KEY CONSIDERATIONS
IN PROMOTING POSITIVE PRACTICE
FOR AUTISM SPECTRUM DISORDERS

A GUIDE FOR THOSE WORKING IN HEALTH AND SOCIAL CARE
KEY CONSIDERATIONS
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ACKNOWLEDGEMENT

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KEY CONSIDERATIONS
IN PROMOTING POSITIVE PRACTICE FOR AUTISM SPECTRUM DISORDERS
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BACKGROUND AND PURPOSE

The Scottish Strategy for Autism was launched in 2011 with the vision that “individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives.”
This guide has been developed to help people working within health and social care services to recognise and respond appropriately to the needs of individuals with Autism Spectrum Disorders (ASD).

Autism can impact on the health and social care needs of individuals, families and carers and on their access to services. In order to achieve the vision of the Scottish Strategy for Autism it is essential that all health and social care staff understand the impact of autism and make appropriate adjustments and adaptations to their practice.

This guide outlines KEY CONSIDERATIONS that help promote positive practice along with examples and comments from practitioners and the Autism community.

TERMINOLOGY

The terms autism and Autism Spectrum Disorder (ASD) have been used throughout this guide to refer to the range of neurodevelopmental conditions, including Autism, Atypical Autism, and Asperger’s Syndrome. Individuals on the spectrum and their families will vary in how they regard autism; some prefer to view it not so much as a disorder, but rather as a different way of thinking and viewing the world, hence preferring the term Autism Spectrum Condition to ASD and ‘difference’ to ‘impairment’.

ASD, rather than Autism Spectrum Condition (ASC), has been used throughout the guide to be consistent with existing terminology in Scotland, i.e., SIGN, The Scottish Strategy for Autism, The Scottish Strategy Mapping Report and The Menu of Interventions. ASD remains the terminology of the international scientific literature, being recognised as a universal term with official diagnostic status.

However, given the breadth of the spectrum and individual responses to terminology, we advise all staff to be sensitive to differences in how individuals and their families or carers wish to view themselves and how they wish to describe their autism.
SETTING THE SCENE

WHAT IS AUTISM?

Autism or Autism Spectrum Disorder is a term used to describe a group of lifelong, neurodevelopmental disorders marked by impairments in social interaction, impairments in communication and patterns of restricted, stereotyped or repetitive behaviour.
ASD covers a broad range of intellectual ability, and some individuals have special areas of exceptional talent whilst others are severely disabled and require a high level of support throughout their lives. A significant number of people have learning disabilities and many have mental health problems; anxiety and depression in particular.

Autism was once considered to be rare, but is now recognised as affecting about 1 in 100 of the population. This rise in prevalence over time reflects a much broader definition of autism as a spectrum disorder, changes in diagnostic criteria and improved diagnostic services, although there has also been much discussion as to whether there has been any actual change in the rate at which it occurs.

The causes of autism are not known, but genetic and environmental factors are believed to play an important role. ASD is considered to be present from birth, although not always evident at this stage. There is no ‘cure’ for autism, but there are many ways in which individuals with ASD can be helped and supported to reach their potential, to live fulfilling lives and to participate in society.

For more on understanding the core features of Autism see the resources section / NES Website and E-learning.

For more information on related NHS Education for Scotland resources and wider policy documents see Appendix relating to The Training Framework, Training Plan, other guidelines and NES resources.
KEY CONSIDERATIONS FOR PROMOTING POSITIVE PRACTICE: OVERVIEW

FOR ALL HEALTH AND SOCIAL CARE STAFF

- **ATTITUDES AND ASSUMPTIONS**: Being aware that attitudes can be affected by knowing that an individual has a diagnosis of autism and that we must be careful about making assumptions based on a diagnostic label or past experience of someone else with autism.

- **INDIVIDUALISED APPROACH**: Recognising that those with autism will vary across a range of skills, needs and circumstances.

- **PREPARATION**: Thinking about what staff can do to prepare in advance and how they might support individuals, families and carers in preparing for appointments.

- **PRACTICAL ARRANGEMENTS**: Considering the physical setting of appointments/contact and how these are arranged as well as timing and frequency.

- **COMMUNICATION**: Understanding the range of communication needs for those with autism and ways of supporting communication.

- **KNOWLEDGE, UNDERSTANDING AND SIGNPOSTING**: Having the right level of knowledge and understanding for your role and an awareness of other resources and sources of support.

SUPPORTING THE KEY CONSIDERATIONS WITHIN SERVICES

- **PARTNERSHIPS AND SHARED APPROACHES**

- **LEADERSHIP**

- **PROFESSIONAL DEVELOPMENT AND TRAINING**
AUTISM & IMPACT

- Knowledge, Understanding & Signposting
- Attitudes & Assumptions
- Individualised Approach
- Professional Development & Training
- Partnerships & Shared Approaches
- Leadership
- Communication
- Practical Arrangements
- Preparation
DEVELOPING THE KEY CONSIDERATIONS

EVIDENCE SEARCH AND SUMMARY

An extensive literature search was conducted by NES in September 2015 asking:

“What good practice exists within the health and social care sector in relation to interactions with individuals diagnosed with ASD?”

A mixture of guidance, published and unpublished literature was reviewed, resulting in a list of recommended actions. The actions have been used as the basis of the key considerations.
THE NHS EDUCATION FOR SCOTLAND GOOD PRACTICE SYMPOSIUM

The Good Practice Symposium was held in December 2015 with the main purpose of aiding the development of this guide.

The symposium invited contributions from the autism community and practitioners in describing current examples of good practice within a range of contexts. Group discussions considered three key domains

- Making services and interventions accessible
- Providing direct support and intervention
- Working in partnership and the wider context

Key considerations emerged from the presentations and group discussions and many of these correspond to those identified within the literature.

The symposium also allowed for other considerations to be raised and helped to provide practical examples from the experiences of the autism community and practitioners.
HOW TO USE THIS GUIDE

For each KEY CONSIDERATION there is a description of:

- What the key consideration means and any evidence relating to this
- What health and social care staff can do in response to this key consideration
- Relevant examples or comments from practice (gathered from the symposium)
For some key considerations there are also links to relevant resources.

The guide adopts a broad approach and it should be noted that staff should think carefully about whether a suggested strategy is appropriate for an individual. In particular consideration should be given to:

- The age and developmental stage of the individual
- Language skills and cognitive functioning (but remembering that even individuals with average or above average cognitive skills may find particular tasks very difficult)
- Any co-occurring conditions that might also impact on the appropriateness of a particular strategy.

**NATURE OF THE INTERACTION/SUPPORT/INTERVENTION BEING OFFERED**

The guide is not specific to a particular type of support or intervention and should mostly be applicable to any health or social care interaction. However, there are some examples which are more relevant to those providing direct interventions and these are highlighted.
KEY CONSIDERATION: ATTITUDES AND ASSUMPTIONS

This can relate to diagnosis

WHAT DOES THIS MEAN?

Most people have now heard of autism (National Autistic Society, 2016) and staff within health and social care may have had specific training and/or experience of working with individuals with a diagnosis. Whilst this can be helpful it is important to keep in mind that how autism affects individuals varies widely. For this reason care must be taken not to make assumptions based on knowing that someone has a diagnosis of autism.

WHAT CAN I DO?

- Reflect on any assumptions that you make when you know or suspect that an individual has autism
- Reflect on assumptions you make when individuals, their families and carers seek an autism assessment
- Think about whether these assumptions are helpful or unhelpful
- Remember that individuals known to mental health services who have an existing mental health diagnosis (e.g. anxiety disorder) might also have autism

This can also relate to how we understand and communicate experiences

WHAT DOES THIS MEAN?

For many individuals with autism day to day experiences might feel different. For example, it might be harder to cope with sensory input such as the smell of perfume or office cleaning products. Individuals who do not have autism might not be aware of this and therefore assume that the person with autism shares the same experience as them.

Autism might also impact on how individuals describe or relate their experiences and feelings. For example, describing a pain as “sharp” could mean an intense pain or it could mean it feels broken as it creates a more concrete image of broken glass.
WHAT CAN I DO?
- Have a good enough understanding of autism to be able to think about what individuals might find difficult or experience differently.
- Check that individuals (and parents/carers if appropriate) have understood you in the way you intended.
- Check with individuals (and parents/carers if appropriate) that you have understood correctly what they have said / how they are feeling.

EXAMPLES/COMMENTS FROM PRACTICE
- Assumption used to be that everyone was the same. People are realising that everyone is unique. It’s important to recognise that a number of things could be going on with any person.
- Textbooks and training materials can suggest that all individuals with autism are the same. Practitioners should spend more time experiencing lots of different people with autism and realising how much variation there is within a diagnosis.
- Be wary of making assumptions e.g. anxiety might not look how you would expect.
- Double check – both your understanding and their understanding.
KEY CONSIDERATION: INDIVIDUALISED APPROACH

WHAT DOES THIS MEAN?

Autism will impact on individuals in different ways and, as such, the approaches outlined in the following sections need to be considered carefully in terms of how they fit with the particular strengths, needs and circumstances of the individuals with whom you are working.

Learning about autism may help you predict or make sense of these skills and needs. But it should not be assumed that the same adaptations and approaches are relevant to everyone with a diagnosis of autism.

WHAT CAN I DO?

- **Ask** (as appropriate) individuals, family members, carers or others who know the person, including others involved professionally, what works best for them.
- Avoid wasting time and potentially damaging the relationship with the autistic person by starting from scratch and carrying out an assessment ‘afresh’ each time.
- Make use of strengths and interests to facilitate engagement and communication.
- Responding to individual needs is likely to mean that services need flexibility since a standardised approach may limit both access to - and the effectiveness of - a particular approach.

EXAMPLES / COMMENTS FROM PRACTICE

- It can be a mistake to think that the same adjustments should be made for everyone with autism as each individual is different. Things that have worked for others might not be right for everyone.

- More emphasis is needed on understanding the individual rather than creating time saving pathways.

- Our goal should be to support each and every client but this is done in a different way for each individual. Until you know what someone’s own motivations or ambitions are then you do not have a chance of understanding their issues or understanding how to help them. Spending time with the individual and listening is the best way to do this.
EXAMPLE

Young woman starting a new job within a bank and being given her own desk rather than hot desking and being given simpler jobs to ease her in. This was based on the assumption that because she has ASD consistency is very important. But this woman did not need a rigid structure and so these adaptations left her isolated in comparison to colleagues who moved around. She also found the simple jobs harder to deal with because the repetition was dull.

The example shows the need for caution when basing adaptations on previous experience of a particular person with autism. There is a danger of overgeneralising and thus hindering rather than facilitating the experiences of those we support.

USEFUL RESOURCES

- www.autism.org.uk/about/strategies/before-choosing.aspx
- www.autism.org.uk/about/strategies/before-choosing/guidance.aspx

The above are aimed at individuals, parents and carers but may also be of use to health and social care staff.

KEY CONSIDERATION: PREPARATION

WHAT DOES THIS MEAN?

Preparation can relate to you and/or your team/service finding out about people before you meet with them and ensuring that everyone within a team/service is appropriately aware of information about individuals’ skills and needs.

You can also support individuals, families and carers to be prepared by providing information about your service/ the appointment / what to expect.

Being prepared is likely to lead to more productive and beneficial interactions.

WHAT CAN I DO?

Seek information about individuals and how best to support them

- Find out as much as you can about individuals, their needs and their preferred way of communicating.
- Check if individuals have a health or hospital passport or a similar document that explains more about how autism impacts on them and what practical arrangements will help them feel more comfortable.
- Ask if individuals would like someone else to attend the appointment with them.

Give information about your service

- Provide information about the location, timing and purpose of the appointment in a preferred format (this may include photographs or diagrams)

Help individuals to prepare for the visit

- If the meeting is in an unfamiliar place they may want to have other visits before they meet with you so that the location becomes more familiar to them
- Suggest (if appropriate) individuals make a list of what they need to discuss.
Be clear about expectations

- Make your expectations and boundaries clear from the beginning.
- Have a clear structure and focus for your contact.
- Explain your role and what you are able to do as well as what you are not able to do.
- It can help to be explicit about things that you might think are apparent. For example, saying “I have a number of questions that I need to ask you. If you do not know the answer to these then it is okay to say “I don’t know””.

Make practical preparations

- Think about the environment in which you intend to meet with individuals (see practical arrangements).

EXAMPLES / COMMENTS FROM PRACTICE

Finding out about individuals

- In some areas there are liaison nurses who can gather relevant information and make sure it is stored in individuals’ records so that everyone will know this before meeting them.
- The “About Me” slide from earlier (see Appendix 4) would be helpful for adults too.
- Check if the person needs an advocate / spokesperson.
- Check if the person has a communication passport.
- More preparations and make expectations clear in advance.
- Use essential lifestyle plan / communication passport or similar as a basis for planning contact e.g. preparing the environment and establishing roles and responsibilities from an early stage.
Giving information in advance

- Information about the surgery/office (e.g., booklets that can be sent out/online information). This would be good across the board (not just for autism). Could include maps, pictures of the building etc.
- Provide staff profiles in advance
- Important to inform people how the visit will work
- Information given in advance e.g. letters need to say more than just a time of appointment – what is it for? An examination? A chat? Be clear
- Suggest that families bring a toy/motivator/calmer to the appointment

Gradual approaches

- Gradual exposure. Allow preparations in a graded way (see example)
- Pre-admission visit – allow patients to take photos. The person can look at the photobook as often as needed before the appointment – can be a very useful approach
- Social stories can be useful (see the Useful Resources section on the next page)
- Role play exercises for dental appointment – such as sitting in a reclining chair, opening mouth, using pretend equipment.
EXAMPLE

Boy getting dental work. Nurse anaesthetist sent details in advance explaining his role, what the clinical area looks like, what he would be wearing on the day and offering the patient the opportunity to visit before the appointment for a “walk through”. The boy needed to visit three times, but was then able to proceed with the needed procedure.

USEFUL RESOURCES

- [www.autism.org.uk/about/health/hospital-passport.aspx](http://www.autism.org.uk/about/health/hospital-passport.aspx)
- [www.autism.org.uk/about/health/doctor.aspx](http://www.autism.org.uk/about/health/doctor.aspx)
KEY CONSIDERATION: PRACTICAL ARRANGEMENTS

WHAT DOES THIS MEAN?

THE PHYSICAL ENVIRONMENT
For many people with autism sensory information (such as sights, sounds and smells) can be difficult to process. Think about how noisy, bright, busy your work/waiting area is and think of ways to reduce these sensory inputs.

HOW APPOINTMENTS WORK
Don’t assume that people will be able to read well or will be able to understand complicated written or verbal instructions.

FREQUENCY AND LENGTH OF APPOINTMENT
TIMING AND FREQUENCY OF MEETINGS AND APPOINTMENTS
You may need to consider offering more frequent, short appointments or infrequent, but longer appointments than usual to help the person attend.

You should also be aware that delays, changes or cancellations can cause more anxiety and upset than for other service users.
WHAT CAN I DO?

PHYSICAL ENVIRONMENT

Waiting areas are often busy, have many posters on the walls and can be noisy (e.g. many people talking, children playing, door alarms). If you know that this is likely to be difficult it might help to:

- Make arrangements so that individuals do not have to wait in this area for a long time. If they are travelling by car they may want to wait in the car until you are ready. Another room or quieter space in the location might be a better alternative.
- Arrange appointments at the beginning or end of the day. This may reduce waiting times and/or how busy the area is.
- Provide information prior to the appointment about what the environment will be like and suggest that if individuals normally have something that helps them to cope in these situations (e.g. listening to music on headphones) that they can do so whilst they are waiting.

You may not always be able to change the setting in which you are working. For example, you might need bright lighting in order to carry out your role. Prior preparation may help individuals to manage within this situation. If this has not been possible it might still improve the person’s experience if you:

- Ask if there is anything that is difficult for them in the environment (such as the noise of doors to other rooms closing).
- Acknowledge that this is a difficulty.
- Apologise if there are things that you cannot change.
ARRANGING APPOINTMENTS AND MEETINGS
Consider what may be difficult about standard protocols, e.g.

- If a letter is sent which asks individuals to telephone to confirm that they will attend this instruction might be overlooked, particularly if there is a lot of other information in the letter.
- Automated telephone systems can be difficult to navigate for some.
- Some individuals do not readily open their mail and it may be useful to advise them that a letter will arrive with a service stamp on it.

Try to check in advance if the standard system that you use is likely to cause difficulties and consider other ways to provide information about the appointment.

TIMING, FREQUENCY AND STRUCTURE OF APPOINTMENTS AND OTHER CONTACT
Remember that unexpected changes can result in anxiety:

- Try to ensure appointments happen as planned.
- If you are going to be late it may be helpful to let the person know, give a reason for this and if possible a time by which you will be available.
- Individuals may still find this difficult and when you do meet them they may need time for their anxiety to reduce.
- If you are aware that precise appointment or meeting times are difficult to predict, it may be worth preparing individuals for this by advising that they will be seen as close to their given appointment time as possible.
Depending on your role you might need to think about whether the individual will need a shorter or longer appointment than you normally offer:

- If your typical appointment slots are quite short think about whether additional time is needed for the individual to feel comfortable and whether additional time is needed for settling in or processing information.

- If you usually have quite lengthy appointments these might be too long for the person to maintain attention or to remain within an unusual or unfamiliar environment. You might offer shorter appointments more frequently or suggest having a planned break during a longer appointment.

Take into account that some individuals may need a family member or carer to support them. The timing and accessibility of the contact you have offered might impact on families and carers who have other work or caring commitments.

Some services typically set a limit on the number of sessions offered. Individuals with autism may need this limit to be adjusted to account for additional time to process information and to generalise knowledge or strategies acquired during the sessions.

Structure can be helpful in making expectations clear and reducing anxiety as the individual knows what is going to happen and when.

- Have clear boundaries with a set start and finish time

- Write a list or use pictures/visuals to show what is planned for the meeting (activities can be ticked off as they happen)

- If you are meeting with individuals on a regular basis they may like to keep their appointments with you to the same time and place (if possible)
EXAMPLES /COMMENTS FROM PRACTICE

PHYSICAL ENVIRONMENT

- Give people choices about the environment.
- Consider how overwhelming the experience may be – tastes, smells, sounds.
- Need to have a basic knowledge of autism to know that adjustments might be needed. You could just ask the individual “what do you need to feel comfortable?"
- Be explicit in asking the person if they need adjustments made.

ARRANGING APPOINTMENTS

- A limited number of sessions may not be best practice as each individual is not the same.
- Not just one time visits. Leave the door open for them to come back when new issues arise (flexibility and open access).
- Give people more time.
TIMING, FREQUENCY AND STRUCTURE

- Have key symbols e.g. “five minutes left” / “finished”.
- Try to keep to timings and explain any changes.
- Give more time for the assessment process. Bridge between traditional and flexible style.
- Carer: There are very few services I can access as I work full time. Supports need to be offered more flexibly and should address the needs of carers too.
- Don’t be too early either as it can also cause anxiety.
- Alterations to therapeutic group work: extend sessions. Look at starting with considering autistic thinking, smaller groups and one to one support outside of group sessions.
- Adapted interventions – think of language, or length of session, or structure.

USEFUL RESOURCES

NHS Education for Scotland Autism E-learning resource and website – The e-learning resource focuses on practical strategies within Primary Care (but applicable to other settings)

Easy Read Health appointment letters
- www.surreyhealthaction.org/health-services-in-surrey-made-easy/easy-read-appointment-letters

NAS guide to environment and surroundings
- www.autism.org.uk/about/family-life/home-life/environment.aspx
WHAT DOES THIS MEAN?

Communication refers to both how information is given and how this is understood. Individuals with autism will have difficulties with social communication. The nature of these difficulties will vary and it is important not to make assumptions based on initial impressions of an individual’s ability to communicate.

The individual may also have other difficulties that pose challenges to communicating effectively, e.g. an adult with Asperger’s Syndrome who also has ADHD and Dyslexia.

WHAT CAN I DO?

PATIENCE
Give time for information to be processed and for a response to be given. Listen and watch for behaviours that may be attempts to communicate.

CLEAR AND CONCISE
Use fewer words and shorter sentences where possible. Avoid sarcasm, jokes and metaphors. Remember that although idioms (e.g. “to hit the nail on the head”) are commonly used by the general population and professionals, they may not always be understood.

CHECK
Ask individuals to tell you what they have understood from your communication.

USE DIFFERENT FORMS OF COMMUNICATION
Verbal communication will not be suitable for everyone. Consider using other ways to communicate such as using pictures, photos, diagrams or demonstration. Try and find out in advance the individual’s preferred way of communicating.

DIRECT APPROACH
Be direct in giving instructions and in asking for information.
INTRODUCTORY ACTIVITY
For some it may be useful to have an introductory activity that helps you to learn about their communication preferences before you begin other tasks. This could involve activities such as playing a turn taking game, drawing or colouring in, or filling in a form together about the person’s preferences (consider if the task is developmentally appropriate). Explain that this is an introductory activity.

FORMATTING
Written information can be offered in different formats to take into account sensory needs and preferences. There are guides available on font size and type, spacing and colour (see resources).

SETTING
If eye contact is difficult for the individual it might help to set up the room and seating in a way that reduces demands to make eye contact (e.g. chairs side by side rather than across from each other).

BODY LANGUAGE AND EXPRESSIONS
Be aware that your non-verbal communication may not be recognised or may be misinterpreted. Equally, autistic individuals may display facial expressions and body postures that are at odds with their circumstances or emotional states.

DEMEANOUR
Be polite, gentle, calm and consistent.

IMPACT OF STRESS
Remember that in situations of anxiety or distress (sometimes explained as “meltdown”), autistic individuals’ ability to express themselves effectively is likely to be reduced and they are also less likely to understand and make sense of receiving communication. Be aware of behaviours that indicate individuals are anxious. If possible, explain that they seem anxious and offer a break. Alternatively, if you know what normally helps them (e.g. getting up and moving around) then remind them that it is okay to do this.
SYMPOSIUM COMMENTS

- Think about the language that you are using.
- Say what you mean and mean what you say.
- Remember language style. Metaphors can sometimes fit with a person’s interests and if used carefully and understood they can help engagement. For example, a young person who had an interest in a particular computer game could understand the steps in a graded exposure plan as being like levels in the computer game.
- Consider all means for communication – verbal, written, visuals.
- At a point of “meltdown” reduce your language use. You can talk about it later. It might help then to use social stories or support with visuals (see resources).
- Follow up with a written letter or email (depending on type of situation).
- Written summaries of meetings can help and can be shared with all involved.
- Learning disability services – individuals are often very visual learners, use more drawings, involve the person in this process.
**EXAMPLE**

Psychologist described using a visual map showing the journey through services to help an individual who was focused on accessing trauma therapy which was unsuitable at that point. The map showed the process that had to happen in order to access this. It was shared with other professionals. This helped the individual to see the steps involved and improved engagement with specialists in order to reach the point where trauma therapy could be accessed.

**USEFUL RESOURCES**

- [www.autismtoolbox.co.uk/supporting-pupils/visual-supports/](http://www.autismtoolbox.co.uk/supporting-pupils/visual-supports/)
  Written in relation to mainstream schools but gives a good description of using visual supports

- [www.communicationpassports.org.uk/Home/](http://www.communicationpassports.org.uk/Home/)
  Guide to making and using communication passports

  Guide on formatting from Dyslexia

  Guide from the UK Assocation for Accessible Formats

- [http://www.nes.scot.nhs.uk/media/2507407/nesd0214aacframework-re.pdf](http://www.nes.scot.nhs.uk/media/2507407/nesd0214aacframework-re.pdf)
  NHS Education for Scotland guide on knowledge and skills in relation to augmentative and alternative communication
**KEY CONSIDERATION:**

**KNOWLEDGE, UNDERSTANDING AND TRAINING**

**WHAT DOES THIS MEAN?**

Staff need to have knowledge and understanding about autism and the impact of autism at the right level for their role.

**WHAT CAN I DO?**

- **THE NHS EDUCATION FOR SCOTLAND AUTISM TRAINING FRAMEWORK:** OPTIMISING OUTCOMES can be used to identify the knowledge and skills required for different levels of practice across key areas of autism work.

- Understanding of autism should be developed in a number of ways and this includes formal training and gaining relevant experience.

- Remember that individuals, families and carers also need access to knowledge both about autism and about available resources and supports. It can be helpful if you are able to signpost appropriately.

**SYMPOSIUM COMMENTS AND EXAMPLES**

**NEED FOR ALL TO HAVE RIGHT LEVEL OF KNOWLEDGE AND SKILLS**

- There can be anxiety among the general population about autism/knowing anything about autism which creates a barrier. It’s about educating and helping people overcome fear

- Good practice should include raising awareness about autism among practitioners

- Universal understanding of ASD needed

**NEED FOR SIGNPOSTING AND KNOWLEDGE OF WHAT’S AVAILABLE**

- Parents need to be given information about services – practitioners need to know this

- Knowledge – parents and carers don’t know what is out there and don’t always know who to ask

- Central resources for everyone to access would be ideal but someone would have to update it!
EXAMPLES OF CURRENT PRACTICE (FROM DIFFERENT AREAS)

- One Stop Shop keeps up, has an information officer who keeps track of projects, resources, etc.
- Post diagnosis session where an information pack is given about services etc
- Having an email address for parent enquires
- Information packs sent out regarding services, leisure groups, benefits, funding, health etc.

USEFUL RESOURCES

Identifying what knowledge, skills and training are needed for your role:

NHS Education for Scotland Autism Training Framework: Optimising Outcomes and Training Plan

Finding relevant training

Autism Network Scotland – see events calendar showing upcoming events. Also in the “resources” section the “autism training resources” lists a number of training resources
- [www.autismnetworkscotland.org.uk/](http://www.autismnetworkscotland.org.uk/)

Skills for care guide to developing skills and knowledge related to autism including links to resources for health and social care professionals
- [www.skillsforcare.org.uk/Topics/Autism/Autism.aspx](http://www.skillsforcare.org.uk/Topics/Autism/Autism.aspx)
With pressure on resources across services and where many are not dedicated to meet the needs of the autism community, i.e., they may be generic health or social care services, time should be invested in establishing what autism knowledge, skills and protocols already exist.

Collaboration and sharing of knowledge and skills are more likely to contribute to meeting the needs of those with autism, their families and carers, rather than rigid or inflexible approaches that limit access to services and often result in individuals with complex needs not meeting criteria for any service.

Services should invest in time to engage meaningfully with service-users in order to develop and improve services offered.

Activate links between statutory services, the third sector and the autism community to identify where gaps lie and how these might be addressed.

Where the service has particular challenges, e.g., extremely remote with little access to CPD and specialist support, to link with other examples of services facing similar challenges in order to address them pro-actively.
WHAT DOES THIS MEAN?

Leaders in health and social care are encouraged to “lead by example” by making a commitment to making services autism-friendly and reducing barriers to the autism community accessing services and ultimately the wider community.

Leaders leading by example will support and promote the current national autism strategy, national guidelines and seek to understand local needs and be familiar with local and regional resources.

Leaders will demonstrate commitment by identifying autism learning needs amongst staff groups and planning the education and training of the workforce.

Leaders will develop sustainable practice that ensures appropriate support and resources are available in an ongoing manner.
KEY CONSIDERATIONS IN ADAPTING PRACTICE – FOR SERVICES
PROFESSIONAL DEVELOPMENT & TRAINING

WHAT DOES THIS MEAN?
All staff working in health and social care should have access to autism education and training that is appropriate to the level of work in autism.

WHAT CAN I DO?
Identify with my senior staff what the autism contact is within the organisation, e.g. in a specialist autism service, all clinical staff will have regular contact with individuals on the autism spectrum (bearing in mind that many, adults in particular, may be undiagnosed).

Clinical staff may already have a level of training, but administrative or care staff might not have appropriate training.

Identify training gaps and appropriate format of education and training required for individuals, teams or the whole service. (see Appendix 2)

Ensure basic training and CPD are facilitated throughout the organisation by identifying autism learning within appraisals etc.

To think flexibly about education and training where additional challenges exist such as remote location.
APPENDICES AND RESOURCES

1. Overview of the NHS Education for Scotland Autism Training Framework: Optimising Outcomes
2. Policy context of this guide and relationship to national and professional guidelines
3. Summary symposium presentations and posters
Since late 2013, NES Psychology has been working to support the recommendations outlined in the *Scottish Strategy for Autism* (2011). The Scottish Government has funded NES to produce a national *Training Framework: Optimising Outcomes and a Training Plan for ASD* to assist health and social care staff to consider autism in relation to their particular role.

**Optimising Outcomes** describes the knowledge and skills required across the range from those in generic services through to those working in specialist ASD services.

**Optimising Outcomes can help:**

- Individual staff members to understand the values underpinning the Scottish Strategy for Autism.
- Individual staff members to identify particular strengths as well as gaps in their autism knowledge and skills.
- Organisations to identify the levels of knowledge and skill their staff require to meet the needs of people with autism spectrum conditions and their families or carers.
- Organisations to identify staff training needs that support the delivery of national guidelines.
- Education and training providers to reflect on the content of the courses they provide.
- Individuals with ASD, their families, carers and advocates be aware of their rights and entitlement to receiving excellent support, care and treatment.

There are many available resources and opportunities for training in autism spectrum disorders in Scotland so how can practitioners decide on the best training for them?
The **NES Training Plan for ASD** should assist practitioners and managers in deciding what type of training or support is needed and how this should be accessed, e.g. classroom-based or e-learning, and **Autism Network Scotland** host a directory of training providers.

NES has been praised for the active involvement of the autism community (individuals on the spectrum, their families and carers) in updating the existing NES autism web resource, and providing examples of core mental health issues and essential good practice for **Optimising Outcomes**.

**AUTISM COMMUNITY RESPONSES TO WHAT TRAINING PROFESSIONALS NEED**

> Well, my major issue with medical people is the way in which I understand things literally. There is something particular to talking with someone in a medical context that amplifies my problems with literal interpretation.”

> Consider providing easy-read information leaflets for medication.”

> Different levels of autism awareness is needed – a receptionist should know how to handle ‘different’ behaviour, but take it no further; a GP should know how to suggest referral for diagnosis”

> Flexibility of practitioner to meet individual needs”

> Able to look below the surface – people may appear to be coping, but underneath they may be struggling”

NES autism resources, including the **Training Framework** and the **Training Plan**, are all available in one place on the Knowledge Network.

This guide should be used in conjunction with existing national policy and professional guidelines. See below for a list of relevant documents and resources (not exhaustive):

**POLICY AND LEGISLATION**


NATIONAL GUIDELINES
For guidelines relating to children and young people, see: http://www.nice.org.uk/guidance/cg128

Scottish Intercollegiate Guidelines Network (2016) SIGN 145: Assessment, Diagnosis and interventions for autism spectrum disorders. This SIGN reference guideline was devised in order improve both the assessment and the management of autism spectrum conditions. See: http://sign.ac.uk/guidelines/fulltext/145/index.html

OTHER GUIDELINES (NOT EXHAUSTIVE)
British Psychological Society ASD Guidance for Psychologists

The National Autistic Society (2012) Good Practice in Autism Training: A code of practice. This document reflects on the variations existing in available training around autism. It aims to provide a context for the delivery of training and to ensure that this is based on knowledge and experience and reflects the best available evidence. See: http://www.autism.org.uk/~/media/NAS/Documents/Working-with/Autism-training-code-of-practice-A5-36pp-web.ashx

Nursing

Royal College of General Practitioners

Royal College of Psychiatrists
Scottish Transitions Forum (2013) Principles of good Transitions: For young people with additional support needs. This report stems from the realisation that as young people make the transition from one stage of their life to the other they will encounter a series of changes. Each individual will be affected by these transitions in a different way depending on their own circumstance, background and the kind of symptoms they demonstrate. Hence the Scottish transitions Forum (ARC Scotland) has recognised the need for individualised support. Their main aim was to inform policy and to provide better care and support in order to ensure smoother transitions for young people on the autism spectrum.


Skills for Care and Skills for Health (2011) Autism Skills and knowledge list, for workers in generic social care and health services: Part of the ‘Better social care and health outcomes for people with autism’ series. Leeds/Bristol: Skills for Care and Skills for Health. This list has been compiled with the view of raising awareness and also skills among workers in generic health and social care services. See: http://www.skillsforhealth.org.uk/service-area/autism/


Speech and Language Therapy
https://www.rcslt.org/news/good_comm_standards
TRIPLE A’S (Alastair Meek) – PEER SUPPORT AUTISTIC CHARITY

ATTITUDES AND ASSUMPTIONS
There are groups for whom getting a diagnosis is more difficult (adults and females). Diagnosis needs to stop being about the stereotype

Be willing to listen to us – it’s the only way to understand autism. Don’t talk for us and don’t discard what we have to say.

INDIVIDUALISED APPROACH
Don’t patronise us. Don’t talk slowly because of our diagnosis – only do so if we seem to need it.

PRACTICAL ARRANGEMENTS
If we are coming to see a professional we are probably stressed and quite likely to find the situation difficult to deal with. Assume stress even if we don’t look it.

RECOGNISING SENSORY DIFFERENCES
We have sensory issues. This means that things you cannot perceive can and will hurt us. It also means we may not perceive things that you find obvious.

COMMUNICATION
We don’t necessarily relate our experiences in the same way. This can really complicate understanding what we are feeling, because we won’t describe it as you expect.

*Some of the full presentations and posters are available on ANS: www.autismnetworkscotland.org.uk/nes-good-practice-symposium/
AUTISM RIGHTS GROUP HIGHLAND (Kabie Brook) and NATIONAL AUTISTIC SOCIETY (Lisa Sturgess)

SUMMARY
The work of both ARGH and NAS in organising an “Autism and Ethics” conference was described. This event was of an educational nature but the key points around making it accessible and working in partnership with the autism community can be applied to health and social care supports and interventions.

PREPARATION
Focus on making the conference a “safe space” by providing information about the event in advance including:

- Conference delegate packs – information and visuals about the venue and structure of the day.
- Interaction badges: System for all to show what level of interaction people were comfortable with or what might help them.

PRACTICAL ARRANGEMENTS
Potential sensory issues addressed in the delegate pack e.g. asking attendees not to wear strong perfumes, provision of quiet areas and quiet dining arrangements and use of waving of hands rather than clapping.

PARTNERSHIPS AND SHARED APPROACHES
Event was co-produced and benefited from actively listening to the autism community and learning from autistic led initiatives.
ADAPTING PRACTICE FOR HOSPITAL ADMISSION
(Susan Coyne, Helen Smith, Fiona Young)

SUMMARY
The group presented on a number of approaches that they have found helpful for young people with autism who have been admitted to the CAMHS inpatient unit. Whilst this is a specialist setting the group focussed on adaptations and adjustments which may also be useful in a wider range of health and social care settings. Particularly what may be helpful when there are possible challenges for autistic people with being in an unfamiliar environment with changes to their normal routines.

INDIVIDUALISED APPROACH
Making use of the strengths and interests of individuals in planning aspects of their treatment. For example, linking into resources within the local community that were in line with these interests (such as local branches of animal charities).

Using “All About Me” worksheets to help the young person describe how autism affects them, what they find difficult and what may help them

During direct work with young people using their own interests, perceptions and experiences. For example, creating a personal five-point scale with pictures that represent a particular feeling for that young person.
PREPARATION
Social stories like this example can be used to help young people prepare for certain aspects of their treatment.

Social Stories...

- This is how I get the anaesthetic. The anaesthetic puts me to sleep for about 20 minutes.
- While I am asleep the doctor gives me the actual ECT treatment. The treatment is given through the pads on my head. The pads pass an electric current into my head. This causes something that is called a seizure that is helpful for my brain. The seizure stimulates the nerves and stimulates the brain. The seizure makes the muscles twitch. This is a bit like waking up parts of the brain. Or, this resets bits of the brain that need a bit of a reset.
- When I wake I will be in the recovery room, with an oxygen mask on. I will be connected to a monitor for my heart rate, blood pressure, oxygen and breathing. There will be sticky pads on my chest connecting to the machine with wires.
- I will stay in the bed until the staff are happy that I have recovered well. The staff will do lots of checks The staff will ask questions such as; "what is your first name?", "What day is it today?" this helps them to know if I have recovered well.
- When I am ready to leave, the YPU staff drive me back to the unit
- This treatment will help my brain to settle. This means that my mood can become more calm.
- Sometimes I laugh a lot. This happens even when I don’t want it to. When my brain is calmer this won’t happen so much. This is why the treatment is good.
- If I have any more questions I can ask the staff.

PRACTICAL ARRANGEMENTS
Occupational Therapy involvement in looking at the young person’s sensory needs and whether they are particular issues that need address (e.g. the smell of the fluid used to clean floors)

COMMUNICATION
Use of talking mats to help communication (see www.talkingmats.com)

Talking mats is an evidence based communication tool.

Works by breaking down information into manageable chunks and removes the non essential language and focuses on essential words.

Allows the person to process information.
DEVELOPING A SENSORY CHECKLIST (Lesley Gibson, Specialist Paediatric Occupational Therapist)

SUMMARY
Described the development of a Sensory Checklist in a format that was easier for parents, carers and educational staff to complete. The checklist is then used to help create an individualised “All About Me” sheet for a child / young person. Again this aimed to be in a very accessible format.

INDIVIDUALISED APPROACH
Recognises that some autistic individuals experience differences in sensory processing but that the nature of these will vary between different individuals. The “All About Me” gives a summary of the child or young person’s own likes and dislikes along with their individual signs of stress or anxiety and actions that may help them.

PRACTICAL ARRANGEMENTS
Having a clear description of the particular situations that cause difficulty for an individual can be helpful in guiding the types of practical arrangements that might be required. For example, in the “all about me” sheet below the young person dislikes certain smells. If they were attending a hospital appointment and the department was near to the canteen then this could potentially cause them distress. Depending on the nature of the appointment it might be possible to use a different location or to make the appointment at a time when cooking smells are minimal.
My name is X. I have ASD

Things I like:
- Playing Minecraft on the computer
- Playing with model trains
- Watching and learning about real trains
- Playing on train simulators on the computer
- Building models with Lego

Things I don’t like or find difficult:
- Unexpected touch
- Bright light
- Standing in line next to other people
- Certain noises like school bells
- The sound of people eating, mum puts the radio or TV on at home so I can’t hear others chewing their food
- Certain smells like fish or mince

Signs that I may be feeling stressed/anxious:
- Increased rate of blinking
- Scratching at my wrist
- Picking things
- Banging my head off the table top
- I start to raise my voice
- It becomes more important for me that other people are sticking to the rules

Strategies for Home and School:
- Removal from the situation that is causing me distress
- Let me wear my baseball cap in class on sunny days
- Time out options can work well
- I like to wear my headphones when I am trying to concentrate
- I can tell the teacher if I am feeling stressed
- A cool drink can help me calm down, especially if I have become hot & bothered
- Let me do research on the computer, or in a library book, on my favourite topics of trains or bridges
INDIVIDUALISING PROGRAMMES FOR RELATIONSHIP, SEXUAL HEALTH AND PARENTHOOD EDUCATION
(Corrie McLean, Family Planning Association)

SUMMARY
This was a Scottish Government funded project in which two Family Planning Association (FPA) workers worked with young people (aged 9-25) to deliver sexual health and relationship education. Throughout the delivery of this it was noted that a number of adaptations were needed to make the programme more accessible and effective for young people with autism. Additionally, as the project was funded on a short term basis there was consideration of how to address issues of sustainability.

ATTITUDES AND ASSUMPTIONS
Recognition that professionals and parents and carers may make particular assumptions about a young person's need for, or understanding of, education about relationships and sexual health. It was noted that there was a need to work alongside others involved with the young person (e.g. teaching staff, family members) to develop consistency in both values and approach. Assumptions might also relate to expectations about what the young person knows or does not know.

INDIVIDUALISED APPROACH
The programme would normally be delivered in a group format but it was found that for the majority of young people with ASD at least some individual sessions were needed. This was particularly helpful in considering the individual needs of the young person.
PRACTICAL ARRANGEMENTS
Compared to the standard programme sessions usually needed to be shorter but more frequent.

PARTNERSHIPS AND SHARED APPROACHES
As the project itself was short term there was an emphasis on working alongside other agencies and professionals that support young people with ASD e.g. One Stop Shops and educational establishments. At the conclusion of the project a conference event was also held to share good practice from the project and to deliver workshops to help build capacity to continue to support Relationship, Sexual Health and Parenthood education.
AUTISM AND TRANSGENDER: DEVELOPING UNDERSTANDING TO ENHANCE PRACTICE AND SUPPORT (Chris Cole, Clinical Autism Specialist, GG&C Adult Autism Team)

SUMMARY
Research and clinical experience of considering issues around Gender Identity in those with Autism Spectrum Disorder was reviewed.

ATTITUDES AND ASSUMPTIONS
Consideration of how these can impact on discussion of gender identity e.g. knowing what terms or language is preferred.

KNOWLEDGE, UNDERSTANDING AND TRAINING
As an area in which research and understanding is continuing to develop there is a need for practitioners to keep up to date at a level appropriate to their role.
UNDERSTANDING SEXUALLY INAPPROPRIATE BEHAVIOURS IN AUTISM AS A MEANS TO CONSIDER RISK (Mary McCutcheon, GG&C Adult Autism Team).

SUMMARY
This presentation considered potential vulnerabilities and risk for autistic individuals given possible differences in sexual knowledge along with mental health issues in social understanding.

ATTITUDES AND ASSUMPTIONS
Attitudes and assumptions might impact on access to appropriate sexual health information for those with autism. For example, it may assumed that individuals with autism do not want to form intimate relationships.

KNOWLEDGE, UNDERSTANDING AND TRAINING
Need for increased knowledge and training in delivering sexual education programmes which meet the individual needs of those with autism (particularly adults).
ADAPTING GROUP PROGRAMMES FOR ADULTS WITH LEARNING DISABILITIES (Dr Audrey Espie, Consultant Clinical Neuropsychologist, West Dumbarton HSCP)

SUMMARY
Adaptations to group therapy for adults with Autism and Learning Disabilities were described along with consideration of why this type of input is valuable and how it fits with the National strategy.

ATTITUDES AND ASSUMPTIONS
Recognition of mental health concerns (such as anxiety and low mood) may be poorer due to assumptions about how these concerns typically present. However, it is known that those with learning disabilities and autism are more likely to be affected by mental health difficulties.

PRACTICAL ARRANGEMENTS
The group runs at the same time and place to help reduce any anxiety or uncertainty that changes to time or location could contribute to.

Numbers within the group are kept small.

Support workers are able to accompany individuals at the individual’s request.

COMMUNICATION
There was more of a focus on using visual learning tools such as pictures and diagrams.

Written information was kept in a bullet point format.

Increased repetition of key points.

PARTNERSHIPS AND SHARED APPROACHES
Some individuals who completed the group were then able to join subsequent groups as facilitators.
EXAMPLES OF GOOD PRACTICE IN AUTISM SERVICE DELIVERY (Richard Ibbotson, National Director Scotland and Cathy Steedman, Depute Director Scotland. Autism Initiatives)

SUMMARY

Three examples were described relating to

- Development of a personalised communication tool
- Support to an individual with co-morbid mental health issues
- Providing a One Stop Shop service in a rural area (Highlands)

ATTITUDES AND ASSUMPTIONS

Recognition that assumptions are sometimes made about an individual’s level of language or understanding which impact on how they are supported. For example, it may be assumed that because they have been told something is going to happen that they know what to expect. This could cause distress if they have not understood the communication.

INDIVIDUALISED APPROACH

An approach focuses on developing a shared understanding of the individual and how autism affects them. This is used to develop a personalised approach to support

COMMUNICATION

Reviewing the individual’s communication needs and developing a system (keyring communication tool) that suited these
KEY CONSIDERATIONS IN PROMOTING POSITIVE PRACTICE FOR AUTISM SPECTRUM DISORDERS

APPENDIX 3
SUMMARY SYMPOSIUM PRESENTATIONS AND POSTERS

PREPARATION
Sending staff profiles to the client before staff visited for the first time

PRACTICAL ARRANGEMENTS
Offering telephone “appointments” for an individual who was finding it difficult to attend necessary health appointments
Offering meetings in more familiar locations such as the individual’s house and the GP surgery

PARTNERSHIPS AND SHARED APPROACHES
Recognition of the value of working alongside the autistic individual as part of a partnership
Appropriate sharing of information about the individual’s needs and how best to support him with other agencies involved in his care
MY NAME IS MAX. I HAVE AUTISM. THIS MAKES ME DIFFERENT

Max and his mother prepared a slide presentation for his school to inform his peers and staff about his condition and how it might impact on him and on them at certain times.

Max was able to present the aspects of daily school life he found difficult, as well as the many skills and characteristics he has that are positive and interesting.

Max, his mother and his TA felt that this had a positive impact on his experience because the other pupils displayed more consideration and understanding of his needs.

Max and his mother were keen to provide the slides for other events ‘to be used in any way that helps’.

Being afforded the opportunity to be an advocate amongst his peers and staff is a valuable opportunity to communicate effectively with others about the condition and how it impacts on him day-to-day.
KEY PRINCIPLES TO ADDRESS THE SCOTTISH STRATEGY GOALS OF:

- **A Healthy Life:** Working together helps achieve the highest attainable standard of living, education and family life.

- **Choice & Control:** To identify needs and be responsive to meet those needs.

1. A mainstream secondary school provides a resource (The Multistudy) for pupils with ASD to access the curriculum and fulfill their potential.

2. Communication with parents and between parents is a key principle of the approach to ensure active involvement, awareness, informal support and regular updates on individual children and the bigger picture.

3. General strategy to improve professional development of all staff

4. General strategy to support shared practice and access to shared resources

5. General strategy to facilitate regular communication between teaching and support staff

6. General strategy to keep individual learning profiles up to date and accessible
PERSON CENTRED PRACTICE DOES MAKE A DIFFERENCE! Monika Thomson
Funded through NHS Highland

IMPORTANT PRACTICAL PRINCIPLES

- Personalisation reflects core social work values: respect for the individual and self-determination.

- Individualisation, assessment and intervention are inextricably linked

- For individuals with autism to participate meaningfully in planning their support package from the outset, autism-friendly tools may be required.

- Social workers need to invest time and energy in learning about the individual, strengths, hopes and dreams, learning about the condition and considering a range of approaches – even those that are unfamiliar - to facilitate partnership working.

- Whilst there are barriers to implementation and gaps in services, it is still be possible to be creative and pursue solutions.
AAC LANARKSHIRE WORKING IN PARTNERSHIP WITH HOPE FOR AUTISM
Diane McEwen, Hayley Devoy & Eileen Waugh

HOPE for Autism supports young people affected by autism and their families across North Lanarkshire.

With funding from the Augmentative and Alternative Communication (AAC) Network Group, HOPE successfully secured funding for input from Speech & Language Therapy, training and equipment.

AIMS OF THE PROJECT INCLUDE:
- To reduce isolation in children and young people; to develop confidence and improve communication and socialisation.
- To facilitate turn taking and interaction
- Through partnership working they will have access to AAC advice, services and support
- HOPE staff will share their knowledge with parents, carers and other community contacts.

EDUCATION AND TRAINING
HOPE staff and parents will be trained to various levels in TALKING MATS, PECS and VISUALS.

EXPECTED IMPACT AND BENEFITS:
Greater awareness of AAC amongst professionals, families and businesses in the area

Increased awareness of benefits and possible impact on young people’s capacity to live fulfilling lives

Greater ability to communicate thoughts and views to services

Developing collaborative working partnerships facilitates greater access to support and advice.
THINKING OUTSIDE THE BOX Bronwyn Tosh, Music Therapist (Nordoff Robbins)

COLLABORATIVE VENTURES IN AN AUTISM SPECIALIST SCHOOL

COLLABORATING WITH OCCUPATIONAL THERAPIST IN USING MUSIC AND RHYTHM TO MEET DIFFERENT GOALS
- Improve pupils’ focus and attention through bean bag and ball exercises in class-based setting
- To use rhythm to bind pupils together in musical activities

COLLABORATING TO LEARN A FUNCTIONAL SKILL AND REDUCE ANXIETY
- Develop a teeth brushing programme for children who struggled with sensory issues or learning the skills
- Creating a social story set to music with the direct support of OT in breaking down all steps
- Used at home and in pairs at school
- At the end of the term most children more compliant in this task at home and could complete sequence with minimal prompting
- Benefits of using music as a motivator, an additional tool to learn the sequence and making a task more fun

USING MUSIC THERAPY IN EARLY YEARS LESSONS
- Working with teaching and support staff in classroom-based activities
- Music accompanies lesson and activities, promoting focus and attention
- Feedback from staff showed benefits of providing calm and time to breathe
  Opportunities for the team to discuss children, facilitated reflection on their experience of the class and individual children

The benefits of music therapy being integrated into various aspects of the school environment and not only in formal 1:1 or group sessions. Collaborating with other professionals and teaching staff to make the most of the resources available.
FREE RANGE PROJECT
Judith Scott (Autism Spectrum Information and Support Team) & Sharon Faulkner (Practice Development Officer), Fife Council

WHAT IT IS:
The Free Range project is a referral-based project run by Fife Council’s Play Development Team in partnership with Falkland Centre for Stewardship.

The project is underpinned by the child’s right to play: It is an entirely outdoor play experience for children aged 4 to 9 years (including those with ASD) and is designed to promote children’s health and wellbeing through outdoor play in a natural environment. It values the long-term benefits of play and exposure to risk – both in terms of physical health and in developing resilience and mental wellbeing.

The woodland environment provides challenge, adventure and fun opportunities for the children to develop their life skills, increase confidence and resilience as well as developing a strong connection with the natural environment.

The children attend each day for a week during school holiday periods and are referred to the project by social work, education, family and community support teams, NHS Fife, as well as other agencies.
BENEFITS:

- Supporting non-verbal children and children displaying extreme behaviours in primary school.

- Project supports schools and provides respite for families.

- Significant transition planning takes place to share information to support the individual fully.

- The project is funded and there is no cost to families. Transport to and from the child’s home and meals are provided.

- The project has given children truly positive experiences which can then be shared and built upon in both the child’s school and home.

- The nature of the outdoors makes it an interesting, stimulating place to play, and allows children the sense of fun and freedom whilst promoting their physical, emotional and psychological health.

- Outdoor play facilitates better social networks, confidence and involvement in local communities. Children with ASD who have been involved in this project have developed friendships which have previously not been possible.

- The carefully considered environment has improved children’s sleep and diet, impacting the health and wellbeing of the whole family.

- Making resources available and accessible to children with ASD, their families and carers can facilitate development and improve quality of their lives.
PAULINE HAGGARTY

- A group of NHS GG&C SLT clinical specialists in ASD created ‘Social Circles’ – a visual representation of the development of Social Interaction & Social Communication Skills,

- Aim to enhance & accompany the Building Blocks of Language model.

- Designed to help parents/carers and professionals understand the fundamental core difference/deficits of ASD.

- But also supports parents/carers and others to recognise what interventions, environmental modifications are required to support the young person and to be more realistic about potential outcomes.

No evaluation yet

However being used during ASD diagnostic feedbacks

Used when discussing with parents suitability of interventions

Helps to demonstrate that ASD is not simply about behaviour

SLT have found it very helpful, and clear interest from other professional colleagues in using it
CLAIRE MCCARTHY AND EMMA MCLEAN
Music Therapists, NHS Lothian

An example of good practice using music therapy sessions in a primary school communication provision for children with ASD:

- A structured approach involving one-to-one sessions with children, supporting communication, self-expression, learning and relationship development
- Joint work, communication and feedback to educational staff and health professionals to share good practice and music therapy techniques
- Consultations with parents to support communication at home, increase motivation and attention and concentration
- Formal evaluation of the intervention by educational staff, parents & carers and healthcare staff
- Includes measures of behavioural change

FINDINGS
Benefits across domains of behaviour, increased confidence, reduced anxiety, improved mood and self-expression and an increase in listening and concentration skills

Nature of the sessions, non-verbal and being child-led seen to be of benefit

Sharing good practice and techniques across professional groups and parents and carers

Measuring impact across domains

Adopting non-verbal therapy approach to support children with ASD whether they are verbal or not.
The development and evaluation of a systematic approach to training in Visual Symbol Supports in a school

Visual symbol supports (VSS) is a low-tech approach that has known benefits. It helps children to predict and understand their environment.

Adopting the Fife project: Symbolising the Environment, a Visual Support Project was used: a three-tier implementation model for raising awareness, changing practice and improving access to VSS

AIMS
The project aimed to deliver and evaluate tier 1 (Bronze level) in five mainstream schools.

Schools were provided with a systematic process of training delivery, ready-made resources, a named co-ordinator and regular visits from the Visual Support Project to facilitate local ‘ownership’ of the resources.

EVALUATION
Included pre- and post-training questionnaires for staff, focus groups for children and case studies.

Positive changes were identified across classrooms and whole-school environment

Children had greater and consistent access to VSS, resulting in effective inclusion across universal settings

Staff were able to sustain the VSP model
REFERENCES


