

Autistic Spectrum Disorders | **Good Practice Guidance**

02 Pointers to good practice

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Pointers to good practice

This section consists of pointers to good practice in various areas of provision for children with ASDs. Whereas the preceding chapters provide reference material, these pointers will help service providers to develop their own provision for children with ASDs in the light of practice that has worked well elsewhere. There are pointers on (in alphabetical order):

- Advocacy
- Early years
- Family support and short breaks
- Funding
- Home-based provision
- Identification
- Information and communications technology
- In-service training
- LEA outreach support services
- LEA policy
- Mainstream or special school placement decisions
- Multi-agency support
- Regional co-ordination
- School provision for children with ASDs
- Speech and language therapy
- Transitions and moving to post-school provision

The pointers have been drawn up on the basis of the good practice examples that accompany the website version of this guidance. The pointers are consistent with the principles set out in Part 1 and the advice of experts on those areas which the pointers cover. They are, therefore, grounded in the good practice which is already taking place and the accumulated experience of practitioners.

Joining together individual pointers based on practice in different areas of the country makes them collectively look very challenging. As a

whole, the pointers should be viewed as aspirational. The Group would not expect any individual school or early years setting, local education authority or regional grouping to display in their practice all the pointers that are relevant to them. The service provision that is implied by these pointers collectively is something to work towards over time.

How to use these pointers

The pointers are tools. They can be photocopied and distributed to all those who can make use of them. They are aimed at service providers rather than children with an ASD or their families, although, clearly, some pointers, for example Family support and short breaks, are particularly relevant to families.

The pointers and the column of evidence exemplifying them can be used by different service providers in different ways according to their different roles and the position their particular service is starting from – whether it is an individual school or setting, an outreach service or LEA or regional grouping. Where a service has just been established the pointers can be used as targets to achieve within an agreed timescale. Where the service is well established the pointers can be used as an audit tool to assess current provision.

Individual services will find some of the pointers of relevance to them and not others. Speech and language therapy services, for example, will be primarily interested in the pointers on Speech and Language Therapy and Multi-agency working. Schools will find a much wider range of pointers relevant to them while LEAs and regional groupings may find all of the pointers relevant to them. SENCOs will find that not only the section of the School Provision pointers entitled SENCOs will be

relevant to their role but also the rest of the School Provision pointers and the Information and Communications Technology, Transitions and In-service training pointers too. The difficulties of children with ASDs do not fall neatly into the sets of pointers contained in this guidance and inevitably there are overlaps between some of the individual pointers in the different sets and the evidence for them. Readers will need to cross-refer between relevant sets of pointers and take account of the overlaps.

The relevance of the pointers for the three different levels of service implementation set out below is indicated next to the evidence exemplifying the pointers.

Implementation Levels

The guidance refers to three distinct levels of implementation:

Level S describes practice at a pre-school, school or unit level or other settings where there is direct contact with children. It includes specific approaches which form part of a package as well as whole-school approaches to providing for children with an ASD.

Level L covers any aspect of practice that is at an LEA or local authority level. Examples describe, for instance, practice that is found across placements rather than within individual schools or early education settings.

Level R refers to practice found at a regional level, where several LEAs/authorities, (for example, working with the SEN Regional Partnerships), the local Learning and Skills Councils and Connexions Partnerships are working together to enhance practice across a wide area.

Progress

Progress towards the good practice suggested by the pointers can be recorded in the Progress/ comments column provided against the pointers. Providers may like to use a four point scale – 1 = no evidence; 2 = some evidence of being achieved; 3 = well on the way to being achieved; 4 = achieved; N/A = not applicable.

How service providers decide to use the pointers and whichever they choose to work with, they should be used as part of an ongoing process of action planning and review. They are not intended to be used as a simple checklist. It cannot be assumed that good practice, once achieved, will remain at that level. Just as services can improve their practice, so practice can also decline from a previously high standard. The pointers should, therefore, not be ticked off one by one as a service achieves them and then filed away. They should be referred to regularly and current practice assessed in a process of continuing review.

‘Good practice’ can mean different things to different people looking from different perspectives. What might look like an efficient, well run service from the viewpoint of a school or LEA may look to children and their families like an inflexible, provider-driven service which fails to meet their needs. Provision for children with ASDs should involve continuing dialogue between all parties. The use of these pointers should take place in the context of that dialogue and take account of local circumstances and priorities.

Schools and LEAs might also find the following ready-reference one page lists of what constitutes autism-friendly practice useful.

An ASD friendly school should:

- Make sure all teachers are aware of their duties under the SEN Code of Practice to identify children’s needs, including those with ASDs
- Have a named person, possibly the SENCO, who can provide guidance on ASDs and ensure that all staff who come into contact with a child with an ASD are aware of the particular needs of that child
- Encourage staff with knowledge and experience of children with ASDs to share their expertise with any existing outreach support teams and with other school staff
- Keep an up-to-date bank of information on ASDs for use by staff and parents
- Have a policy on working with children with an ASD and keep up-to-date records of staff ASD training
- Consult specialist staff (Outreach Support teams if available within the LEA) when developing policies on ASDs
- Make sure a named member of staff who knows about ASDs is available to discuss any concerns the child with an ASD may have and help the child to contribute as fully as possible to the development of their provision
- Ensure the curriculum of the child with an ASD is tailored to meet their needs
- Provide opportunities for children with an ASD to generalise skills learnt in one setting/lesson to other situations/settings
- Recognise that Information and Communications Technology can be a particularly effective medium for children with an ASD
- Modify the school environment to take account of the difficulties with sensory stimuli experienced by some children with ASDs
- Work closely with parents and families, consulting them about Individual Educational Plans and Behaviour Plans and inviting them to join in with ASD training where appropriate
- Support families by ensuring that out-of-school activities include provision for children with ASDs
- Develop communication networks between the LEA, Health and Social Services departments so that there is a three-way flow of information regarding individual children with an ASD, and a three-way flow of up-to-date information regarding ASD policy and practice
- Ensure smooth transition between settings by exchanging accurate and up-to-date records, profiles and ways of working with the child with an ASD
- Work closely with the Connexions Services to ensure a smooth transition to post-16 provision for pupils with an ASD.

An ASD-friendly LEA should:

- Take account of the perspective of those with an ASD when developing services and designing provision to meet their needs
- Provide or arrange access to a range of provision (from early years to post-16) for children with ASDs which ensures a co-ordinated and coherent service to the children and their families
- Collect and collate information on numbers of children with an ASD to assist in forward planning
- Have a policy on provision for children with an ASD that includes –
 - Provision of home-based programmes
 - Use of ICT with children with ASDs
 - Inclusion of children with ASDs
 - Auditing and monitoring the effectiveness of provision
 - Training and the need to extend expertise in ASDs at different skill levels
- Make sure that parents and professionals are aware of the different approaches used in teaching children with an ASD, including approaches used in the home
- Provide training so that there are staff with specialist knowledge on ASDs who can support schools in their work with children with ASDs and their families
- Commission and fund courses in ASDs that are available to all staff (teaching and non-teaching) and families of children with an ASD
- Encourage the development of early identification of children with ASDs by participating in multi-agency assessments and working parties to develop identification protocols
- Ensure that placement decisions for children with ASDs take into account their specific needs within the triad of impairments
- Help to provide ways of supporting families outside of school hours
- Liaise effectively between agencies, promoting partnerships between Health, Social Services, LEAs, the voluntary sector and parents
- Ensure, where necessary, that educational settings have access to the skills of speech and language therapists who have specialist knowledge of ASDs or guidance from a therapist or other professional specialising in ASDs
- Have close links with the Connexions Service to ensure smooth transitions to post-16 provision for young people with an ASD
- Work co-operatively with other LEAs in the region to enable consistent approaches to children with ASDs and their families.

Advocacy

Recent literature on ASDs has shown the importance of including the perspective of those with an ASD when developing services and designing provision to meet their needs. Many procedures for assessment, programme

planning and review now have sections to be completed by the children themselves. Professionals are developing ways of obtaining the views and opinions of children on all aspects of school life and their future plans. This is

a challenge as many individuals with ASDs, even those who are able, have difficulties in expressing choices and in decision making. For some children, parents will assess their needs and preferences and speak for them.

However, as professionals continue to develop ways for non-verbal and less able children to indicate their choices, an increasing number of children should be involved in making decisions which affect their everyday lives.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Does the LEA give guidance to schools and other professionals on enabling pupil participation, including pupils with an ASD?	Professionals with ASD expertise are available to give advice/ training on pupil participation.	Levels S and L	<input type="checkbox"/>
	Schools are aware of the professional support available and how to access it.		<input type="checkbox"/>
	LEA provides formats for recording the views of children with ASDs.		<input type="checkbox"/>
	Guidance on advocacy contains ASD-specific recommendations.		<input type="checkbox"/>
	Staff have received training in eliciting the views of children with an ASD.		<input type="checkbox"/>
	Children are encouraged to attend their reviews where appropriate. Information is available to children with ASDs on the following: <ul style="list-style-type: none"> • the roles of the professionals involved • the assessment and reviewing processes • the choices available. 		<input type="checkbox"/>
	Information is available and presented in a “user friendly” format, that is, using: <ul style="list-style-type: none"> • visual material (photos, symbols, objects of reference, models) • sign or non-verbal signal • ICT • materials and resources suitable for the cognitive style and learning preferences of children with ASDs. 		<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>2. Are children who are capable of doing so involved in setting and evaluating learning and social targets?</p>	<p>Mechanisms are in place to ensure that children with an ASD who are capable of doing so are invited to:</p> <ul style="list-style-type: none"> • identify strengths and difficulties and areas for intervention • show/state preferences for learning style and environment and suggest strategies for intervention • share/show skills and interests • evaluate their progress. 	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Children are supported in giving their views for the following:</p> <ul style="list-style-type: none"> • progress and IEP reviews • statutory assessments • annual reviews (if statemented) • transition reviews' • tribunal hearings. 		<input type="checkbox"/>
	<p>Children give views on:</p> <ul style="list-style-type: none"> • curriculum and activities • present and future provision, and have the opportunity to express their needs and wishes. 		<input type="checkbox"/>
	<p>Reports/minutes contain the views of children with ASDs.</p>		<input type="checkbox"/>
<p>3. Are less verbal children with an ASD encouraged to use alternative forms of communication if these are easier for them?</p>	<p>Preferred methods of communication for each child are identified.</p> <p>Opportunities are given for questions to be asked and responses made using all or some of the following:</p> <ul style="list-style-type: none"> • visual material (photos, symbols, objects of reference, models) • sign or non-verbal signal • ICT • art/drawing. 	<p>Level S</p>	<input type="checkbox"/>
	<p>Other forms of advocacy are used if the child is unable to self advocate, for example, citizen advocacy, paired advocacy or circles of support.</p>		<input type="checkbox"/>

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Early years

With diagnosis occurring at an earlier age and the recognition that early intervention is desirable, many pre-school programmes have been developed to address the needs of children with an ASD. Advice for parents should quickly follow identification of needs and many programmes aim to inform parents how best to support their child. Children receive support from many agencies in the early years and across a range of locations including home, nursery and child development centres. Many authorities employ outreach

staff to work with this group. Co-ordination and coherence of services to families is therefore vital. It has been estimated that up to 20 different professionals might have been involved with the child by the age of five. Mechanisms for discussion between agencies are developing to enhance the consistency of the service provided.

Earlier identification of children's special educational needs, including those with ASDs, is being facilitated by the increased

access to early years provision. All four year olds have access to a free place and all three year olds will have by September 2004. Early Years Development and Childcare Partnerships (EYDCPs), which oversee early years provision, have made sure that all early years settings in receipt of government funding to provide early education have identified a Special Educational Needs Co-ordinator (SENCO) responsible for establishing the setting's SEN policy. In the case of accredited childminders who are part of an approved network, the SENCO role may

be shared between individual childminders and the co-ordinator of the network. In addition, EYDCPs are working towards a target of establishing a network of Area SENCOs to work with the settings and to achieve a ratio of one Area SENCO to every 20 settings by 2004. The Area SENCOs will provide advice and support to settings and will link children with SEN, including those with ASDs, to other specialist services, as required.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Is there a range of early years provision, which includes different methodologies and settings so that the differing needs and learning styles of children with an ASD can be provided for?	<p>There is a mixture of:</p> <ul style="list-style-type: none"> • home-based programmes • nursery schools • opportunity groups • pre-school play groups and • outreach support in a variety of settings. 	Levels L	<input type="checkbox"/>
2. Is specialist input available from a range of providers?	<p>There are agreements between Health, Education and Social Services, which include the voluntary and independent sectors, for funding or providing appropriate specialist input for children with ASDs in the early years following identification.</p>	Levels L and R	<input type="checkbox"/>

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Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>3. Do the interventions followed by professionals and families, acknowledge the role of families as carers and educators of their children?</p>	<p>Parents are fully informed about, and involved in, their child's provision through:</p> <ul style="list-style-type: none"> • home-school diaries • drop-in facilities • half-termly review meetings • home visits 	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Modelling of strategies used in school photos and video-recordings of their child in the provision A whole-life curriculum featuring life skills and skill generalisation strategies.</p>		<input type="checkbox"/>
<p>4. Is there good communication between all those involved with the child and the family?</p>	<p>There is liaison between the various providers if a child is receiving several different sorts of intervention (for example, home visits, playgroup and mainstream nursery).</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Early years staff, including early years SENCOs, are aware of and build on the programmes used in the child's home environment.</p>		<input type="checkbox"/>
	<p>Professionals consult each other so that there is consistency in the advice to families and support for the child.</p>		<input type="checkbox"/>
	<p>There is good co-operation and communication between home and school or home and LEA.</p>		<input type="checkbox"/>
	<p>Letters and information leaflets are written in clear language.</p>		<input type="checkbox"/>
<p>5. Is there a key worker who has an overview of all the interventions the child is receiving and the expertise in ASDs to assess their appropriateness?</p>	<p>There is a named key worker who knows the child and family and can liaise effectively with the family and service providers.</p>	<p>Level S</p>	<input type="checkbox"/>

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Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>6. Is there good liaison between pre-school providers and schools?</p>	<p>School and pre-school staff take part in training and meetings with parents.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>There is effective liaison between pre-school and school staff about children with ASDs, including reciprocal visits.</p>		<input type="checkbox"/>
	<p>Pre-planning includes helping to ensure the child is aware of the impending transition between pre-school and school provision and has had a chance to become familiar with the new setting.</p>		<input type="checkbox"/>
	<p>The child has a named member of staff, possibly the early years SENCO, to support them.</p>		<input type="checkbox"/>
<p>7. Are progress targets and the child's needs reviewed regularly?</p>	<p>IEPs are updated frequently.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Record sheets of progress are kept to inform the IEP.</p>		<input type="checkbox"/>
	<p>Annual reviews address whether the description of needs set out in a statement is up-to-date.</p>		<input type="checkbox"/>
<p>8. Is specialised training available for those who work with children with an ASD in the early years?</p>	<p>All pre-school workers and support assistants, Portage workers, speech and language therapists and other professionals who will be working with children with ASDs are offered basic ASD training.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Refresher courses are available for the above.</p>		<input type="checkbox"/>

Family support and short breaks

The majority of children with an ASD live with their families and attend school on a daily basis. Many of these families are under a great deal of stress. The parents support the children for many hours during the evenings, weekends and school holidays and often require intensive support from services if they are to enjoy a good quality of life. Children with an ASD frequently require constant supervision,

help with self-care skills, may eat a limited range of foods, be very resistant to change and spend many hours awake when others of the same age would be asleep. The lives of brothers and sisters can be adversely affected. Family life is constrained, belongings may get damaged and parents are often worn out having to give constant care to the child with an ASD. Some children attend

residential schools for differing numbers of weeks in the year but problems can still occur during holidays or other times when the child is at home. In either case what is required is a thorough assessment of the child's and their family's needs and the development of a greater variety of support for families with life at home outside school hours and during the school holidays. In addition, parents

require up-to-date information about ASDs and local services and agencies. Parent partnership services provide neutral and factual advice and information to the parents of children with SEN, information about what provision for children with ASDs is available within an LEA's area and beyond. They should also be able to refer parents to voluntary agencies for further advice.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Are families given support during and immediately following identification of an ASD?	A key worker, who could be a health visitor, speech and language therapist, Portage worker or social worker, for instance, is nominated to support the family.	Level S	<input type="checkbox"/>
2. Is information given to families about where to go for further sources of information about education for children with ASDs, covering the range of educational provision that is available locally and nationally, including early intervention and educational approaches and the differences between them?	Parents are given information about different placement options and the available approaches that are used.	Levels S & L	<input type="checkbox"/>
	Information is given about local groups, local parents to contact, web sites and national organisations such as the National Autistic Society (NAS) and the Parents' Autism Campaign for Education (PACE). Information is available in a variety of languages and mediums.		<input type="checkbox"/>
	Parent partnership services are aware of ASDs and the educational options available.		<input type="checkbox"/>

Family support and short breaks continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
3. Is practical advice and training available to parents in ways of working and interacting with their children?	Advice is provided from ASD-knowledgeable professionals.	Level S	<input type="checkbox"/>
	The advice is co-ordinated so that it does not conflict. A key worker is nominated to help this process.		<input type="checkbox"/>
	Parent training programmes are available to families.		<input type="checkbox"/>
4. Are families given continuing support, including contact with other families?	The LEA or Social Services support parents self-help groups by providing meeting places, speakers and crèche facilities, for instance.	Levels S, L and R	<input type="checkbox"/>
	Families are aware of the national telephone parent contact lines, such as those provided by the National Autistic Society, and the local parent partnership services.		<input type="checkbox"/>
	Parents are contacted by social services, local groups and the keyworker.		<input type="checkbox"/>
	Parents are surveyed by the LEA to find out what support they value.		<input type="checkbox"/>
5. Are parents supported through the various stages of their child's development?	Key worker arrangements are agreed across the statutory and voluntary agencies to ensure that families have an ongoing reference point for information, access to services and advocacy.	Levels S and L	<input type="checkbox"/>

Family support and short breaks continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>6. Is there support for siblings in understanding and coping with a brother or sister with an ASD?</p>	<p>There are opportunities for siblings to join ASD-specific sibling groups.</p>	<p>Level S</p>	<input type="checkbox"/>
	<p>Information on ASDs for siblings is available.</p>		<input type="checkbox"/>
	<p>One-to-one counselling is offered where appropriate.</p>		<input type="checkbox"/>
<p>7. Are there suitable local arrangements made to support children and families out-of-school hours and during the school holidays?</p>	<p>Schools in the LEA support the parents and families out-of-school hours, for example by offering activity clubs in the evenings and at weekends.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>There are extended school hours/childcare clubs where there is additional specific provision for pupils with ASDs or extended work contracts for school staff to enable them to work in the child's home.</p>		<input type="checkbox"/>
	<p>Suitable arrangements are made to support children and families during the school holidays, through childcare play schemes, for example.</p>		<input type="checkbox"/>
	<p>Families are advised of their entitlement to benefits, including direct payments.</p>		<input type="checkbox"/>
	<p>Befriending and shared family care schemes are available to all families who need them.</p>		<input type="checkbox"/>
	<p>Where ASD-specific home programmes are organised covering after school and/or weekends, joint funding arrangements are in place with social services, acknowledging the respite component of these arrangements.</p>		<input type="checkbox"/>
	<p>Quality Protects Management Action Plans, particularly where they refer to family support services, cover children with ASDs and their families and any initiatives under the children's services special grant to improve access to mainstream leisure and out-of-school activities include children with ASDs.</p>		<input type="checkbox"/>

(continued on following pages)

Family support and short breaks continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>8. Where respite care establishments exist, are they responsive to families' needs?</p>	<p>There are staff at the respite care establishment who are knowledgeable and experienced in working with children with an ASD.</p>	<p>Level S</p>	<input type="checkbox"/>
	<p>It is possible for families to access respite in emergencies without booking ahead.</p>		<input type="checkbox"/>

Funding

It is difficult to obtain an accurate estimate of the costs of services provided for those with an ASD or the relative benefits to children in the long term. In reality, the money spent per year on individual children with an ASD by an

LEA can range from under £20,000 to over £120,000. With the increased identification of children with ASDs and the need to provide specific support, demands on budgets will be significant. It is therefore important to have

some means of forecasting the likely expenditure required and of devising a fair system so that the children most in need can receive the support they require.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Are there agreed methods of data collection regarding numbers of pupils with an ASD, which assist forward planning?	There is a shared information format that is used between agencies.	Levels L, S and R	<input type="checkbox"/>
2. Are the SEN funding arrangements transparent to schools and parents?	LEAs have built up agreements with their schools as to what levels of need schools can be expected to provide for, what LEAs can be expected to provide for those without statements and what level of need would indicate assessment for a statement.	Level L	<input type="checkbox"/>
	The LEA monitors expenditure on children with ASDs and can link this with a quality audit of the Authority's ASD provision.		<input type="checkbox"/>
3. Do arrangements exist for joint funding of provision?	There is a Social Service Department/ Education/ Health joint Resources Panel.	Levels L and R	<input type="checkbox"/>
4. Are there clear policies for funding ASD training for professionals and parents?	LEAs use the Standards Fund to fund ASD training.	Levels S, L and R	<input type="checkbox"/>

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Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>5. Is there a policy of joint funding home-based programmes, extended provision and residential placements?</p>	<p>The LEA, Social Services Department and Health have a multi-agency policy document on funding home-based programmes, extended provision and residential placements.</p>	<p>Levels L and R</p>	<input type="checkbox"/>
	<p>There are regional agreements on funding home-based programmes.</p>		<input type="checkbox"/>
	<p>Payments for home-based programmes are made promptly to parent groups who contract home trainers.</p>		<input type="checkbox"/>
<p>6. Is there flexibility in funding so as to allow special schools to work with mainstream schools, mainstream schools to work together and for children to have dual placements?</p>	<p>Special schools provide outreach specialist support for pupils with more complex ASD needs within mainstream.</p>	<p>Levels S, L and R</p>	<input type="checkbox"/>
	<p>Local arrangements allow funding for groups of schools for higher cost SEN provision.</p>		<input type="checkbox"/>

Home-based provision

In the last few years, there has been an increase in the number of parents of children with an ASD following home-based programmes. These include programmes based on the Option and Applied Behaviour Analysis (including Lovaas) approaches in addition to work suggested to parents by pre-school home visiting services, which often involve a mix of approaches designed to improve communication, self-care and early learning

skills. Such programmes include Portage, Picture Exchange Communication System (PECS), EarlyBird and More Than Words. There are also programmes designed to develop communication such as the ASD-adapted Hanen programme and Child's Talk. Many issues arise in relation to these programmes. Parents and professionals need to be aware of the range of approaches for children with an ASD although there also

needs to be further research on ways of identifying which approaches are most suited to individual children. The funding, training and supervision of those who work in the home with the child have to be addressed, as does how the home-based provision fits with the work of other agencies and how the child is prepared for entry to school. It makes sense that strategies which encouraged progress at home are continued in school.

Difficulties will arise if school staff do not know about these strategies or if they believe these will not fit easily into the school's systems and approach. Discussion before transition between the parents, professionals involved with the child and the receiving school staff is needed to decide how the transition will be managed and how the interventions might be maintained.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Is there an officer within the LEA, such as an educational psychologist, who is familiar with the programmes in question and can give advice to other LEA officers and parents?	An LEA officer is aware of relevant literature and the operation of approaches in practice. That officer, or case officers, visits the families at home and observes the children on home-based programmes.	Level L	<input type="checkbox"/>
	The officer with expertise in home-based programmes has close links with other LEA/SEN officers, to give advice on appropriate provision when the LEA arranges home-based programmes in whatever circumstances.		<input type="checkbox"/>
2. Does the child's statement specify the home-based support the LEA will fund and any other support, such as speech and language therapy, which the LEA will arrange?	The LEA is willing to consider provision of home-based programmes for children and name them on statements of SEN.	Level L	<input type="checkbox"/>
	All the needs of the child are addressed by the child's statement, including health and social services needs. The LEA works with health and social services to arrange appropriate provision and possibilities of joint funding are explored.		<input type="checkbox"/>
	Families are able to access support services (for example, Portage, domiciliary teachers, speech therapy) as needed by the child.		<input type="checkbox"/>

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Home-based provision continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
3. Where professional input (for example, speech and language therapy) is required, does it complement the approach of the home-based provision?	Professionals are familiar with, and work within, the ethos of the home-based provision.	Level S	<input type="checkbox"/>
	Opportunities are provided for professionals to observe the home programme and receive training in the approach being used.		<input type="checkbox"/>
4. Is there scope for linking the home-based provision with available social activities?	The child and family have access to after school clubs, holiday schemes, social groups, and playdates with school peers.	Levels S and L	<input type="checkbox"/>
5. Are there arrangements within the LEA to link parents who have chosen similar approaches?	Contact lists of other parents using the home-based programme are available. Health and social services share access to the contact list to ensure co-ordination of input.	Levels S and L	<input type="checkbox"/>
6. Is there a lead person/keyworker identified and agreed as the link person between health, social services, education and the family for organising and running home provision?	A designated individual is agreed by all parties to liaise across the agencies.	Levels S and L	<input type="checkbox"/>
	The keyworker is acknowledged by all as responsible for regular communication, co-ordination of planning and updates about progress and emerging issues.		<input type="checkbox"/>
	The keyworker co-ordinates transition from home-based to school provision, liaising with the school and familiarising staff with the home-based programme.		<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>7. Has the LEA organised police checks and taken up references on all volunteer, freelance or privately-employed practitioners working on home-based programmes?</p>	<p>The LEA organises police checks before the home-based programme begins.</p>	<p>Level L</p>	<input type="checkbox"/>
	<p>Where families or groups of parents conduct their own checks, funding bodies obtain documentary proof.</p>		<input type="checkbox"/>
<p>8. Are home-based programmes monitored and evaluated?</p>	<p>The quality of the home provision is monitored by the LEA in terms of supervision, documentation, whether programmes meet children's needs, children's progress and the welfare of the whole family.</p>	<p>Levels L and R</p>	<input type="checkbox"/>
	<p>The LEA's SEN/ASD policy covers home-based programmes and monitoring and evaluation of the programmes.</p>		<input type="checkbox"/>
	<p>LEAs share information regarding the evaluation of home-based programmes enabling a pooling of data across the region so that effectiveness of approaches can be studied.</p>		<input type="checkbox"/>
<p>9. Does the LEA consult the parents and follow the statutory procedures when a child with a statement transfers from home-based to nursery or school-based provision?</p>	<p>LEA, school and parents have an agreed transition plan and timetable.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Parents are properly consulted about the nursery or school placement and the LEA follows the parents' wishes, whenever this is appropriate.</p>		<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>10. Is there a gradual and well-planned transition from home-based to school provision?</p>	<p>Exit guidance is included in the LEA's policy on home-based provision and transition plans are drawn up.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Meetings are set up between the school and the home programme staff to discuss the programmes and the child's progress.</p>		<input type="checkbox"/>
	<p>Class teachers and other school and LEA staff are familiarised with the home programme's techniques and principles, including through observation at the child's home</p>		<input type="checkbox"/>

Identification

The ability of professionals to recognise and identify children with an ASD has improved tremendously in the last few years, to the extent that there has been a significant increase in the numbers of children diagnosed with an

ASD. Instruments and techniques to identify needs and diagnose ASDs continue to be developed and modified. Despite the existence of published diagnostic criteria for ASDs, diagnostic practice varies throughout the UK

in terms of the methods and terminology used and the professionals involved. This can be confusing and frustrating for parents and professionals alike. In some areas, professionals from different agencies have set up working

parties to agree their practices. Able children with an ASD are not always recognised early and work is still required to improve ways of achieving this.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>1. Is there a system for the early identification and assessment of children with ASDs?</p>	<p>Instruments such as the Checklist for Autism in Toddlers (CHAT) are used for training Health Visitors to be aware of the triad of impairments.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>There are clear referral pathways once difficulties are suspected.</p>		<input type="checkbox"/>
	<p>All teachers are aware of their duties under the SEN Code of Practice in identifying children's needs, including those whose difficulties fall within the triad of impairments.</p>		<input type="checkbox"/>
	<p>There is good, regular communication between Special Educational Needs Co-ordinators (SENCOs) and teaching staff.</p>		<input type="checkbox"/>
	<p>Information is available from SENCOs on ASDs and the triad of impairments.</p>		<input type="checkbox"/>
<p>2. Is information given to General Practitioners (GPs) and other health professionals to increase their awareness of ASDs and their presentation, and to facilitate earlier referrals?</p>	<p>GPs are aware of the triad of impairments and the pathways of referral for children who might have an ASD.</p>	<p>Level S</p>	<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>3. Are there multi-agency models of identification which take a holistic approach with clear channels of communication between education and other agencies?</p>	<p>Multi-disciplinary assessment teams include relevant personnel, for example:</p> <ul style="list-style-type: none"> • Clinical and educational psychologists • Specialist teacher/early years professional • Speech and Language Therapist • Community Paediatrician/Child and Adolescent Psychiatrist • ASD family support worker • Administrator. 	<p>Levels S, L and R</p>	<input type="checkbox"/>
	<p>Agreed terminology and protocols are used across all agencies.</p>		<input type="checkbox"/>
<p>4. Are parents given support during and after identification of their child's ASD?</p>	<p>Parents are given clear information about ASDs and the implications following identification.</p>	<p>Level S</p>	<input type="checkbox"/>
	<p>Assessments lead to practical recommendations and programmes of support are put in place.</p>		<input type="checkbox"/>
<p>5. Do professionals involved in the identification of children with ASDs have opportunities to participate in training on identification?</p>	<p>Ongoing training is provided for:</p> <ul style="list-style-type: none"> • GPs • Health Visitors • Psychologists • Speech and Language Therapists • Nursery nurses • Play group leaders • Teachers • Paediatricians and Psychiatrists • Social workers for disabilities. 	<p>Levels S and L</p>	<input type="checkbox"/>

Information and communications technology (ICT)

Computers can be a particularly effective medium for individuals with an ASD as computers are visual, make no social demands, can be programmed to reward the individual and the

pace of work can be controlled by the operator to suit their processing skills. For those children who find handwriting difficult or become anxious when they make a mistake, using

a word processor can address some of their problems. Talking about shared work at a computer or using email and discussion groups can help children with ASDs develop

communication skills and social understanding. Many individuals with an ASD have also created their own websites and enjoy searching for information on their particular interests.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Is there an authority-wide strategy for the use of ICT and children with an ASD?	An LEA's policy on ASDs includes information about the use of ICT.	Level L	<input type="checkbox"/>
	LEAs' general policies on ICT encompass the needs of children with ASDs.		<input type="checkbox"/>
2. Has the school made a thorough ICT assessment of the child's strengths and needs?	<p>There is information from a multi-disciplinary assessment, on what the child with an ASD can do successfully and how they learnt to do that, which provides details of:</p> <ul style="list-style-type: none"> • what strategies the child uses to learn a new topic or set of skills • whether the child is aware of their ability to control events • what the child finds rewarding about ICT. 	Levels S and L	<input type="checkbox"/>
3. Has there been an analysis of which equipment/communication aids will be accessible to the child?	Evidence from a full multi-disciplinary assessment is available.	Levels S and L	<input type="checkbox"/>
	The child is provided with a communication device if assessed as necessary.		<input type="checkbox"/>
	Appropriate CD-ROMs, interactive video, multimedia, scanners/video cameras and digitisers or touch screens are available for work with the child.		<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>4. Is the layout of information on the screen clear?</p>	<p>When using a screen:</p> <ul style="list-style-type: none"> the size of the main page is restricted to one screen there is plenty of 'white space' on the main pages the children are able to select their preferred font for displaying material on screen text is placed in a predictable place on each screen. 	<p>Level S</p>	<input type="checkbox"/>
<p>5. Has the position of the ICT equipment been considered?</p>	<p>The monitors are placed at optimum height and distance from the learner. Variable height trolleys are used or monitors positioned separately on an appropriate surface by using a long monitor lead.</p>	<p>Level S</p>	<input type="checkbox"/>
<p>6. Do the software packages help the child with their specific difficulties within the triad of impairments?</p>	<p>Adventure programmes and control and simulation software packages are used to develop the child's ability to enter into unfamiliar situations, solve problems, take risks, make decisions, take turns, take part in discussions and communicate.</p> <p>Programmes are used to link into and support wider curriculum activities so that the child with an ASD does not complete work exclusively on the computer.</p>	<p>Levels S and L</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>7. Are there positive strategies in place for minimising obsessive use of computers and guiding computer use towards appropriate activities and goals?</p>	<p>The child is guided on when the use of computers is appropriate.</p> <p>Staff ensure the child uses ICT materials to support their work and not simply because they can use computers.</p>	<p>Level S</p>	<input type="checkbox"/> <input type="checkbox"/>

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>8. Is there evidence of use of ICT at home?</p>	<p>Parents report appropriate use of computers in the home.</p>	<p>Level S</p>	<input type="checkbox"/>
	<p>Information is gathered from parents on how computers used at home have benefited their child.</p>		<input type="checkbox"/>
<p>9. Does the child demonstrate otherwise hidden abilities when using ICT?</p>	<p>The child shows a level of understanding and knowledge using ICT which they cannot do in other ways.</p>	<p>Level S</p>	<input type="checkbox"/>
<p>10. Does the child with an ASD work collaboratively when using the computer?</p>	<p>The child demonstrates their ability to take turns in using shared computers</p>	<p>Level S</p>	<input type="checkbox"/>
	<p>The child with an ASD can work with others on a computer.</p>		<input type="checkbox"/>
	<p>Use of the computer fosters positive communication and interaction opportunities.</p>		<input type="checkbox"/>

In-service training

The number of education professionals with a knowledge and understanding of ASDs has increased in recent years. There are still many, however, who require training. This can take several forms, for example within-school courses, external conferences on single

interventions and one or two year accredited courses leading to a variety of awards. Research and practice in ASDs continues to identify new perspectives and approaches so all professionals need to update their skills and knowledge. Where staff attend training

events, it is important that they feedback to colleagues. If interventions are adopted, it is important that adequate training is provided so that they are used as intended. Any training provided should also address the particular needs of participants and the context within

which they work. An assessment of training needs is therefore required before resources are invested in training and the effect of the training on practice needs to be evaluated.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Is there a clear policy on ASD training in the school and LEA that includes the need to extend expertise in ASDs at different skill levels?	There is an ASD training policy that is regularly monitored and reviewed.	Levels S and L	<input type="checkbox"/>
	All sources of local ASD-specific knowledge, for example parents and specialist providers from the voluntary and statutory sectors, have been consulted in devising training packages.		<input type="checkbox"/>
	The training policy includes an audit of existing skills, ASD qualifications and training needs and provides for planning to meet those needs.		<input type="checkbox"/>
	The Teacher Training Agency (TTA) National SEN Specialist Standards are used for auditing professional development needs within schools.		<input type="checkbox"/>
	Parents and specialist providers from the voluntary and statutory sectors are involved in auditing the training needs in the area.		<input type="checkbox"/>
2. Is the effectiveness of Continuing Professional Development (CPD) training in ASDs evaluated?	Knowledge gained from training is disseminated to other staff members through feedback sessions.	Level S	<input type="checkbox"/>
	There is a regular review, using the TTA Standards, with particular reference to the skills needed to work with pupils with an ASD. This review includes evaluation of the effectiveness of training on CPD needs.		<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>3. Are there regular sessions available to staff employed by the LEA to raise ASD awareness and develop practical skills?</p>	<p>ASD advisory teachers run regular sessions, targeted at particular sectors.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Courses are offered covering approaches/ interventions and behaviour management in mainstream and special schools.</p>		<input type="checkbox"/>
	<p>There is support for open learning opportunities to gain Level 1 (HE) qualifications in ASDs.</p>		<input type="checkbox"/>
	<p>Professionals with ASD expertise collaborate on regular local sessions for different categories of staff, including non-teaching staff.</p>		<input type="checkbox"/>
	<p>Arrangements for the provision of regular training are made with a local autistic society and/ or specialist providers.</p>		<input type="checkbox"/>
<p>4. Do schools and LEAs know about and support staff to enrol on accredited, ASD-specific courses as part of professional development?</p>	<p>There is a commitment to training key teaching and advisory staff by supporting enrolment on accredited HE courses.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>There are arrangements to make staff aware of existing ASD training courses.</p>		<input type="checkbox"/>
	<p>Selection criteria for jobs requiring ASD expertise include attendance on an accredited course.</p>		<input type="checkbox"/>
	<p>Accredited courses are run in the LEA in collaboration with a university where there is ASD expertise and/ or a local autistic society.</p>		<input type="checkbox"/>
	<p>Staff are funded to participate in accredited courses in ASDs.</p>		<input type="checkbox"/>

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>5. Have LEA staff been involved in running courses or workshops with parents of individuals with an ASD which allow parents to participate and contribute?</p>	<p>LEA staff run courses with parents.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Staff from LEA schools with experience and knowledge of children with ASDs run courses.</p>		<input type="checkbox"/>
<p>6. Is there sharing of expertise in ASDs across the LEA and between LEA schools and the independent and non-maintained sectors?</p>	<p>Beacon schools offer training and share good practice.</p>	<p>Levels L and R</p>	<input type="checkbox"/>
	<p>Staff from independent and non-maintained special schools run courses for LEA staff and there is an exchange of knowledge and expertise.</p>		<input type="checkbox"/>
<p>7. Are there opportunities for joint training with other agencies?</p>	<p>Joint training sessions are available for Education, Health and Social Services staff either locally or regionally.</p>	<p>Levels S, L and R</p>	<input type="checkbox"/>
	<p>There are opportunities for joint training with parents of children with an ASD.</p>		<input type="checkbox"/>
	<p>Parents and specialist providers from the voluntary and statutory sectors participate in delivering (components of) the training.</p>		<input type="checkbox"/>

LEA outreach support services

An outreach service can be defined as one that has staff with specialist knowledge, skills and experience in a specific area. It offers support to a number of recipients, such as pupils, their families and school-based staff. Over recent years many LEAs have established

outreach teams that support schools working with children with an ASD. Other outreach teams have been developed by the voluntary or independent sector, whose services consortia of LEAs can buy in. Outreach teams are an effective means of gaining an overview

of provision within the LEA and the skills and needs of staff. Outreach staff can help teachers and others to network and exchange ideas and practice and can effectively act as a bridge to inclusion for children with ASDs. Some outreach staff also provide workshops for parents

following diagnosis. Awareness of ASDs and the numbers of children identified with an ASD have often increased following the establishment of an outreach team and ways of managing referrals to such services and the caseloads of staff require much thought.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Has the authority established a team with specialist knowledge of ASDs, to support schools in their work with children with an ASD and their families?	There is a specialist service or there are personnel with specialist knowledge of ASDs who are part of generic support teams.	Level L	<input type="checkbox"/>
	Links with parent partnership and multi-disciplinary agencies are established.		<input type="checkbox"/>
	Schools are aware of this support and how to access it.		<input type="checkbox"/>
2. Does the LEA have criteria for accessing the Outreach Support Service (OSS)?	Service referral routes are clearly specified within up-to-date service documentation.	Level S and L	<input type="checkbox"/>
	Information regarding the outreach service is easily available to LEAs, professionals and parents.		<input type="checkbox"/>
3. Is the OSS involved in policymaking and planning within schools and across LEAs for pupils with ASDs?	Members of the Outreach Support Service are part of LEA and school ASD policy committees.	Levels S and L	<input type="checkbox"/>

(continued on following pages)

LEA outreach support services continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
4. Does the OSS have sufficient resources in terms of time, personnel, equipment and budget to provide efficient and effective support?	LSA support is attached to the specialist support service to facilitate in-school projects for individual children.	Level S	<input type="checkbox"/>
	There are sufficient resources to enable a quick response to children and family needs, thereby preventing later problems.		<input type="checkbox"/>
	Where the OSS is provided by a special school there is contingency cover to ensure maintenance of the service when there are staff absences.		<input type="checkbox"/>
5. Is the OSS in contact with other professionals and parents both within their own LEA and/or across the region?	Time is available to share good practice (for example, visits to other schools/authorities/services/voluntary providers).	Levels S and L	<input type="checkbox"/>
	The OSS can provide specialist support for children with statements who are placed in out-of-area mainstream schools.		<input type="checkbox"/>
6. Does the OSS maintain a detailed audit of casework in order to demonstrate best value and contribute to long-term projections of need?	An audit is readily available and justifies the use of resources available to the OSS.	Level S	<input type="checkbox"/>
	The audit is frequently and regularly up-dated.		<input type="checkbox"/>
	The audit is accessible to LEA officers.		<input type="checkbox"/>

(continued on following pages)

LEA outreach support services continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
7. Are there systems in place to monitor OSS's effectiveness with opportunities for the service to be benchmarked in order to improve practice?	There are records of targets set, monitoring of the achievement of those targets and regular evaluation of the use of resources.	Level S and L	<input type="checkbox"/>
	Staff and Development/Performance reviews take place regularly.		<input type="checkbox"/>
	A Management Policy is in place.		<input type="checkbox"/>
	Internal and external benchmarking partners have been identified.		<input type="checkbox"/>
8. Has the authority made a commitment to maintain and extend the levels of professional expertise of the team members through training?	The specialist team are able to keep up-to-date on ways of teaching and supporting children with an ASD.	Levels S and L	<input type="checkbox"/>
	An audit of training needs has been conducted which has informed programmes of training.		<input type="checkbox"/>
9. Have the special schools with experience of teaching children with ASDs, developed outreach models in order to support other schools in their areas?	Authority-wide planning meetings are attended by representatives from special, mainstream and support services.	Levels S, L and R	<input type="checkbox"/>
	Schools are involved in outreach support within the locality (for example, visits to mainstream schools/ 'reverse inclusion'/job swaps/special school staff shadowing children who have transferred to mainstream schools).		<input type="checkbox"/>
10. Are there mainstream staff within the LEA with knowledge and expertise in ASDs who could support staff in other schools/settings?	There has been an audit of specialist training for mainstream staff.	Level S, L and R	<input type="checkbox"/>
	Staff who are willing to act in a support role have been identified and placed on a register		<input type="checkbox"/>

LEA policy

Regulations require that LEAs must publish information on the arrangements they make for children with SEN in general. The practice and provision for those with an ASD across LEAs varies considerably. This diversity has both strengths and weaknesses. There is

strength in that different models and interventions can be tried and assumptions about what is possible challenged. Variation in practice, however, can also lead to confusion and sometimes distress for parents who are either not able to access services which are available

elsewhere but not in their area. Professionals too might experience problems in understanding the policy and practice when changing areas. Given this diversity, it is important that the LEA provides clear guidelines on its policy and practice in relation to those with an ASD

and has the flexibility and willingness to listen to proposals from parents and professionals. Groups of professionals meet in some areas to audit the needs of children with an ASD within the LEA and to plan ahead to meet these appropriately.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Does the authority's SEN policy refer to the needs of children with ASD and/or is there a separate policy document on ASDs?	The LEA's policy on ASDs is published and widely disseminated. It is available to both professionals and parents.	Level L	<input type="checkbox"/>
	There is clear evidence that the policy is implemented.		<input type="checkbox"/>
	All interested parties are involved from an early stage in identifying key issues.		<input type="checkbox"/>
2. Is there a mechanism for monitoring implementation of the policy and reviewing and revising it, that involves all interested parties?	A multi-agency reference group is established to consider implementation, review and revision.	Level L	<input type="checkbox"/>
	Educational and social outcomes for children with ASDs are evaluated as part of the broader monitoring of educational outcomes for children with SEN.		<input type="checkbox"/>
	The LEA monitors expenditure on children with ASD and can link this with a quality audit of the authority's ASD provision.		<input type="checkbox"/>
	There is advice to schools on the monitoring of progress and educational outcomes for pupils with ASD.		<input type="checkbox"/>
3. Are there clear links with key strategic policies and plans within the authority?	The policy is consistent with the overarching principles of Children's Services Planning and there is evidence of consistency/cross referencing with other key plans (for example, the Early Years and Childcare Development Plan, the Education Development Plan and any SEN Development Plan or Inclusion Plan).	Level L	<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>4. Is the policy drawn up in the light of current and potential demand?</p>	<p>Data is collected on the numbers of children with SEN who have ASDs and is collated to give an overall figure for the LEA and a picture of which types of provision the children are placed in.</p>	<p>Levels L and R</p>	<input type="checkbox"/>
	<p>Data is collected regularly, for example annually, and any ASD-specialist support service takes part in the collection and analysis of the data.</p>		<input type="checkbox"/>
	<p>Estimates of future demand are made on the basis of accepted prevalence rates.</p>		<input type="checkbox"/>
	<p>The data collected is analysed for trends in, for example, the age of identification, gender balance, types of ASD and so on and the information is used to inform policy.</p>		<input type="checkbox"/>
	<p>The data is shared with regional partners and used to promote co-ordinated regional practice.</p>		<input type="checkbox"/>
<p>5. Does the development plan supporting the policy take account of current and potential demand for services to children with ASDs?</p>	<p>Plans cover training and an expanding range of provision to meet increasing demand.</p>	<p>Levels L and R</p>	<input type="checkbox"/>
	<p>LEAs co-ordinate plans across the region and involve independent and voluntary providers so that children and parents have access to a range of provision which an individual LEA might not be able to provide.</p>		<input type="checkbox"/>

Mainstream or special school placement decisions

Provision for those with ASDs ranges from mainstream schools through generic special schools to ASD-specific units and schools. Most LEAs also fund out-of-area places and residential provision – including that provided by the non-maintained and independent sector – for children whose individual needs cannot be met within the LEA’s own provision. Some LEAs will include more children in

mainstream schools than others and some LEAs will fund more places in ASD-specific provision. The practice within schools and units, even within the same category varies with the experience and expertise of the staff. Therefore it is not possible to generalise about which type of placement is likely to be most appropriate for a particular child with an ASD. Many factors influence the placement

made in addition to the characteristics of the child. These include the parents’ beliefs and wishes, the experience, knowledge and attitudes of teaching staff and existing provision. The costs per child of each type of placement can vary considerably. It is therefore essential that placement decisions, whether for mainstream, special or ASD specialist provision, for day or residential settings,

both fulfil the LEA’s duties to meet individual children’s special educational needs and take account of the Authority’s duties to all children in its area and the efficient use of public funds. The appropriateness of the placement should be discussed by the families and professionals when a child’s statement is reviewed.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Is there a range of provision which reflects the diversity of needs of children with ASDs?	The LEA has organised provision in a range of settings within the LEA or through regional arrangements has access to a range of settings.	Levels S and L	<input type="checkbox"/>
	LEA policy recognises that ASD training is a vital component of provision.		<input type="checkbox"/>
	There are staff trained in ASDs in schools in all sectors.		<input type="checkbox"/>
	Literature on ASDs is in all schools.		<input type="checkbox"/>
	There is a named person, for example the SENCO, in each school who knows about ASDs.		<input type="checkbox"/>
	Structured environments in classrooms are available for high functioning children with an ASD as well as those with more severe difficulties.		<input type="checkbox"/>
	Enhanced provision is available within mainstream or within resourced special schools.		<input type="checkbox"/>

Mainstream or special school placement decisions cont

Pointer	Evidence/features to look for	Implementation level	Progress/comments
2. Can packages that include mainstream/special provision be tailored to individual needs?	Policy and practice permit mainstream/special school partnership for (a) pupil placements and (b) staff training and skills development.	Level L	<input type="checkbox"/>
3. Are LEA staff with expertise in ASDs available to support mainstream schools?	Schools have access to Outreach Support Staff and Educational Psychologists who know about ASDs.	Levels S and L	<input type="checkbox"/>
	Access to a specialist Speech and Language Therapist is available if necessary.		<input type="checkbox"/>
4. Are there staff with expertise in ASDs in special schools?	At least one member of staff has undertaken accredited training who can cascade information to other members of staff.	Level S	<input type="checkbox"/>
	There is a rolling programme of staff to attend ASD courses.		<input type="checkbox"/>
5. Are decisions about placement based on a thorough assessment of a child's special educational needs including their specific needs within the triad of impairments?	There is a demonstrable match between assessment and the criteria for the provision.	Levels S and L	<input type="checkbox"/>
	Placement decisions for those with statements reflect their individual needs.		<input type="checkbox"/>

(continued on following pages)

Mainstream or special school placement decisions cont

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>6. Are assessment and statementing procedures followed so that parents are fully involved in placement decisions and fully informed about the provision available?</p>	<p>Information on the comprehensive range of provision within the region is widely disseminated and parents are given an opportunity to contact other parents whose children are receiving a range of provision.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>The parent partnership service is aware of the provision available for children with an ASD and is able to put parents in contact with a local or national autistic society.</p>		<input type="checkbox"/>
<p>7. Are there joint agency decision making arrangements for residential placements?</p>	<p>There are clear protocols and procedures in place for joint agency working.</p>	<p>Levels L and R</p>	<input type="checkbox"/>
	<p>Policies regarding educational and residential placements have been agreed by all agencies.</p>		<input type="checkbox"/>
	<p>Multi-agency placement panels are in operation within the authority.</p>		<input type="checkbox"/>
	<p>All residential placements are considered by a multi-agency panel that includes education, health and social services. The contribution of the various agencies is discussed as well as whether support such as respite care/short breaks for the family might obviate the need for residential placement.</p>		<input type="checkbox"/>
<p>8. Does the LEA evaluate the effectiveness of the range of provision made for pupils with an ASD (Best Value)?</p>	<p>The LEA has investigated means of evaluating ASD provision in liaison with Higher Education Institutions or local/regional Best Value working groups.</p>	<p>Levels L and R</p>	<input type="checkbox"/>

Multi-agency support

Given that ASDs can affect many aspects of the child's and family's life, there are often professionals involved from all the three statutory agencies of health, social services and education plus support from voluntary

organisations. It has been estimated that a family might have seen as many as 20 professionals by the time their child has reached the age of five. It is therefore essential that the agencies have an effective

system for communicating with each other to avoid repetition and confusion. A link worker can coordinate the work of others, but this is often not easy, given the time needed to contact others and discuss issues.

There are encouraging examples, however, of regular meetings between planners or case workers to plan services to individual children and families.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Is there a multi-agency approach to the identification of ASDs and the management of services – involving health and social services and including pre-school and home-based provision?	There is a local multi-agency team which meets regularly to review the identification and management of children with ASDs.	Levels S, L and R	<input type="checkbox"/>
	All agencies are aware of the multi-agency ASD team meetings and attend as appropriate.		<input type="checkbox"/>
	The team has an operational strategy that includes care pathways and quality standards.		<input type="checkbox"/>
	The team identifies a key worker or case co-ordinator.		<input type="checkbox"/>
	Team members time for multi-agency work is recognised in their job descriptions.		<input type="checkbox"/>
	There is effective liaison between the agencies which promotes partnerships between the Social Services Department, Health professionals, the LEA, Connexions, the voluntary sector and parents.		<input type="checkbox"/>
	Senior management shows a commitment to multi-agency working and discusses strategic planning for the multi-agency team.		<input type="checkbox"/>
	There is joint funding of ASD provision/projects.		<input type="checkbox"/>
	All agencies are regularly represented on local ASD working parties.		<input type="checkbox"/>
	There are joint training opportunities.		<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>2. Is there access to reliable, up-to-date information on children with an ASD and on the latest research on ASDs?</p>	<p>There is a reliable, multi-agency database that includes a process for regular up dating of information.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>There are opportunities to attend national and international, multi-agency conferences.</p>		<input type="checkbox"/>
	<p>The partners have opportunities to carry out research together.</p>		<input type="checkbox"/>
<p>3. Are there arrangements to facilitate multi-agency work in cases where boundaries are not coterminous?</p>	<p>The Regional SEN Partnerships facilitate cross boundary communications within and between Partnerships.</p>	<p>Levels S, L and R</p>	<input type="checkbox"/>
<p>4. Is customer feedback incorporated into the operational strategy and evaluation process?</p>	<p>Parental surveys are carried out on a regular basis and the views of children themselves are sought.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Ways of parents making suggestions are available, including on-line feedback mechanisms.</p>		<input type="checkbox"/>
	<p>Operational strategies are evaluated regularly.</p>		<input type="checkbox"/>

Regional co-ordination

It is often difficult for an LEA in isolation to meet the whole spectrum of the needs of children with ASDs. The sharing of resources between authorities which has occurred in some areas is a sensible way of making

a broad range of appropriate provision. The SEN Regional Partnerships, established by the DfEE, have facilitated the discussion of issues surrounding provision for particular groups of children, including those with

an ASD. The West Midlands Partnership has focused on provision for children with ASDs and has produced a comprehensive report on its findings addressing issues such as those surrounding multi-agency working,

diagnostic practice, terminology and the sharing of training and placements. Authorities working together can improve provision for children with ASDs.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Is there a shared understanding across the region of the issues surrounding the education and care of children with an ASD and their families?	There is documentation within the region that highlights common ASD issues.	Level R	<input type="checkbox"/>
	There are regional ASD working parties.		<input type="checkbox"/>
	Regional meetings are held on the education and care of children with an ASD and support for their families.		<input type="checkbox"/>
	Shared and collective inter-agency priorities concerning services for ASDs have been established across the region.		<input type="checkbox"/>
	There are agreed definitions in use across the region.		<input type="checkbox"/>
	There has been an audit of the ASD population across the region.		<input type="checkbox"/>
	There has been a review/audit of ASD provision and services available in the region.		<input type="checkbox"/>
	Joint policy documents for improving services for children with ASDs and their families are accepted across the region.		<input type="checkbox"/>
	There are opportunities for regional responses to be made to Government policies, initiatives and autism-specific issues.		<input type="checkbox"/>
	Parental surveys have been conducted to ascertain family views on the services provided.		<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>2. Are authorities able to compare the delivery of services to children with an ASD and their families within and between regions?</p>	<p>Data has been collected to provide information which can be used to compare services within and across regions (for example, educational placement patterns).</p>	<p>Levels L and R</p>	<input type="checkbox"/>
	<p>Bench marking tools have been developed and used to evaluate practice.</p>		<input type="checkbox"/>
	<p>There is similar access to educational opportunities and services for individual pupils with an ASD, no matter where they reside in the region.</p>		<input type="checkbox"/>
<p>3. Are there opportunities, including ICT links, for professionals and parents to share knowledge, expertise and experience of ASDs across the region?</p>	<p>Meetings for parents are supported by the LEA, health authority and social services department.</p>	<p>Levels S, L and R</p>	<input type="checkbox"/>
	<p>Joint parent/professional training is organised across the region.</p>		<input type="checkbox"/>
	<p>E-mail links are in place or regional mailing lists are operating.</p>		<input type="checkbox"/>
	<p>LEAs have SEN web sites with ASD content that link into other agency and national web sites.</p>		<input type="checkbox"/>
	<p>There is a regional SEN web site that includes information on ASDs.</p>		<input type="checkbox"/>
<p>4. Are there any developments of joint provision across the region or reciprocal arrangements on Best Value assessments?</p>	<p>Specialist ASD support services or common protocols concerning the services for children with ASDs and their families are shared across the region.</p>	<p>Level R</p>	<input type="checkbox"/>

School provision for children with ASDs

School provision for children with ASDs is made in a variety of settings – mainstream schools, autism specialist schools, special schools, residential schools, autism units attached to schools and resourced provision in mainstream classes. With the strengthening of parents' right to a mainstream place for their children and the recognition that there are many more able children with an ASD than was once thought, more children attending mainstream school are now identified as having an ASD. In addition, staff within special schools and units are developing ways of giving children with an ASD access to children in mainstream schools, either by 'reverse inclusion' or by part-time placement.

To get the most out of their education, children with ASDs, wherever they are placed, must have their special educational and other needs addressed. This is a challenge for schools and has implications for the way in which the curriculum as a whole and individual lessons are planned and delivered, how the management of the school allows for the inclusion of children with ASDs, what targets are set in Individual Education Plans (IEPs), behavioural support and, in mainstream schools, the work of the Special Educational Needs Co-ordinator (SENCO). These aspects of school provision are addressed in the following pointers. There are also training implications for staff, particularly in mainstream schools. There are separate In-service Training pointers.

A whole-school approach is the most effective way of meeting the needs of children with an ASD, regardless of type of provision. It is important that all staff within any type of provision who might meet the child are aware

of the particular needs arising from an ASD. They need to understand the reasons for the child's response to classroom tasks and for their behaviour during lessons and breaktimes. If staff do not know about ASDs, then a child might be incorrectly perceived as difficult or non co-operative. There is much that staff can do to prevent challenging behaviour in terms of environmental arrangements, analysing behaviour and managing children sensitively. Methods of disseminating information on particular children need to be developed and a safe haven created within the school to which the child can go if and when they feel distressed. Physical restraint and medication should be interventions of last resort. Staff will need to enable the child and their peers to work and play together. The SENCO is a key person in relation to the identification, assessment, programme planning and review of the child's progress. Staff within a school will look to the SENCO for information and guidance on how to meet the needs of children with an ASD within the school.

It is the school's responsibility to ensure that the whole school curriculum is tailored to the needs of children with ASDs. The whole school curriculum consists of the entire curriculum on offer at the school – including out of class activities. It encompasses the National Curriculum and other statutory requirements such as careers and sex and relationship education. It is important to identify the child's individual aptitudes, interests, and existing skills in order to build on these and to help the child engage with tasks, which may have less appeal. The National Curriculum contains a statutory statement *Inclusion: providing effective*

learning opportunities for all pupils. This details the modifications to the programmes of study which may be necessary to ensure that children with ASDs are set suitable learning challenges, that they can overcome potential barriers to learning and that the curriculum is adapted to meet such children's learning needs. Many children with ASDs have difficulties in generalising skills acquired in one setting to other settings. Children's learning needs will not be confined to the hours of 9-4 whether children with an ASD attend day or residential school. Many, but not all, children with an ASD attending day schools will be given some additional adult support. Opportunities for personal and social development and the development of 'life' or 'independence' skills will need to be available, even to children of high ability.

The SEN Code of Practice recommends the use of Individual Education Plans (IEPs) as a teaching and planning tool to record that which is additional to or different from the differentiated curriculum, which is in place for all children. The Code recommends that IEPs should be crisply written and focus on three or four individual targets, chosen from those relating to the key areas of communication, literacy, mathematics and behaviour and social skills. For a child with an ASD, it is likely that the IEP will concentrate on targets to do with the development of communication, social understanding and flexibility of thought and behaviour. The IEP might also include some important targets for developing independence skills and widening the child's range of activities and experiences. Ways should be found to enable the full participation of parents and children in drawing up IEPs.

Whole school approaches and inclusion

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>1. Does the LEA's and school's SEN policies promote inclusion and cover children with an ASD?</p>	<p>ASDs and their impact for children and schools are recognised in the authority's and schools' policies and development plans, which reflect these bodies' duties under the Disability Discrimination Act and the Inclusion framework.</p>	Levels S & L	<input type="checkbox"/>
<p>2. Do schools have whole-school awareness training in ASDs so that staff understand the implications of the triad of impairments for learning and behaviour as well as any other associated difficulties such as sleep disturbance, motor and perceptual difficulties or dietary needs?</p>	<p>At least one member of staff, possibly the SENCO, with the support of the Headteacher has received specific additional training in ASDs.</p>	Level S	<input type="checkbox"/>
	<p>Schools cover ASDs in their in-service training programme and staff know, for example, how and how not to meet, greet and redirect the children with ASDs.</p>		<input type="checkbox"/>
	<p>Staff can plan and implement responses to behavioural problems as they arise.</p>		<input type="checkbox"/>
<p>3. Are all staff who teach a child with an ASD aware of their individual needs?</p>	<p>All the staff have been given relevant information about the individual child with an ASD and their particular needs within the triad of impairments.</p>	Level S	<input type="checkbox"/>
	<p>Information is shared regularly with all staff teaching the children concerned.</p>		<input type="checkbox"/>
	<p>Staff have copies of the children's IEPs.</p>		<input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
4. Are there clear internal mechanisms to provide advice to staff on ASDs and for staff to provide feedback to the SENCO or named person for ASD support?	Non-teaching time is allocated.	Level S	<input type="checkbox"/>
	Courses on ASDs are funded.		<input type="checkbox"/>
	There is a clear policy on behaviour management and ASDs.		<input type="checkbox"/>
5. Depending on the age and the wishes of the child and their parents, do other children and parents know about the implications of having an ASD and how best to help the child?	Peers within the school and their parents have attended an ASD awareness raising session.	Level S	<input type="checkbox"/>
	Strategies such as Circle of Friends or Buddy systems are in place.		<input type="checkbox"/>
6. Does the school have a named person to co-ordinate information about the children with an ASD?	Pre-entry information, planning and co-ordinating interventions, monitoring progress is co-ordinated by a named person. This person may be the SENCO or a key professional within the school with ASD expertise/knowledge who meets the Teacher Training Agency's Specialist Standards.	Level S	<input type="checkbox"/>
	In a secondary school there is a system that enables a representative from each subject department to: <ul style="list-style-type: none"> • know about the child's needs • work with the named co-ordinator to address them. 		<input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
7. Are both formal and informal opportunities made for parents/professionals and school to exchange and update information on ASDs?	School staff/parents/professionals are part of an Autism Interest Group which may include staff from other schools.	Levels S and L	<input type="checkbox"/>
	The school has information for their own staff and parents and outside professionals about how they have worked to meet needs.		<input type="checkbox"/>
8. Particularly for compulsory school aged children, does the school environment help to meet the child's learning and social needs?	Account has been taken of the need to create a low distraction work place within the classroom setting (for example, the creation of a work station style area) and a clearly defined space for personal equipment and belongings.	Level S	<input type="checkbox"/>
	The school makes a quiet room available at any time in the school day and appropriate break time activities are offered and taught.		<input type="checkbox"/>
	The school has undertaken a risk assessment which takes account of the lack of awareness of hazards of some children with ASDs.		<input type="checkbox"/>
	Clear signs/symbols/photographs are in evidence in school communal areas and subject bases.		<input type="checkbox"/>
	The school has taken account of the vulnerability of some children with ASD to environmental distraction in terms of acoustics, smells and lighting (for example, use of daylight tubes in classrooms).		<input type="checkbox"/>
9. Is there a flexible but systematic approach to developing the necessary skills for children with ASDs to join in whole school experiences?	Well understood routines and rules of conduct, clear verbal instructions and visual signs are used to allow inclusion in whole school experiences such as assemblies, sports days, school councils and community involvement.	Level S	<input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
10. Is there flexibility in arrangements around class attendance?	School staff recognise that moving between classes can be very difficult for some children with an ASD. This is reflected in their timetables (for example, they may leave slightly earlier or later than their classmates to avoid busy corridors which may be confusing or distressing).	Level S	<input type="checkbox"/>
11. Do teachers adopt ASD-friendly communication strategies?	Teachers provide visual clues for the child in the form of timetables, key subject words and language.	Level S	<input type="checkbox"/>
	Lesson plans are written up in such a way that a child can check where they are up to.		<input type="checkbox"/>
	Care is taken in the use of language in trying to avoid metaphor and overly long explanations.		<input type="checkbox"/>

Children's personal and social development (pastoral support)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Is there a named member of staff to identify any areas of difficulty a child with an ASD might encounter?	There is a named person who knows about ASDs within the school who is available to discuss any concerns the child may have.	Level S	<input type="checkbox"/>
	A named member of staff has responsibility for ensuring the child knows when and where they have to be and what equipment they need to have with them in the course of the day.		<input type="checkbox"/>
2. Within the school's general anti-bullying policy, are staff aware of the vulnerability of children with an ASD to bullying?	The school recognises and understands that some children with an ASD are very vulnerable to bullying, and has support and monitoring in place. For example, the child has a 'mentor/key person' to discuss areas of personal concern.	Level S	<input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
3. Is there support in mainstream schools for children who are at risk of disengaging from learning because their ASDs alienate them from the learning process?	Connexions and/or school pastoral support systems provide guidance informed by an understanding of ASDs.	Levels S and L	<input type="checkbox"/>
	Support is available from the locally based NHS Child and Adolescent Mental Health Service working in partnership with Community Nurses and Speech and Language Therapists.		<input type="checkbox"/>
4. Does the school foster positive relationships between the child and their peers?	Examples are evident of buddy or mentoring schemes, 'circle of friends' or peer tutoring, lunchtime clubs and group support systems both in classroom settings and at break and lunch times.	Level S	<input type="checkbox"/>

Behaviour

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Are individual behaviour plans developed in consultation with the child with an ASD and their parents with effective practices being shared between home and school?	There is effective communication between home and school about individuals' behaviour plans.	Level S	<input type="checkbox"/>
	Parents are always consulted when there is a significant change to the behaviour plan.		<input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
2. Is the behaviour management system designed to take account of the child's understanding of behaviour?	Unacceptable behaviours are managed to reduce the behaviour and maintain the child's self-esteem.	Level S	<input type="checkbox"/>
	Staff discuss the implications of individuals' behaviours for planning and intervention.		<input type="checkbox"/>
3. Are strategies in place to lessen the child's anxiety levels especially when moving between classes or phases of education, in group work or at other busy times?	Visual timetables are placed at the right height for the child.	Level S	<input type="checkbox"/>
	There are clear rules and the child is involved directly. There are facilities for the child to withdraw from class ('chill out') when they are, or are likely to be, sensorily overloaded.		<input type="checkbox"/>
4. Are preventative strategies in place to limit repetitive or obsessive behaviours which occur out of place or at the wrong time?	Staff are aware of behaviour difficulties caused by information overload (for example, a child rocking the desk).	Level S	<input type="checkbox"/>
	Regular breaks are built into the lesson plan for the child or there is agreement for the child to request time alone.		<input type="checkbox"/>
	Staff are aware of the principles of behaviour management and are using them to help limit the intrusive behaviours.		<input type="checkbox"/>
5. Are systematic behaviour plans in place, which work towards increasing the child's tolerance of specific environmental factors?	Behaviour plans include programmes to develop increased tolerance of noise, smells, touch, proximity and so on as appropriate.	Level S	<input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>6. Are effective measures taken to manage behaviours which are causing social disruption because the pupil is 'rule-bound' in their responses (for example, having to be first in the queue)?</p>	<p>Behaviour is understood from the child's perspective, in order to help them change their behaviour.</p>	<p>Level S</p>	<input type="checkbox"/>
	<p>Strategies, such as Social Stories, are used to manage behaviours.</p>		<input type="checkbox"/>
<p>7. Are staff aware of the different reasons why a child with an ASD may not respond to instruction (for example, the child carries on with a task as if they had not heard)?</p>	<p>Strategies are developed which deal with the child's non-response, for example, use of visual prompts (picture sequences) or allowing the child more time to respond.</p>	<p>Level S</p>	<input type="checkbox"/>
<p>8. Do the school and the home link together with community support services to enhance the coping skills of the child and the family, beyond the school day?</p>	<p>Links are made with appropriate agencies. There is regular contact made between all involved parties.</p>	<p>Levels S and L</p>	<input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
9. Are appropriate policies and systems in place at LEA and school level to manage and support pupils with challenging behaviour?	Staff have access to appropriate training.	Levels S and L	<input type="checkbox"/>
	The school's policy on physical intervention is developed in the light of the guidance on Restrictive Physical Interventions.		<input type="checkbox"/>
	Decisions on whether or not to exclude pupils with ASD are taken in the light of their core difficulties.		<input type="checkbox"/>

SENCOs

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Is the SENCO aware of all the children in the school who have an identified ASD?	Information on ASD diagnosis is noted on the SENCO's records.	Level S	<input type="checkbox"/>
2. Does the SENCO regularly meet the parents to discuss the child's learning needs and progress and is there frequent communication with parents about children's experiences at school and at home?	Parents are given the opportunity to meet the SENCO and class teacher on a regular basis.	Level S	<input type="checkbox"/>
	There is a home-school diary or alternatively there is use of video diaries or one way screens or photographs.		<input type="checkbox"/>
3. Are there mechanisms in place to make sure the SENCO is aware of all the appropriate support agencies and have links been made?	The SENCO is aware of the support available from support services, health and social services and voluntary agencies.	Levels S and L	<input type="checkbox"/>
	Other agencies are aware of all the children with ASDs in the school and give support when necessary.		<input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
4. Are there checks in place to ensure the child is learning?	The SENCO or named staff member has responsibility to check whether the child is experiencing difficulties, in either curriculum access or understanding rules and social expectations of the school.	Level S	<input type="checkbox"/>

The school curriculum

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Does the school offer, in consultation with the child, parents and professionals, a curriculum adapted to the child's needs and is this reflected in the child's statement, where applicable?	The school offers a focused personal and social curriculum which addresses the triad of impairments.	Level S	<input type="checkbox"/>
2. Are clear links made visually and/or verbally by the teacher between the subject matter of the lesson or activity and a) previous lessons/activities b) the purpose of the present lesson/activity c) expected outcomes from the child?	There are visual cues as to the plan, content and aims of the lesson/activity for example, written cues or symbol instructions, colour coding or highlighting key aspects with a highlighter pen.	Level S	<input type="checkbox"/>
	Concepts are reinforced by using language appropriate to the comprehension level of the child.		<input type="checkbox"/>
	Staff ensure the child's attention before addressing them and key words are used as symbols.		<input type="checkbox"/>
	Records/evidence from previous work is available to the child and key points/photos are highlighted depending on what is appropriate for them.		<input type="checkbox"/>
	Lessons/activities follow a predictable pattern, or where there is no predictable pattern, clear visual and/or verbal markers are laid down which highlight the structure of the lesson or activity. Regular routines are used.		<input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>3. Is homework clarified for the child with an ASD according to the child's skill levels and, where appropriate, is this explained to parents or care staff?</p>	<p>The child has a named person who checks that homework tasks have been understood and recorded as necessary.</p>	<p>Level S</p>	<input type="checkbox"/>
<p>4. Are there opportunities to ensure that skills taught in one part of the day are generalised and transferred into other situations and settings?</p>	<p>There are scheduled opportunities for all who work with the child, their parents and carers to meet regularly, and to spend time with the child in different settings.</p>	<p>Level S</p>	<input type="checkbox"/>
<p>5. Are arrangements, which take account of the needs of children with ASDs, made for national curriculum tests and public examinations?</p>	<p>The school prepares the children in good time for the test/assessment situation that they will encounter using rehearsal and explanation.</p> <hr/> <p>The school is familiar with special assessment and reporting arrangements for the current year and informs relevant bodies in good time.</p>	<p>Level S</p>	<input type="checkbox"/> <input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
6. Are support systems in place to ensure the child's educational, social and life skill needs are recognised and responded to?	There is an ongoing monitoring of children's access to the curriculum, and social activities, involving the child's mentor where they have one.	Level S	<input type="checkbox"/>
	IEPs contain targets for acquiring life and self-care skills.		<input type="checkbox"/>
	Arrangements are in place to ensure that all who come into contact with the child are able to address their life-skill needs in a consistent fashion.		<input type="checkbox"/>
	Teachers and parents have jointly planned strategies for addressing learning needs in and out of a formal educational setting.		<input type="checkbox"/>
7. Is account taken of individual children's special interests?	Where appropriate, the child's special interest is incorporated into general class and subject specific work as a motivator.	Level S	<input type="checkbox"/>

Individual Education Plans (IEPs)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Are IEP targets developed collaboratively with the child and parents, relevant school staff and outside professionals?	Measurable IEP targets are developed through discussion with all involved, including the child and the parents and are written in clear, comprehensible language.	Level S	<input type="checkbox"/>

(continued on following pages)

School provision for children with ASDs continued

Pointer	Evidence/features to look for	Implementation level	Progress/comments
2. Are IEP targets relevant to the whole school day and are they capable of being generalised in different settings?	Records are kept of when, where and with whom, targets are addressed.	Level S	<input type="checkbox"/>
3. Is progress towards the IEP targets monitored with the child and parents regularly?	Visual record keeping systems are kept that help the child with an ASD monitor their own progress.	Level S	<input type="checkbox"/>
	Progress towards the targets is monitored with the child and with staff at least half-termly.		<input type="checkbox"/>
4. Does the IEP focus on targets relevant to the child-specific areas of recently assessed need?	The IEP includes targets that address the child's specific difficulties within the triad of impairments and their changing presentation and associated learning difficulties, where applicable.	Level S	<input type="checkbox"/>
	Learning tasks are presented in a way that match the child's learning style.		<input type="checkbox"/>
5. Are all staff aware of relevant IEP targets?	IEP targets that are relevant to different staff members are discussed with them.	Level S	<input type="checkbox"/>
	Teaching is informed by assessment of the child's progress towards IEP targets.		<input type="checkbox"/>

Speech and language therapy

One of the main areas affected in ASDs is understanding the communication of others and communicating effectively with others. This means that the Speech and Language Therapist (SLT) is often one of the first

professionals to meet the child with an ASD, especially if the child's spoken language is delayed. Specialists in speech and language (teachers and therapists) are key professionals involved in assessment and intervention.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Does the Speech and Language Therapist have either specialist knowledge of ASDs or have access to support and guidance from a therapist or other professional specialising in ASDs?	There is a system of accreditation for SLTs working with specialisms including ASDs.	Levels S and L	<input type="checkbox"/>
	There are clear systems of support from experienced and knowledgeable SLTs for SLTs working with children with an ASD.		<input type="checkbox"/>
	An ASD Special Interest Group exists where professionals can share knowledge and good practice.		<input type="checkbox"/>
2. Is the Speech and Language Therapist's assessment broad based, co-ordinated and integrated?	Assessment takes into account all aspects of communication and social functioning, not just speech and language.	Level S	<input type="checkbox"/>
	The assessment is part of a co-ordinated multi-disciplinary assessment which considers how aspects of the assessment relate to and influence one another.		<input type="checkbox"/>
	SLTs use assessment tools that are sensitive enough to identify and address the needs of children with Asperger's syndrome.		<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>3. Do the interventions involve family, teachers, other individuals and professionals involved with the child?</p>	<p>There is an emphasis on the interventions adopting the indirect model where the SLT shares their knowledge and findings with staff who work with the child rather than concentrating on individual one-to-one therapy.</p>	<p>Level S</p>	<input type="checkbox"/>
	<p>SLTs work with children in school to model good practice for school staff.</p>		<input type="checkbox"/>
	<p>There are formal structures through which SLTs provide communication advice to other professionals involved in the care of children with an ASD.</p>		<input type="checkbox"/>
	<p>Interventions maximise opportunities for children to generalise skills across settings.</p>		<input type="checkbox"/>
<p>4. Are there clear guidelines in place regarding the type and frequency of intervention models for children with an ASD which therapists and parents have access to?</p>	<p>Therapists follow the Royal College of Speech and Language Therapists (RCSLT) guidelines.</p>	<p>Levels S, L and R</p>	<input type="checkbox"/>
	<p>The effect of the intervention is consistently measured by SLTs.</p>		<input type="checkbox"/>
	<p>All SLTs use the same outcome measures.</p>		<input type="checkbox"/>
	<p>The RCSLT's audit manual is used (with adaptations) by SLTs to evaluate their ASD input.</p>		<input type="checkbox"/>
<p>5. Are there specialist local agency and regional teams in which SLTs play an assessment and management role?</p>	<p>SLTs have a significant role in the decision making process for educational options for children with an ASD.</p>	<p>Levels L and R</p>	<input type="checkbox"/>

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>6. Are there clear care pathways between Tier IV/regional specialists and local specialist SLTs?</p>	<p>There is an identified SLT co-ordinator for each locality.</p>	<p>Levels L and R</p>	<p><input type="checkbox"/></p>
<p>7. Has the SLT service recognised the need for long-term, tailored input and advice throughout the child's schooling?</p>	<p>An 'episodes of care' model (a pre-agreed set period of intervention followed by either monitoring, review or discharge) has been set up which ensures that priority needs can be met in a fast, flexible way.</p>	<p>Levels S and L</p>	<p><input type="checkbox"/></p>
	<p>SLTs provide services to children with ASDs from 0 to 19 years of age.</p>		<p><input type="checkbox"/></p>
	<p>The SLTs have links with similar adult services so that there is co-ordinated transition from child to adult services.</p>		<p><input type="checkbox"/></p>
<p>8. Are the interventions relevant and functional, working with the child's strengths and interests?</p>	<p>Interventions take account of the child's unique developmental profile, experience, motivation and social contexts.</p>	<p>Level S</p>	<p><input type="checkbox"/></p>
	<p>Communication targets are integrated into the child's curriculum.</p>		<p><input type="checkbox"/></p>

Transitions, including moving to post-school provision

Preparing for and managing change is important for all children, but this is particularly so for those with an ASD. A child with an ASD may undergo more transitions than other children because it cannot be assumed that one type of setting will continue to be appropriate throughout their school-age years. Given the problems that children with an ASD have in communication and in understanding social routines, many want to stay with the familiar people and places they have learned to understand and function within. Introducing a change to an already established routine

can cause huge anxiety and distress to the individual. Many staff and parents therefore work hard to prepare the child as best they can for a move to a new classroom or school, giving visual information in the form of photographs and/or visiting the new placement a number of times before the move. Knowledge of the individual and what they are likely to require before transition is essential. In addition, where the staff who are to take the child are new to ASDs, they too need to be prepared and informed of the particular needs of the child.

Transition may be from home to school, one school to another or from a school to a post-16 provider such as a general further education (FE) college, a specialist college, a social services setting or a specialist training provider. The Connexions Service – the advice and guidance service for all 13–19 year olds – has particular responsibilities for young people with SEN. The relevant Connexions personal adviser must attend the Year 9 review of a young person’s statement and the Service is responsible for overseeing implementation of the Transition Plan which

is drawn up following that review. For young people with statements in the final year of compulsory schooling who are intending to go on to FE or training, Connexions is under a duty, on behalf of the Secretary of State, to arrange assessments of the young person’s needs and the provision required to meet those needs in the post-16 sector. Connexions can also arrange such assessments for other young people with SEN.

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Does the LEA have policies and procedures for transition of children with an ASD covering pre-school to school, home-based provision to school, transition between phases of schooling and from school to post-school provision?	For children without statements the school gives parents the opportunity, in good time, to discuss possible schools to which they could apply.	Levels S and L	<input type="checkbox"/>
	For children with statements, the provision required in secondary school is discussed at the Year 5 annual review (or the relevant year for first school pupils) and schools which the parents might want to visit are suggested.		<input type="checkbox"/>
	The LEA attaches a list of all the maintained primary or secondary schools (as appropriate), including those which cater for children with ASDs, to the notice to parents accompanying a proposed or a proposed amended statement.		<input type="checkbox"/>
	A full list of available options, including the voluntary/non-maintained and independent sectors, is discussed with parents by staff who are ASD aware.		<input type="checkbox"/>
	Contact is offered with parents who have children with ASDs in a range of different educational settings.		<input type="checkbox"/>

(continued on following pages)

Transitions, including moving to post-school provision cont

Pointer	Evidence/features to look for	Implementation level	Progress/comments
1. Continued	Where a child is educated on a home programme or has been excluded from school an LEA officer is responsible for overseeing the child's reintegration.		<input type="checkbox"/>
	The LEA amends the statement by 15 February of the year of transfer.		<input type="checkbox"/>
2. Are there adequate record keeping and profiling methods so that information can accompany the children with an ASD when they move on?	IEPs are up-to-date. Annual Reviews are documented. All children have an Individual File that details their strengths and difficulties.	Level S	<input type="checkbox"/>
	Schools follow the regulations and the guidance in the SEN Code on the transfer of information when children start compulsory schooling or change schools subsequently – schools must transfer school records within 15 school days of the child ceasing to be registered.		<input type="checkbox"/>
	Connexions seek the agreement of young people and their parents to the transfer of information (including statements) from the school to the continuing education sector, the Local Learning and Skills Council or other provision.		<input type="checkbox"/>
	Connexions pass a copy of a young person's statement, the most recent annual review and the Transition Plan to the local social services department and any post-16 provision they will be attending.		<input type="checkbox"/>
	Locally based projects supporting young people with ASDs and Connexions personal advisers exchange client information and develop communication strategies to meet the needs of young people with ASDs.		<input type="checkbox"/>

Pointer	Evidence/features to look for	Implementation level	Progress/comments
3. Does the LEA support mainstream schools to ensure that transition between schools will be successful?	There is an LEA officer with ASD expertise available to support the school during the transition phase incorporating partnerships with other schools who have relevant expertise and experience.	Levels S and L	<input type="checkbox"/>
	Pre-planning includes helping to ensure the child is aware of the impending transition and has had a chance to become familiar with the new setting.		<input type="checkbox"/>
	The LEA encourages schools to have a member of staff to link with the child to help them at times of transition, particularly in secondary settings where they may have to relate to many different members of staff.		<input type="checkbox"/>
4. Are the procedures in the SEN Code for transition between school and post-16 (non-school) provision followed?	The head teacher holds a Year 9 annual review, inviting the child, parents, relevant school staff, the Connexions partnership, the LEA and social services and others as appropriate.	Levels S and L	<input type="checkbox"/>
	The head subsequently ensures a Transition Plan is drawn up which takes account of the advice received, including advice from health and social services. The Plan takes account of the difficulties presented by change and transitions for young people with an ASD.		<input type="checkbox"/>
	The Connexions personal adviser attends the Year 9 annual review, helps to draw up the Transition Plan and oversees its implementation.		<input type="checkbox"/>
	The Transition Plan is reviewed annually from Year 10 onwards with specific reference made to the young person's difficulties under the triad of impairments.		<input type="checkbox"/>

Transitions, including moving to post-school provision cont

Pointer	Evidence/features to look for	Implementation level	Progress/comments
4. Continued	The Connexions partnership/personal adviser works closely with the young person, the parents, the school staff, the Local Learning and Skills Council and the FE/HE or training provider to ensure delivery of the young person's Transition Plan or action plan and the provision agreed following a 'section 140' assessment under the Learning and Skills Act.		<input type="checkbox"/>
5. Is there good preparation for transfer to college or other post-16 provision?	Before entry to FE/HE/training, the Connexions personal adviser makes arrangements for the young person to have time to familiarise themselves with the environment they are moving to.	Level S	<input type="checkbox"/>
	There is a school/college link course tailored for individual requirements, which is under review throughout the process.		<input type="checkbox"/>
	The young person's first contact with college is planned in liaison with parents and school.		<input type="checkbox"/>
	The family is aware of a link person who acts as a contact before the young person begins college.		<input type="checkbox"/>
	Careful discussion takes place leading to a plan to help minimise any anxiety caused by uncertainty for the young person during this phase.		<input type="checkbox"/>
	Staff at the college make contact with the young person during the pre entry school holiday to make sure they know what is going to happen on the first day.		<input type="checkbox"/>
	There are mechanisms in place to monitor the impact of this contact, in case the contact itself causes anxiety.		<input type="checkbox"/>

(continued on following pages)

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>6. Are Connexions personal advisers aware of the needs of clients with an ASD and their families and the available suitable provision?</p>	<p>Training packages have been developed to raise awareness of the range of needs for clients with an ASD and develop strategies to enable effective communication within the guidance process.</p>	<p>Level S</p>	<input type="checkbox"/>
	<p>The Connexions personal adviser and other professionals are aware that this is an important transition for parents too. Issues such as adult status, the difference between school and college and so on are discussed with the family.</p>		<input type="checkbox"/>
	<p>Connexions staff have made presentations to ASD parent groups to raise awareness of the role of the Connexions Service and to discuss options and good practice in transition planning.</p>		<input type="checkbox"/>
	<p>Parents of children with an ASD have provided a parental perspective to transition planning within in-house training programmes.</p>		<input type="checkbox"/>
	<p>Connexions personal advisers either know about or have access, perhaps via a local autistic society or the Learning Difficulties officer at the Local Learning and Skills Council, to information about post-16 providers who make provision for those with ASDs or who are autism aware.</p>		<input type="checkbox"/>
<p>7. Is the Connexions partnership aware of the incidence of ASD diagnosis within its client group?</p>	<p>The partnership has analysed the Register of Children with Disabilities compiled by local Social Services Department and can show patterns of diagnosis by age, ethnicity and geographical location.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>The collated information is used to support planning of delivery needs and possible post-school provision.</p>		<input type="checkbox"/>
	<p>The partnership maintains a list of all young people with ASDs in the relevant age group who have a statement of SEN.</p>		<input type="checkbox"/>

Pointer	Evidence/features to look for	Implementation level	Progress/comments
<p>8. Is there partnership working between Connexions, the local autistic society and any locally based projects supporting young people with ASD?</p>	<p>Activities of local groups and joint working that will benefit Connexions staff, parents and young people are identified.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Projects which are, for example, aimed at helping people with Asperger's syndrome into regular employment have been identified. Connexions has a place on the project steering group.</p>		<input type="checkbox"/>
	<p>Project workers support the clients by using the Connexions Assessment, Planning, Implementation and Review (APIR) framework which informs the young person and the Personal Adviser of effective approaches to be developed with the young person.</p>		<input type="checkbox"/>
	<p>Joint practices have been developed to improve access to information, advice and guidance through Public Services Centres for project users and Connexions 'one stop shops'.</p>		<input type="checkbox"/>
<p>9. Are there any activities to develop good practice in Careers Education and Guidance?</p>	<p>There is recognition that ASD creates communication barriers and that there can be significant difficulties with accessing effective work experience.</p>	<p>Levels S and L</p>	<input type="checkbox"/>
	<p>Local specialist schools for young people with an ASD have been identified. Discussion has taken place with regard to work experience programmes.</p>		<input type="checkbox"/>
<p>10 Is the success of the transition monitored?</p>	<p>The Connexions service, through its personal adviser network, where possible, follows the young person through from school to FE/HE/training, continuing to provide advice and liaising with the provider and the local LSC to address any problems which arise in the new environment.</p>	<p>Level S</p>	<input type="checkbox"/>



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DfES Publications

PO Box 5050

Sherwood Park

Annesley

Nottingham NG15 0DJ

Tel: 0845 6022260

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Textphone: 0845 6055560

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