also commented that even if training does exist, it is often difficult to access information regarding its availability. Speech and Language Therapists (SLT), the West Midlands Autistic Society (WMAS) and staff at the Child Development Centres (CDC) are reported to be where most carers have found out about formal training (see below). Those offering training must ensure that publicity reaches their target audience.

**Table to show source of information regarding formal training for carers**

<b>Source</b>	<b>Numbers of carers replying</b>
SLT	10
WMAS	7
CDC	7
Work	4
PEACH	4

Social Services	3
School	3
Friend	3
TV Programme - Son-Rise Options	2
Professional	2
Prof. E. Newson (Nottingham)	2
Community Paediatrician	2
Psychologist	2
RNLD	1
Press	1
Parkview Clinic	1
Parent Support Group	1
Other parents	1
NCH	1
NAS	1
Literature	1
Birmingham University	1

### **Future Training Opportunities**

Caring for a child with an ASD can have a major impact on family life. 59% of parents stated that they had been forced to give up work or to reduce their hours of paid work to attend to their child's educational and other needs. All parents/ carers commented on how stressful caring for their child with autism can be. Two thirds of families listed 'behaviour management' as one of their 'top three' causes of stress. A third of carers described another major source of stress as being the impact a child with autism has on their siblings. A great cause for concern, however, is that 40% of carers stated Local Education Authorities (including schools) created stress for families with regard to service and lack of provision.

Other areas that created stress for families are listed in the table below.

### **Table To Show 'Top 3' Sources Of Stress For Carers Of Children With Autistic Spectrum Disorders In The West Midlands**

<b>Source of stress</b>	<b>Percentage of carers</b>
Behaviour management	59.3
LEA including schools - service and lack of provision	39.9
Stress/impact on siblings	30.3
Constant care/supervision/attention	28.2
Social isolation/exclusion	21.0
Lack of sleep	18.6
Obtaining diagnosis	16.8
Financial effects	13.7
Lack of public awareness and inappropriate responses	9.2
Fear for the future	8.0
Presenting difficulties e.g. depression, anxiety lack of awareness of danger etc	5.7
Stress/disruption on normal family life	5.3
Lack of advice on early intervention	4.0
Lack of respite care	3.6
Social/independent living skills	2.5
Marriage breakdown	1.3
Bullying	0.8
Everything	0.7
Lack of peer friendships	0.7
SEN Tribunal	0.5
Exhaustion	0.5
Guilt	0.5
Puberty/sexual awareness	0.5
Ombudsman	0.2
Carer depression	0.2
DfEE	0.2
Encouraging progress	0.2
Frustration	0.2

Families training needs are reflected in their answers regarding stress. When asked '*What further training do you think you or members of your family would benefit from?*' 'Behaviour management' was overwhelmingly seen as a priority, followed by requests for awareness raising for professionals and the wider community, plus sibling workshops and support.

Carers' responses to training needs included:

*"Approaches to education/behaviour - any courses would be great"*

*"Behaviour management, rituals/obsessions, anything that would help us to cope"*

*"Behaviour management, understanding ASD, managing professionals"*

*"Constant reminders about how to best tackle behaviour management, we have to change strategies as soon as one doesn't work"*

*"Management of manic episodes/behaviour. Dealing with teenage depression, sexuality"*

*"How to cope with behaviour problems, fears, tantrums. Specific advice on siblings not being left out. What to expect in future"*

*"Understanding his problems, why he annoys the family so much"*

*"Strategies for us and his siblings to cope with his behaviour. He needs help in learning to behave"*

It was also apparent that although many parents/carers had not been offered any training they would be eager to participate:

*"Training has never been offered, but it would be appreciated"*

*"Any training would be beneficial, but it needs to be local"*

*"I would love some training to do with ASD"*

*"Anything which would help us to cope better as he grows older"*

*"I would attend any courses available"*

It is clear that families across the region require a wide range of courses/ workshops to help develop their skills and strategies for supporting their children with an ASD.

**Table to show training needs of carers of children and young people with ASDs in the West Midlands region**

<b>Type of Training</b>	<b>Numbers requesting</b>	<b>As a percentage of total requests</b>
Behaviour	68	32.7
ASD awareness	20	9.6
Siblings	20	9.6
Any	15	7.2
Communication	12	5.8
Stress management	11	5.3
Educational strategies	10	4.8
Social skills	10	4.8
Puberty/sexuality	7	3.4
ASD awareness for extended family	5	2.4
How to cope	4	1.9
General strategies	4	1.9
Ongoing, needs led	3	1.4
TEACCH	3	1.4
Dealing with professionals	2	1.0
Genetic counselling	2	1.0
How to access the system	2	1.0
Independent living/life skills	2	1.0
Peer group experiences (other families)	2	1.0
Research updates	2	1.0
ABA	1	0.5
Certificate ASD	1	0.5
Family life	1	0.5
Picture Exchange Communication System (PECS)	1	0.5
<b>Total</b>	<b>208</b>	<b>100.0</b>

Requests from parents/carers regarding training included:

*“Training during the day at a local venue on general topics would be helpful”*

*“Different approaches to ASD, coping strategies at home, communication skills, how to develop self help skills and leisure interests”*

*“How to help him be independent and socialise”*

*“Brothers and sister need to understand why their brother is different, how his mind works differently from theirs. To learn how to treat him and not lose their temper with him”*

*“Help for siblings to understand why their brother behaves in the way he does”*

*“Support groups for siblings, opportunity to discuss emotions confidentially”*

*“Husband/Son - how to cope with behaviour. Me - how to cope with isolation and other adults rude comments”*

*“‘How to Stay Calm’ for husband, ‘Explaining Autism’ for siblings”*

*“Stress management for parents”*

*“How to deal with any problems we may face in the future. How to make other people understand. How to explain to our child”*

*“Ongoing information on research and developments, updates on anything new”*

Training for families should be seen as a continuous process - their needs cannot met in one-off workshops or courses.

As one parent stated:

***“If Autism is for life, then so should training and support be for life, as child and family evolve and needs change”***

## **Parent/teacher training**

Over a third of parents/carers across the region lack awareness of the level of training and specialist knowledge available in their child's school, which reduces their confidence in the school's ability to meet need. Carers also report that many mainstream staff lack confidence in their own ability to meet the needs of students with an autistic spectrum disorder.

The project's research shows that although there is a dearth of training available for families, there are many available training courses to meet the needs of school staff within the West Midlands region. Take up by both carers and staff, however, is limited by poor awareness of the training opportunities, as well as limited accessibility, in terms of geographical, cultural, financial barriers and over-loaded days, in both the home and school environment.

Access to relevant training is vital and it is suggested that ways should be found to increase opportunities for both teachers and parents/carers in a way that would simultaneously bring them together, to share their knowledge about training needs, training opportunities and their respective specialist knowledge on ASDs. A shared understanding and confidence in their own and each other's ability to meet the children's needs would be facilitated. Ways forward can be seen in the Recommendations section.

## **12. Audit of Training Needs**

It appears that many LEAs do not keep central records of staff training and consequently it is difficult to know which schools/staff have any knowledge/ expertise in autistic spectrum disorders. Often a school's 'expertise' is with one teacher or Learning Support Assistant and if they leave, the school loses its knowledge base. The project is therefore, collating baseline information on the training that people have already completed and an outline of the knowledge base that exists within the schools in the region. This will provide the foundation on which to measure and plan for future training needs.

The West Midlands Autistic Society hold records of the students who have completed the modular course run by the WMAS and Worcester College and the University of Birmingham have details of the students who have completed the Advanced Certificate in Education (ACE – Autism). See appendices t7 and t8.

It was hoped to gather further information regarding training through a Skills audit of all the schools in the region but members of the project management team felt that this exercise might prove difficult for already overburdened schools. The Regional Facilitators therefore, consulted the regional group of Inspectors/ Advisors in order to devise a more acceptable method of gaining this information. It was concluded however, that the Skills audit should be a feasible method of collecting data regarding training and it is hoped that this will occur in the future.

# Section 2 Training

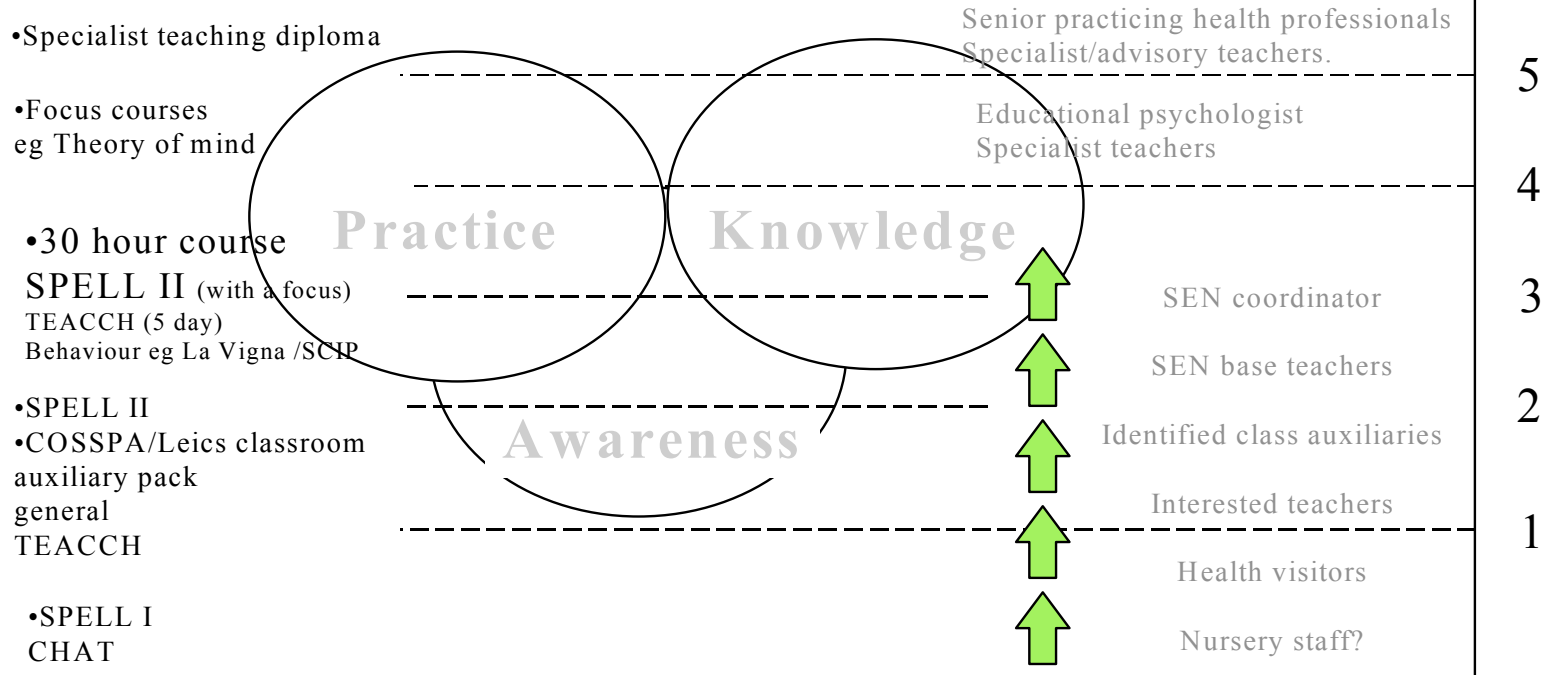
## Appendices

# Moray Autism Training Audit



## Examples of training model

### DISCO (for diagnosticians)



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Q:\morayPAK

'PAK' in Moray

## **Appendix t2**

### **NAS Early Bird Scheme**

The Early Bird Project was set up by the National Autistic Society in 1997, to develop and evaluate an autism-specific model of early intervention using a parent programme. The programme is a three-month programme which combines group training sessions for parents with individual home visits when video feedback is used to help parents apply what they learn, whilst working with their child. Parents have weekly commitment to a three-hour training session or a home visit, and to ongoing work with their child at home – during the three month programme.

The programme aims to:

- support parents in the period between diagnosis and school placement
- empower parents and help them facilitate their child's social communication and appropriate behaviour within the child's natural environment
- help parents establish good practice in handling their child at an early age so as to pre-empt the development of inappropriate behaviours.

For further information regarding the Early Bird Programme contact:

Dr Jane Shields  
EarlyBird Centre Manager  
NAS EarlyBird Centre  
3 Victoria Crescent West  
Barnsley  
South Yorkshire  
S75 2AE  
Tel: 01226 779218  
Fax: 01226 771014  
E-mail: [earlybird@dial.pipex.com](mailto:earlybird@dial.pipex.com)

## Appendix t3

### HELP Programme

#### ***HELP! A post-diagnostic intervention for parents of children and young people with an autistic spectrum disorder***

##### ***Hope, Education, Listening ears, Positive interventions***

Traditionally the term “Early Intervention” has been applied to those programmes of support developed for young, pre-school children and their families. The National Autistic Society has developed a researched response to this need in the form of Early Bird. However, the NAS is very aware that there are still many children, adolescents and adults being diagnosed after the pre-school age and who fall outside the remit of most early intervention projects. This does not mean that they or their families would not benefit from access to the same kind of intensive support. With this in mind the NAS has developed a model of post diagnostic intervention which addresses the initial needs of *ALL* parents of children diagnosed as having an autistic spectrum disorder. This complements the Early Bird Programme for early years intervention.

The aim is to provide a programme offering practical advice, information and support to parents at the post diagnostic stage - no matter what the age of their child. The NAS’ new initiative is entitled: HELP! Post diagnostic Intervention for parents of children with an autistic spectrum disorders.

HELP! is a parent training programme of practical workshops aimed at boosting parental knowledge and confidence in caring and planning for their children’s future. The programme is aimed at parents of recently diagnosed children, adolescents and adults with an autistic spectrum disorder. The training programme consists of up to six modular workshop sessions (3 hours each). Workshop modules are offered on the following topics:

1. Coming to terms with the diagnosis -The impact on the family
2. Autistic Spectrum disorder - Where does my child fit?
3. Methods of Intervention, Services and Support Networks

4. Educational Issues
5. Positive Strategies for Managing Challenging Behaviour
6. Developing Social Interaction and Communication Skills
7. Focus on Adult Needs and Issues - Planning for the future
8. Asperger syndrome - Implications for Intervention and Support

Each HELP! programme is offered to 10 sets of parents /carers. Course delivery includes presentations, discussion, video material, group and individual tasks and case studies. A comprehensive training pack of handouts and information leaflets accompany the course.

*For more information contact:*



*NAS Training and Consultancy, 4\* Floor, Castle Heights, 72 Maid Marian Way,  
Nottingham NG1 BJ*

*Tel: 01159113363 Fax: 01159113362 Email: [training@nas.org.uk](mailto:training@nas.org.uk)*

## **Appendix t4**

### **National Special Educational Needs Specialist Standards (TTA)**

#### **1) Communication and Interaction**

These standards are likely to be important for teachers working with pupils with speech and language delay, impairments or disorders; specific learning difficulties, *e.g. dyslexia, dyspraxia*; those who present features associated with autistic spectrum disorder and those for whom language and communication difficulties are the result of permanent sensory or physical impairment. They may also apply to pupils with moderate, severe or profound learning difficulties.

The communication needs of pupils with severe and/of complex SEN may be both diverse and complex. Pupils may need help and support in acquiring literacy skills; using augmented and alternative means of communication; developing language for a range of purposes including formal situations; and organising and co-ordinating spoken and written English.

#### **Knowledge and understanding**

Teachers with additional specialist knowledge and understanding in this area will show that they know and understand some or all of the following:

- a) ways to minimise long-standing communicative difficulties on pupils' cognitive, emotional and social development;
- b) informal and formal procedures for assessing pupils' communication skills, including for pupils at the very earliest stages of communication;
- c) strategies to enhance and promote non-verbal communication;
- d) the differences between normal communication and the specific or more unusual patterns of communication demonstrated by pupils with significant developmental delay, impairment or those having some form of communication or language disorder;
- e) the interaction between arrested language acquisition, cognitive development and sensory deficit;

- f) the language and communication needs of neurologically impaired pupils;
- g) visual and auditory teaching approaches that can enhance social/communicative interactions;
- h) ways to adapt the general and technical vocabulary used by class and subject teachers, in order to match the needs of pupils with communication difficulties;
- i) the roles and responsibilities of speech and language therapists, qualified teachers of the deaf, clinical audiologists, qualified teachers of the visually impaired and other relevant specialist services including health, social services and relevant voluntary agencies;

***and more specifically for Autistic spectrum disorder teachers will demonstrate that they know and understand some or all of the following:***

- i. the characteristics of autistic spectrum disorder and their implications for communication and learning;
- ii. the range of individual differences within the autistic spectrum;
- iii. the impact of the co-occurrence of different types of difficulty, e.g. *dyspraxia and an autistic spectrum disorder*

### **Skills**

Teachers with additional specialist skills in this area will demonstrate them through one of more of the following:

- a) analysing and, if necessary, modifying their own language and communicative capability and behaviour so that they meet pupils' needs;
- b) assessing the language and general communicative competence of pupils with severe communication needs, taking account of assessment information from other specialist services, and using such information to develop appropriate teaching programmes;
- c) responding to an individual pupil's level of expressive and receptive language, using the most appropriate mode of communication,

- including additional visual, auditory and tactile methods to reinforce spoken language and to promote autonomy;
- d) differentiating and/or mediating the curriculum to match and develop pupils' communicative capabilities
- and more specifically, for Autistic spectrum disorder, through:**
- i) teaching pupils to accept, initiate and maintain relationships with others, and how to communicate in social contexts;

## **2. Cognition and learning**

These standards are likely to be important for teachers working with pupils who may demonstrate features of moderate, severe or profound learning difficulties, specific learning difficulties, e.g. *dyslexia* or *dyspraxia*, or who present features associated with autistic spectrum disorder. Some pupils may have associated sensory, physical and behavioural difficulties which compound their needs.

While individual needs will differ, most pupils requiring specialist teaching support to address cognition and learning will require help with language, memory and reasoning skills; sequencing and organisational skills; understanding of number; problem solving and concept development, and the improvement of fine and gross motor competencies. These pupils may experience difficulties in sequencing ideas and in forming words and sentences when writing, and many will need help in understanding and using technical terms and abstract ideas. Some pupils will have associated sensory, physical and behavioural difficulties and the impact of a combination of these factors compounds the challenges faced by teachers.

### **Knowledge and Understanding**

Teachers with additional specialist knowledge and understanding in this area will demonstrate that they know and understand some or all of the following:

- a) the continuum and complexity of moderate, specific, severe and profound learning difficulties, and how to provide curricular access, through teaching that promotes active learning;

- b) the difference between global learning difficulties which can affect all aspects of a pupil's learning, and specific learning difficulties, e.g. dyslexia, dyspraxia, specific language impairment, which can exist as an anomaly in the overall pattern of a pupil's abilities;
- c) the range of cognitive skills necessary for effective learning and the effects of single or multiple disabilities on functions such as perception,
- d) the range of visual, motor and linguistic channels available to promote cognitive potential;
- e) the importance of assessing how pupils process auditory and visual information;
- f) how cognitive difficulties impact upon the development of language and communication, and vice versa, and how this affects learning;
- g) methods of ascertaining levels of cognition in pupils with severe and multiple difficulties;
- h) the impact of exceptionally high cognitive ability in conjunction with physical, communication, specific learning difficulties and/or autistic spectrum disorder;
- i) the complexity of need, i.e. knowledge of developmental delay as distinct from acquired disability, and the range of assessment approaches available to support accurate intervention;
- j) the impact of different types of medication on cognitive and physical abilities, behaviour and emotional state.

### **Skills**

Teachers with additional specialist skills in this area will demonstrate them through one or more of the following:

- a) using specific visual, auditory and tactile methods to help pupils understand the functional use of objects and gain information about the environment;
- b) using and applying a range of specialised assessment techniques, e.g. diagnostic-prescriptive teaching,
- c) planning for those pupils who make extremely slow progress by making provision for incremental and lateral progression;

**and more specifically for pupils with an Autistic spectrum disorder through:**

- i) identifying the effects of autistic spectrum disorder on learning styles;
- ii) devising and implementing individual or group programmes which help pupils to learn in social contexts, which foster attention to the task.

### **3) Behavioural, emotional and social development**

These standards are more likely to be important for teachers working with pupils who experience emotional and behavioural difficulties, who are withdrawn or isolated or display school phobic reactions; who are disruptive and disturbing, hyperactive and lack concentration; those with immature social skills or personality disorders; and those presenting challenging behaviours which may arise from other complex special needs.

Learning may be disrupted because some pupils will demonstrate, temporarily or permanently, restless, disruptive and disturbing behaviour. Others may show signs of social withdrawal or isolation and underachievement. Some pupils may have failed to succeed in school because of emotional damage. All groups will include pupils with low self-esteem and this may lead to marked reactions to failure in learning. Many pupils with one or more of these difficulties will have problems in adjusting to school expectations and routines; some will need help with the development of social competence and emotional maturity. A few will need close monitoring, consistent management and high levels of professional support and guidance.

#### **Knowledge and Understanding**

Teachers with additional specialist knowledge and understanding in this area will demonstrate that they know and understand some or all of the following:

- a) working knowledge of child psychological and psychiatric disorders and the roles and responsibilities of child mental health services;

- b) those intervention strategies appropriate for pupils with emotional and behavioural difficulties and their likely benefits to the pupil;
- c) the factors within and outside schools which influence the responses of pupils, parents/carers, teachers and others to pupils with limited social interpersonal skills, and the factors which influence pupils' responsiveness;
- d) those methods which foster pupils' skills of self-monitoring and self-control;
- e) how pupil grouping and teaching and learning contexts affect learning outcomes, particularly how classroom and group dynamics can contribute to, accentuate or reinforce good/poor self-image or good/negative behaviour;
- f) the effects of specific types of adult verbal behaviour, *e.g. proximity, tone and gesture*, and non-verbal behaviour, *e.g. body language, personal space and signalling*, on pupils' emotional and behavioural responses; and how positive examples of these indicators can improve pupils' self-esteem and social response;
- g) the effective management of conflict, including negotiation skills and a range of defusion and de-escalation strategies, positive handling and recovery strategies; and approaches to rebuilding damaged emotional relationships between adults and pupils, and between peers;
- h) the benefits of specific counselling, behavioural, therapeutic and cognitive interventions,
- i) and how to apply these to complex situations, or when to refer on to another professional;
- j) the impact of different types of medication on cognitive and physical abilities, behaviour and emotional responsiveness;

**and more specifically, for pupils with an Autistic spectrum disorder teachers will demonstrate that they know and understand :**

- k) the likely reasons for challenging behaviour in autistic spectrum disorder, including passivity as well as apparently aggressive behaviours;

## **Skills**

Teachers with additional specialist skills in this area will demonstrate them through one or more of the following:

- a) establishing agreement on the use of appropriate intervention strategies, and maintaining their effectiveness in relation to patterns of behaviour and interactions;
- b) developing safe and supportive fora, *e.g.* 'circle time', to establish and sustain community based rules and to develop social interaction;
- c) supporting and guiding pupils in self-management strategies, social contacts and relationships;
- d) negotiating with pupils and refocusing on class rules, personal targets and responsibilities in school and the wider community following flashpoints where pupils' self-control has been lost;
- e) monitoring pupils who may show uneven or intermittent standards of social skills and academic under-achievement, recognising when progress has been made and using it to promote positive behaviour;
- f) working collaboratively with others in multi-disciplinary settings, to implement a positive, collegiate approach to the management of pupil disaffection and challenging behaviour;

**and more specifically, for pupils with an Autistic spectrum disorder, through:**

- g) Developing flexible thinking and behaviour and modifying and using pupils' obsessional interests or behaviour.

## **Appendix t5**

### **Examples of Independent School's training**

#### **Maple Hayes – Section 347 Independent School**

- Two in-house cognitive psychologists
- 15 days per year in-service training (5 days prior to each term) teaching and care staff
- Costed – in with general costs
- Paid consultants brought in to provide different voice and perspective, usually 3 x 1 day per year
- No problem with retention of specialist staff – discretionary bonus system
- Problem of sharing – copyright – All materials to go with methods are copyright; school has licence
- Importance of research commitment linked to training
- Links with Nottingham University. 14 Teaching staff – 13 have done Autism specific training – awareness and practical – case specific. 8 care staff (including 4 key care staff) have autism specific training. All children circulate amongst teachers, all of whom are SpLD specialists.

#### **Alderwasley Hall – Independent School (part of the Honormead Group)**

- Regular weekly sessions for small groups of staff with Child and Adolescent psychiatry team.
- Whole school in-service training with above team.
- NVQIII training for all care staff – Social Care (delivered in-house) Speech/language and communication difficulties.
- Attendance on external training events
  - ASHA, American Speech & Hearing Association
  - NASEN
  - Named speaker presentations
- Training providers for Speech & Language therapists (Community), and for Trainee teachers (Derby University) and parents.
- Research base for PhD students.

## **Honormead School for Children with Autism – Independent School (part of the Honormead Group)**

- Specialist training in Daily Life Therapy – most teachers trained in Boston – provides training for teachers, teaching assistants and residential assistants in the methodology
- Draw on resources within the Honormead group – Educational Psychologist carries out ‘Autism’ training, SLTs provide basic communication including Makaton training
- Care staff (at one of the schools in the group at least) have one training day every 3 weeks – working towards NVQ levels 2 & 3; in-house training from senior carers who are qualified on NVQ training
- External training – people express interest and are released to go – cover is provided for classes within the school
- INSET training days (teachers) during school holidays – training needs are identified in advance by staff as a group
- Honormead may fund staff through a PGCE/QTS training
- Research opportunities – setting up with University of Birmingham – Rita Jordan is the contact at the University
- Schools within the group may have a training officer, who identifies staff training needs and organises a training schedule
- Whole school training in
  - Child Protection
  - Health & Safety
  - First Aid
  - SCIP.
- Difficult to co-ordinate training if care staff on shifts
- School envisages providing training for parents – individual and group.

{ Ace course – Birmingham University → Autism co-ordinator

{ Opportunities through Worcestershire modular course, teachers and SSAs

NB- All training in Daily Life Therapy at the Honormead School for Children with Autism is internal until the school is established from January 2000. The Group is quite self-sufficient in training development. Parents have access to training.

## **Appendix t6**

### **Suggestions for further regional workshops made by participants at the Regional Identification Conference**

- A look at implementation and classroom practice
- The 'nitty gritty' of different educational provision between LEAs in specific schools or settings
- Approaches to effective behaviour management for use by parents whose children with asd exhibit challenging behaviour
- Joint initiatives Health/ Education/SSD re ASDs
- Small workshops demonstrating assessment techniques and/ or use of video
- Some time in small groups to discuss what happens in our own LEA regarding assessments and diagnosis of ASDs
- Methods of teaching programmes – PECs, TEACCH etc.
- Conference on Asperger/high functioning autism looking at interventions/ therapies, but not just an emphasis on Circle of Friends
- Early intervention
- It would be good to have twice yearly regional workshops – detail on support groups/ parent group content
- More specific assessment – informal techniques
- Smaller workshops looking at an 'ideal' for different authorities – for local authorities to contact for info and not re-inventing the wheel
- More info on Early Bird Project. 'SPELL' courses
- Interventions and outcomes
- Policy/ guidelines how to run Child Development Centres
- Presentations and examples of co-morbidity
- Formal DISCO training for reps. in the region. Working group on this
- 'Support' groups e.g. Speech and Language therapists working in the teams and other professions likewise.
- Regular workshops with more widespread publicity
- ASDs and learning disability
- More of the same. Can we all meet again to talk about how we resolve conflictual situations with other families or other colleagues?
- Joint working – how to make it work
- More dissemination of information from teams around the region

## Appendix t7

### Numbers of LEA commissioned Oxford Modular Courses, leading to a Certificate in the Education of Children with ASD (figures supplied by the WMAS)

#### Numbers of students completing Modules 1 and 2 by year and total number

<b>LEA</b>	<b>1996</b>	<b>1997 /1998</b>	<b>1998 /1999</b>	<b>1999 / 2000</b>	<b>TOTAL</b>
Sandwell	No records available		9 a + b		<b>9 +</b>
Warwickshire	No records available	17		16	<b>33 +</b>
Wolverhampton	-	11			<b>11</b>
Solihull	-	18		11	<b>29</b>
Coventry	-		39 to date	13	<b>52</b>
Wrekin and Shropshire	-			16	<b>16</b>

## Appendix t8

### Advanced Certificate in Education (Autism) students – University of Birmingham (by home address and not place of employment)

<b>LEA</b>	<b>1995/96</b>	<b>1996/97</b>	<b>1997/98</b>	<b>1998/99</b>	<b>1999/00</b>	<b>Total</b>
Birmingham	5	5	10	5	4	<b>29</b>
Coventry	-	1	2	1	-	<b>4</b>
Dudley	-	2	1	1	-	<b>4</b>
Sandwell	2	3	-	-	1	<b>6</b>
Shropshire	-	2	1	-	-	<b>3</b>
Solihull	-	-	4	3	-	<b>7</b>
Staffordshire	1	1	3	-	3	<b>8</b>
Telford	-	2	1	1	-	<b>4</b>
Warwickshire	1	2	1	2	3	<b>9</b>
Wolverhampton	1	1	-	1	-	<b>3</b>
Worcestershire	-	3	4	3	1	<b>11</b>

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