Evaluation of the Autism Education Trust Programme, 2017-2018

Stephen M. Cullen

Mairi Ann Cullen

Centre for Educational Development, Appraisal and Research (CEDAR), University of Warwick

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1. Executive Summary

1.1 Introduction

The Autism Education Trust's (AET) capacity building programme is now in its eighth year. There have been four earlier rounds of the Programme – the AET Programme 2011-2013; 2013-2015; 2015-2016, and 2016-2017. The AET Programme 2011-13 established the regional hubs training model and introduced school years training for all school staff working with children and young people with autism. The 2013-15 Programme involved the development of new Early Years (EY) and Post-16 (P-16) training materials for workforces and settings supporting EY and P-16 children and young people with autism. The 2013-15 Programme also involved the development and roll-out of National Standards and Competency Frameworks for EY and P-16 settings. The 2015-2016 Programme introduced a newly developed Progression Framework, designed for the AET by Autism Associates.

All stages of the AET Programme have been evaluated by the Centre for Educational Development, Appraisal and Research (CEDAR), the University of Warwick. The evaluations showed that the AET Programme, the training hubs model, and the training and support materials, including the Competency Framework, National Standards, and Progression Framework, were all successful in delivering well-regarded, high quality training to the workforce for children from Early Years to Post-16. For the 2017-2018 period, the AET asked CEDAR to create a small number of detailed case-studies of the processes of supporting children and young people with autism in a range of education settings. The aims of the evaluation were:

- To map work with children and young people with autism.

- To examine the particular needs of the children and young people during the period of the evaluation.

- To understand the processes by which the settings' staff responded to those needs and how they sought to support the children and young people.

- To identify the sources of training and information, including, in particular, those from the AET Programme, which enable staff to successfully support their charges.

- To establish, where possible, the specific impact of the AET Programme in terms of enabling staff to support children and young people with autism, and improving the educational experience of those children.

1.2 Findings

1.2.1 Attribution

Addressing the aims of the evaluation required the creation of a 'diary' of work with children and young people with autism over the period of the evaluation. In addition, there was a need to identify the differing sources of autism education knowledge and practice in order to assess the impact of the AET Programme. The latter raised the issue of attribution - that is, identifying the AET Programme as the source of knowledge and practice in settings where staff drew on a range of information and practice. Two methodological approaches to the issue of attribution were adopted for the evaluation. The approaches were, *causal contribution analysis*, and the *stakeholder participation perspective*.

1.2.2 Findings presented

The findings are presented by setting. Four settings remained involved in the evaluation throughout; these were:

- A mainstream secondary school.
- A specialist primary school.
- A Montessori nursery.
- A mainstream primary school.

In addition, the findings from an online survey, 'The Evaluation of the Autism Education Trust Programme, 2017-2018' (Appendix 5) are presented. This survey was e-mailed to 14,000 people on the AET's database (an undifferentiated database), with a covering notice (Appendix 6), and was open for four weeks from 16th March until 17th April, 2018. There were 312 responses.

1.2.3 The Settings

1.2.3.1 A mainstream secondary school

The evaluation work with the setting showed that in that mainstream secondary school, the SEND staff with particular responsibility for supporting, and leading, autism education drew on a range of sources for their knowledge. Both the deputy SENCO and the member of staff (Staff 1) who facilitated the evaluation, had extensive on the job experience and learning to draw on. However, they had few opportunities to undertake formal autism training. They could call upon the support of a local authority educational psychologist, and on their network links with a specialist school. Staff 1 provided evidence throughout the evaluation of the use of the AET Programme, particularly in relation to the sensory audit, the sensory profile, providing strategies for use at home (Child B's homework timetable), and the successful piloting of the AET Progression Framework. This represented a notable addition to the support for the children with autism, although Child A proved to have needs that could not be met by this mainstream setting. Participation in the evaluation of the AET Programme also had benefits for the staff involved, and had helped provide an extra impetus to further development in relation to autism support.

1.2.3.2 A specialist primary school

The setting was a specialised primary school for children with autism. It was well-resourced for its role, had experienced and knowledgeable staff, and acted as a centre for training and information about autism education. In addition, the school was able to call upon external support and advice, for example, that of the occupational therapist who observed Child B and recommended additional strategies for supporting him. Although there was already well established autism practice in this setting, the AET Programme was viewed by staff as an important additional element. Staff 1, who had responsibility for the support of Child A and Child B, had prior experience of working with children with autism before she joined the setting, but she found taking the AET Programme Tier 2 training valuable in her role in the school. In addition, the setting used key messages from the AET Programme Tier 1 'Making Sense of Autism' to create a reporting and monitoring framework for record-keeping for children in the school.

1.2.3.3 A Montessori nursery

The setting was an example of a small, well-resourced, nursery with highly experienced and trained, staff. They demonstrated how a range of sources of knowledge, training, co-working and support can be used to provide good autism support for children. They used several elements of the AET

Programme. The setting worked closely with outside support, such as speech and language services, and with the parents of their children. The setting was aware of the importance of getting to know each child individually, of the value of observation, recording, and reflection. Following on from that, the nursery demonstrated the value of reviewing planning and practice and being willing to develop new plans and interventions if necessary.

1.2.3.4 A mainstream primary school

The setting was a small, 216 place primary school. In terms of the evaluation, the setting was of interest in that most of its autism education knowledge came directly from its engagement with the AET Programme. All the school staff had undertaken AET Programme training, tier 1, while the SENCo had undertaken tiers 1, 2 and 3, and was, as a result, the school's autism lead. The SENCo gave accounts of the value of AET Programme training and materials that stressed the importance of AET sourced knowledge, and the impact on the confidence of the SENCo and staff in acting to support children with autism. In addition, the SENCo had begun to use the AET Standards and the Competency Framework to embed good practice in the school. During the period of the evaluation, the SENCo also began to trial the AET Progression Framework, finding the ability to record social and emotional progress valuable. Other sources of autism knowledge and support for the school came from the local autism outreach team (which was also responsible for delivering the AET Programme in the area).

1.2.4 The Survey

The online survey, 'The Evaluation of the Autism Education Trust Programme, 2017-2018', had 312 responses in a month. The 312 respondents were a self-selected sample, but their responses provide an interesting insight into the autism education knowledge, training, understanding and experience of a highly experienced range of people involved in autism education – classroom staff; middle managers, senior school leaders, and SENCos; Local Authority staff (e.g., advisory teachers, and educational psychologists; and mentors, support workers, therapists) and parents. Two-thirds of those who had received the AET training (73% of the sample) rated the training as very useful and a further third rated it as useful and 96% of these respondents said they were still using ideas from this training. Eighty seven percent of respondents were using the AET materials (i.e. the Standards, Competency Framework and Progression Framework).and 98 per cent of this group said that AET materials were either very useful (50%) or useful (48). These are extremely good ratings and show how highly the AET training and materials are regarded by professionals in education. Finally, the

open question about what other support, sources of information, or CPD would be useful in the respondents' work with children and young people with autism produced a range of responses (with 262 responses to this question). These responses, presented above, are of use in future planning for AET Programme development.

1.3 Conclusions and recommendations

1.3.1 Conclusions on the impact of the AET training and materials from the work by CEDAR

The data from the four settings on the impact of the AET materials and training shows a positive effect, even in those settings where autism knowledge and practice was already quite advanced. Similarly, data from the survey of 312 respondents, showed there was overwhelming support and positive comments for both the AET training received and the AET materials they had used.

1.3.1.1 Data from the four settings

In the mainstream secondary school (Setting 1), one member of staff had attended the Tier 3 training and then introduced other staff to some of the tools and strategies. Staff were doing sensory audits of the school environment, creating sensory profiles for some of the children and had used Social Stories with the two selected case study children. They had also trialled the use of the Progression Framework and found this so useful that they plan to introduce it to all the other pupils with autism at the school in the future. Staff were also using the Competency Framework to audit staff knowledge.

In the specialist primary school (Setting 2), where almost all the pupils in the eight classes had autism, there was already a great deal of autism experience and knowledge. Nevertheless, all 24 staff attended the Tier 1 and Tier 2 AET training. Some of the staff were engaged in outreach work with other schools and said they recommended the AET Progression Framework for monitoring progress. Staff had used some of the ideas on sensory challenges from the AET training and modified their stance on making eye contact with the children. The setting also used key messages from Tier 1 to create a reporting and monitoring framework for record-keeping for children in the school. The evaluation was provided with five examples of this framework, two of which are given in Appendix 4.

In the Montessori nursery (Setting 5), there were four children with autism on roll. The staff felt that the Montessori approach suited children with autism, and contained many of the elements

promoted by the AET. The nursery had also modified their practice from knowledge gained from the Inclusion Development Programme developed by the National Strategies in 2009. Nevertheless, all the staff had attended Tier 1 training and the nursery was using both the AET Standards and Competency Framework to audit practice and create action plans.

The fourth setting (Setting 6) was a small mainstream primary school with just over 200 children on roll. Almost all their autism knowledge came from the AET programme. The SENCo had done all three tiers of training and the whole staff had attended tier 1. They were using the AET Standards and the Competency Framework and had accessed some of the Tools for Teachers. They had future plans to use the AET Progression Framework. The SENCo concluded that engaging with the AET training and materials had boosted her confidence in talking to staff about their practice and in advising parents.

1.3.1.2 Data from the 312 respondents in the online survey

Most of the 312 were working in educational settings and 96% had had more than 5 years' experience of working with children and young people with autism. They were thus a knowledgeable group which provided a good test for the AET programme. Most had received some training in autism in the last 2 years, not necessarily provided by the AET. Almost three quarters of the sample though had attended AET training, 96% of whom said they were still using the knowledge gained from this. Sixty two percent rated the training as very useful and a further 37% rated it as useful. In addition, the majority said the AET website was their main source of information.

Responses were given by 20% of the sample to an open question at the end on what additional support would be useful. Suggestions included opportunities to meet with colleagues to discuss practice; greater support for parents and carers; support for children with mental health needs; and regular updates, video clips of practice and a helpline were also mentioned. Other ideas concerned topics for further training and are given within this report.

1.3.2 Recommendations on future evaluation work by the AET

Ascertaining what makes a difference to individual autistic children in schools and the extent to which the AET training and materials contribute to their success is a complex issue. Separating out the specific effects of factors such as the child's profile (e.g. intellectual and verbal ability; sensory

challenges; family factors etc.) and the interventions and provision received is not at all easy. The nature of the evaluation within the four settings reported here was not able to determine the impact of the AET's work on individual children very effectively. In the AET's future evaluations of impact, it would be extremely useful to ask the key AET trainers and outreach staff within some of the regional hubs to identify Early Years settings, Schools and Post 16 settings, where:

1   Clear data and evidence exists on the effect of training on individual staff or on part or whole school practice as a result of:

- the AET training at Tiers 1 2 or 3.
- using the AET National Standards document to enhance elements of practice within the school.
- using the AET Competency Framework to enhance staff knowledge and practice within the school.
- using the AET Progression Framework to enhance elements of assessment and recording practice within the school.

For all four above, there may be evidence on the impact on individual children and young people with autism which staff can highlight for the evaluation. There is likely to be clearer evidence in settings which have not had very well developed practice in autism until they received the AET training and materials.

2   The use of the Parents' Guide in the School Sector to have structured conversations with parents/carers prior to their child's entry to the school and/or once placed at the school.

It would be possible to select key observable elements from the training and the Standards and Competency Frameworks and the Progression Framework and then to ascertain whether there is evidence for these within the settings and to determine whether any pupils have shown the benefits of this being developed and implemented. Future evaluations of the AET programme which capture these data would be extremely useful.

2 Introduction

2.1 Background

The Autism Education Trust's (AET) capacity building programme is now in its eighth year. There have been four earlier rounds of the Programme – the AET Programme 2011-2013; 2013-2015; 2015-2016, and 2016-2017. The AET Programme 2011-13 established the regional hubs training model and introduced school years training for all school staff working with children and young people with autism. The 2013-15 Programme involved the development of new Early Years (EY) and Post-16 (P-16) training materials for workforces and settings supporting EY and P-16 children and young people with autism. The Programme consisted of three tiers of training which were delivered via four EY and four P-16 training hubs. The 2013-15 Programme also involved the development and roll-out of National Standards and Competency Frameworks for EY and P-16 settings. In addition, guides for parents and carers on working with their children's schools were produced. The 2015-2016 Programme introduced a newly developed Progression Framework, designed for the AET by Autism Associates. The Progression Framework was a response to the need for research-based models that can be applied by school staff to track the progress of children and young people with autism. The 2016-2017 Programme consisted of a number of strands, which both built upon earlier Programme delivery, and introduced new, additional elements to the AET Programme. The strands were: the completion of the national coverage of the AET Early Years Programme and Post-16 Programme through the commissioning of additional hubs; pump priming five regional networks to support schools and Local Authorities (LAs) using the AET materials to improve autism education; additional support for the roll out of Post 16 training, and 'Supporting the Move from School to College'; the establishment of an 'AET Young People's Panel'; the development and delivery of an autism and exclusions programme; and the maintenance of core functions.

All rounds of the AET Programme were evaluated by the Centre for Educational Development, Appraisal and Research, the University of Warwick. The evaluations (Cullen, M.A. *et al* 2012, 2013, Cullen, S.M. *et al*, 2014, 2015; Cullen, S.M. 2016; Cullen, S.M. & Thomas, R, 2017) showed that the AET Programme, the training hubs model, and the training and support materials, including the Competency Framework, National Standards, and Progression Framework, were all successful in delivering well-regarded, high quality training to the workforce for children from Early Years to Post-16. The success of the earlier Programmes led to further Department for Education (DfE) funding for the AET Programme 2017-2018.

2.2 The evaluation, 2017-2018

2.2.1 Aims of the evaluation

CEDAR was asked by the AET to conduct an evaluation for the September 2017 to April 2018 period. CEDAR was asked by the AET to create a small number of detailed case-studies of the processes of supporting children and young people with autism in a range of education settings. The aims of the evaluation were:

- To map work with children and young people with autism.
- To examine the particular needs of the children and young people during the period of the evaluation.
- To understand the processes by which the settings' staff responded to those needs and how they sought to support the children and young people.
- To identify the sources of training and information, including, in particular, those from the AET Programme, which enable staff to successfully support their charges.
- To establish, where possible, the specific impact of the AET Programme in terms of enabling staff to support children and young people with autism, and improving the educational experience of those children.

The evaluation format built upon a previous evaluation of the AET programme 2015-2016 (Cullen S. M., 2016) in which the evaluation worked with five schools – one special secondary school, one mainstream secondary school, and three mainstream primary schools – to establish case studies of working with children and young people with autism. The 2017-2018 evaluation reported here sought to examine a wider range of settings, and attempted to more clearly attribute the role and impact of AET training and materials in the practice of settings' staff.

2.2.2 Data collection

To carry out the evaluation it was necessary to recruit a range of different settings covering Early Years to Post 16. The settings had to be willing to engage with the evaluation over a period of one and a half school terms (Autumn term, 2017 and the first half of the Spring term, 2018). It was intended that five settings would be recruited to enable the construction of five case studies. Settings were approached to take part in the evaluation by AET Regional Hubs, the AET, and CEDAR.

Eighteen settings expressed an interest in taking part in the evaluation, of which six settings began the evaluation process. However, only four settings remained with the evaluation over the entire course. The details of settings, setting types, and data collection are given in Table 1.

Table 1: Settings and data collection (settings in green completed the evaluation process).

Setting	Setting type	Setting visit & initial interview/s	Follow-up interviews
S1	Mainstream secondary school	Initial, start-up visit & interviews with two staff.	6 follow-up telephone interviews.
S2	Nursery/Children's centre	Initial, start-up visit & interviews with two staff.	Setting had to withdraw following loss of key staff member; only one follow-up interview.
S3	Mainstream primary school	Initial, start-up visit & interview with one member of staff.	One follow-up document, but setting failed to provide any more follow-ups.
S4	Specialist primary school	Initial, start-up visit & interviews with two staff.	4 follow-up telephone interviews, plus additional relevant material.
S5	Nursery (Montessori)	Initial, start-up visit & interviews with three staff.	3 follow-up telephone interviews.
S6	Mainstream primary school	No initial visit, but initial telephone interview with one member of staff	4 follow-up telephone interviews.
Number of interviews		11	19

2.2.3 Attribution

2.2.3.1 The attribution problem

In part, the aim of this evaluation (see 2.2.1 above) was to attempt to identify the specific impact of the AET Programme (including training, materials and resources) in education settings from the Early Years to secondary school level. In attempting this, the methodological problem of attribution arises. The attribution problem:

> 'is often referred to as the central problem in impact evaluation. The central question is to what extent changes in outcomes of interest can be attributed to a particular intervention. Attribution refers to both isolating and estimating accurately the particular contribution of an intervention and ensuring that causality runs from the intervention to the outcome.'[1]

There is no universally accepted methodological approach to addressing this issue in small-scale, qualitative research and evaluation work[2]. There are, nonetheless, a range of approaches, two of which have particular relevance for this current evaluation of the AET Programme. The approaches are, *causal contribution analysis*, and the *stakeholder participation perspective*. The first of these depends upon identifying and accounting for alternative explanations for an observed outcome or impact. In order to do this, it is necessary to establish clear, accurate accounts of events during the period of the evaluation, and to investigate all sources underpinning the intervention in question. In terms of this evaluation, it was necessary to ensure that other possible sources of autism training, support, advice, information and resources other than those provided by the AET Programme, were accounted for. The second insight - the stakeholder participation perspective – is based upon the principle that stakeholders should be involved in the evaluation. In an impact evaluation, stakeholder participation 'includes aspects such as the determination of objectives, indicators to be taken into account, as well as stakeholder participation in data collection and analysis,'[3].

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[1] http://siteresources.worldbank.org/EXTOED/Resources/chap4.pdf , p.21 (accessed, 13 March, 2018).
[2] White, Howard, & Phillips, Daniel (June 2012), *Addressing attribution of cause and effect in small n impact evaluations: towards an integrated framework*, (International Initiative for Impact Evaluation/Global Development Network, Working Paper 15, New Delhi).
[3] http://siteresources.worldbank.org/EXTOED/Resources/chap4.pdf, p.32.

2.2.3.2 Developing the co-production of the evaluation

The two approaches underpinned the construction of this, current, evaluation of the AET Programme. From the outset, the settings' staff who were recruited to the evaluation were enrolled as collaborators in the evaluation design and process. The stages of creating that co-working were:

1. A detailed, explanatory, e-mail to the setting contact about the aims of the evaluation.
2. An initial, face-to-face meeting with a member of the senior management team of the setting and the staff member who would be working with the evaluation. (One setting, setting 6, had an initial meeting conducted by telephone in order to expedite the start of the project). The initial meeting had a number of purposes: i) it provided the evaluation with background to the setting; ii) it enabled the setting staff to explain how they thought the evaluation could be facilitated; iii) it established the training, external support, materials, knowledge and experience of the setting and its staff in relation to supporting children with autism; iv) it identified two pupils in each setting whose progress, and work with whom, would be the focus of the school's part in the evaluation; v) it enabled an agreement on the process of the evaluation up until March, 2018.
3. Following the initial meeting, the nominated member of each setting kept records of work with each of the pupils identified in the initial meeting. These pupils were only known to the CEDAR evaluator as 'Child A' and 'Child B' from each setting. The CEDAR evaluator and the nominated settings' staff spoke, by telephone, at intervals throughout the evaluation, with the nominated staff member providing updates on the progress of the pupils, the interventions carried out by the setting, challenges, successes, and sources of information and materials used in the support of those pupils.

2.2.3.3 The process of the evaluation

The data collection was built around semi-structured interviews carried out face-to-face for the first meeting, then by telephone for subsequent contacts. The first interview used a semi-structured interview schedule designed to establish the background of the setting, and the interviewees; the existing sources of training, information and support that the setting drew upon; the use of AET Programme training and materials; how the setting measured impact of interventions; and setting autism education and support policies (Annex 1). The subsequent follow-up telephone conversations focused on five areas: the school, and home, experiences of Child A and Child B since the previous

conversation; the progress of the children since the previous conversation and the use (if applicable) of the AET Progression Framework in tracking that progress; strategies that had been used to support the children, and sources of those strategies; any other relevant information (Annex 2). Finally, the last follow-up conversation used additional questions to enable reflections on the process of supporting the children over the period of the evaluation; these including an assessment of the period; the most useful sources of information and training in relation to the interventions that had been made to support the children; the value of the AET Programme and materials; and a review of the requirements of staff in supporting children with ASD (Appendix 3).

In addition to the data collected through the face-to-face and follow-up telephone interviews, one setting, Setting 4, provided detailed documents containing staff reporting on the progress of, and support for six children, using key learning from the setting's AET Programme Tier 1 training, 'Making Sense of Autism'. Some of this material is presented in Appendix 4.

The final data collected was a ten question online survey, 'The Evaluation of the Autism Education Trust Programme, 2017-2018' (Appendix 5). This survey was e-mailed to 14,000 people on the AET's database (an undifferentiated database), with a covering notice (Appendix 6), and was open from 16th March until 17th April, 2018. There were 312 responses, and the findings are presented here.

2.3 This report

This report presents data from all the four settings which completed all of the evaluation. The data was gathered between 22nd November, 2017 and 13th March, 2018. The main body of this report presents data and findings related to the settings that remained with the evaluation throughout the four months of data collection. Those settings were:

- Setting 1 (S1), mainstream secondary school.
- Setting 4 (S4), specialist primary school.
- Setting 5 (S5), nursery school.
- Setting 6 (S6), mainstream primary school.

The data, findings, and conclusions are presented here, in the first instance by setting. Each settings' history in terms of autism support, training, experience and knowledge is examined. Then an account of the specific issues that each setting faced, over time, in supporting the two children in each setting who were the focus of the evaluation, is provided. Those issues are then related to interventions made by the setting staff, along with the outcome and impact of the interventions. Conclusions are presented in relation to autism training, and materials (where possible in relation to the AET Programme), and the support of children with autism in the settings. Following the presentation of the four case-study schools, an overall assessment is made which also draws upon the additional data gathered from the two settings (S2 and S3) which did not remain with the evaluation throughout.

The findings from the 312 online survey responses are also presented here, in section 4.

3. The four case-study settings

3.1 Setting 1 (S1). A mainstream secondary school.

3.1.1 The backgrounds of the staff and sources of autism support available

Setting 1 (S1) was a mainstream secondary school of 680 pupils, in Years 7 – 11 (ages 11 to 16). Of the children at the school 98 were on the Special Educational Needs register (14% of the school roll). Thirty-four pupils had been diagnosed with autism (5% of the school roll), with 7 on the waiting list for diagnosis, and a number of other pupils who either display autism characteristics, or are regarded by the school as needing support as children with autism.

The two staff who were interviewed for the initial interview were Staff 1 and Staff 2. Staff 1 was the school's Intervention Co-ordinator, a Teaching Assistant (TA), and the school staff member who was to work with the evaluation. Staff 2 was the school's deputy SENCO, and a TA. Both staff members were experienced TAs, with histories of working with children with autism. Staff 1 gave an account of her prior experience:

> 'I started working about ten years ago in a specialist placement school for students with severe and profound learning difficulties, which included physical as well as mental

difficulties. A lot of work with ASD students who were very low level, non-verbal, severe behaviour linked to their autism. I worked there for four years and I then moved to a mainstream primary school where I started to work with a Reception class student, who was quite severely autistic, verbal but only up to a certain point, quite a low level of understanding, and I worked with him until he was in Year 3. By the time I left he was writing in sentences, he was sitting on a chair, he was talking coherently, so he did really well.

And then I came to work here, started as a teaching assistant, am still a teaching assistant, but I am the Interventions Co-ordinator as well and I work probably closely with (I2) and I do a lot of work with the ASD students as well.' (Staff 1)

This account is important, as it shows that the staff member did not have any formal training in supporting children with autism, but, typically, learnt from colleagues and on the job – 'everything that I've done up until this point is on the job or self-taught' (Staff 1). She was clear that in respect of autism training in her previous schools, 'there were no courses that you were sent out for,' (Staff 1). The deputy SENCO (Staff 2), gave a very similar account of her background in terms of autism training. Since being at Setting 1, she has specialised in mental health and has ensured that the setting took advantage of the local authority's education psychology service – 'we have had the EP [Educational Psychologist] come in and do a few ASD sessions,' (Staff 2). Although the educational psychologist only visited the school once a year for training purposes, the school does access the service for advice on supporting pupils with autism. In addition, the setting has links with a specialist setting with expertise in autism provision. Those links were quite extensive:

'They do ASD outreach for us so they'll come in, observe some students, meet with the students one to one, speak to parents and provide us with wonderful support which gives us loads of strategies to try which obviously we share with teachers and we have spotlight briefing sessions every other Wednesday so we share any information like that.' (Staff 2).

The only formal training that the setting staff had undertaken was the AET Programme Tier 3, 'Leading Good Autism Practice'. This had been undertaken by Staff 1 a few months before the

interview. Staff 1 explained that the setting had begun to use knowledge and materials from that training:

> '[It was] Level 3 and they provided us with, as part of the package, the password and stuff to be able to access Tools for Teachers. We've implemented certainly the sensory profiles from there and they've actually been a really massive hit.   We feed them back to parents and the parents had input in filling those as well.' (Staff 1).

The staff were also using the AET Competency Framework, something that had been in use prior to Staff 1 attending the Tier 3 training.

Apart from the Tier 3 training undertaken by Staff 1, no other formal outside training had been delivered to staff in the setting. The only other training was the presentations carried out by the educational psychologist once a school year.

The setting, then, drew upon a range of sources for its knowledge relating to autism education and supporting children with autism:

- On the job experience.
- Colleagues sharing information and their experience.
- Local authority educational psychologist.
- Networking with local specialist school.
- One member of staff who had undertaken AET Schools Programme, Tier 3.

The setting staff believed that they had good access to advice and support, from the educational psychology service and from the specialist school they were networked with. Formal staff training, however, was limited. During the evaluation, the follow-up interviews sought to identify the sources of interventions, and general practice, in relation to autism support for the two children identified in the initial interview.

3.1.2 Setting practice re children with autism

The two setting's staff gave an account of the settings' practice in relation to supporting children with autism. All the work relating to the pupils with autism is organised and overseen by the Inclusion Department, which is loosely split into SEN and Behaviour sections, staffed by TAs. Autism practice applied uniformly across the setting, and focused on information and support for all the setting staff, information and co-working with the parents/carers of the children with autism, and pupil-specific support.

In order to prepare staff with regards to children with autism coming into the setting, a one page profile of the child is prepared. That profile is made available to all staff in both electronic and hard copy forms. In addition:

> 'Teachers are connected to the mark sheets and the SEN register [together]. That's a new thing we've had from September. When a teacher pulls their mark sheet off they can see all the SEN kids that are in there and all the needs that they have. Also when we enter the data on our mark sheets there's a new column now where teachers have to put what quality first teaching they're giving the kids in the classroom to support them. And then I will run a report and pull off all the SEN kids and then I'll be typing them back some responses to try this or have your tried that or giving them some strategies to try. So that is with ASD and other kids that are on our register.' (Staff 2).

Once the new pupil is in the school, the educational psychologist visits, observes the pupil, and speaks to both the pupil and their parents/carers. The school itself also works with the parent/carers getting them to fill in a parent questionnaire, working with them to set targets for their child/ren, and ensuring good communications between school and home.

3.1.3 The experience of autism support

3.1.3.1 Child 'A' and Child 'B'

At the initial meeting, the school staff chose two pupils who would be tracked for the evaluation – Pupil A and Pupil B. The 'tracking' involved Staff 1 providing the evaluation with regular telephone

updates about the pupils' experience and progress, along with staff intervention and support for each pupil.

Child A was in Year 9, and, at the time of the initial interview, the school was involved in preparing for an Education Health and Care Plan (EHCP) for him. His parents wanted Child A to be given a specialist place, preferably a residential place. The setting and the boy's parents found Child A challenging. At home, he had a history of destructive behaviour and violence against his siblings. In school, he was frequently excluded from classes – 'last week out of 25 lessons he was in one and a half because he spent the rest of the time in isolation' (Staff 2). Child A had difficulties following instructions - 'unless it's his idea or his choice, he won't do it' – and he frequently used bad language.

Child B was a boy, with diabetes, in Year 8. He was 'very verbal, he's got a lot to say for himself, but very polite' (Staff 1). He had problems with anxiety, particularly around not doing his school work well enough, or failing a test, or getting into trouble. 'He's quite a high achiever, academically bright' (Staff 2). One of the staff gave an example of the impact of his anxiety on Child B:

> 'We give consequences if they disrupt the learning or don't follow instructions so he got like a D1, which is a warning [lowest level], and he didn't like that and he physically got out of his seat and rubbed it off the board because we write them on, just initials, and he got really upset and then he ran out and hid under a table. This was when he was in Year 7 so he cannot cope with anything like that that's in a negative way.' (Staff 1)

The school staff were aware of this, and tried to frame instructions, or feedback to Child B in positive terms.

At the initial meeting, the staff said that they were aiming to improve Child A's inclusion in the classroom, and help him to 'accept what others are saying and following instructions' (Staff 1). For Child B, the staff wanted to aim to reduce his anxiety around school work, and to help him socialise more effectively, particularly in relation to listening to his peers.

3.1.3.2 Supporting Child A and Child B

Following the initial meeting, Staff 1 provided the evaluation with six follow-up reports/interviews by telephone. The follow-up reports typically lasted between 10 and 15 minutes and focused on the progress of supporting the two children, interventions, and sources of knowledge for the school staff (see Appendices 2 and 3). The follow-up telephone reports took place in November, December (1st and 19th), January, February, and March. The progress of each pupil is presented here separately.

- *Child A:*

The first follow-up on Child A noted that there were some classes that he was willing to attend, but others that he absolutely refused to attend. For Child A the issues revolved around the individual teachers taking the classes. Child A had some understanding of his autism, and school staff had been encouraged to gain his attention with a closed ('Yes/No') question followed by an open question. Some improvements in his relationship with some school staff were reported, but Child A continued to have difficulty moderating his behaviour and his language. Staff 1 was working with Child A using a booklet called 'The Big A', with the aim of helping the boy to better understand his autism. However, Staff 1 did not think that he did understand. She was also doing social stories with the pupil. She also reported that neither approach appeared to have any effect on his behaviour. Neither of the tools used in her work with him were sourced from the AET Programme.

The second follow-up took place three weeks later on 1st December. There had been little change in the situation:

> 'His level of understanding of his autism is non-existent, and we are working with him on that but he doesn't really see how it impacts him and so the teachers will ask him to do something and in his mind he doesn't understand why he should or the reasons why. And some teachers are quite good and they'll explain it to him, and give him the time and other teachers are slightly less SEN aware.' (Staff 1).

One class, in particular, was problematic, and Child A was no longer attending it. Staff 1 explained that both Child A and the teacher had 'very fixed ideas' about each other that were not going to change. The pupil's parents were very supportive of the school, but they struggled at home with Child A. At that stage, the outcome of the ECHP was still awaited. Staff 1 thought that 'the decision has been made both a home and here [school] that actually as much as we are trying this is not the setting for him. It's almost like he's been set up to fail being here at the moment'.

The third follow-up took place just before the end of the Autumn term, on 19 December. Child A had continued to experience difficulties following school rules. In particular, he had spent the previous day 'in isolation' after calling 'a member of our senior leadership team pathetic' (Staff 1). Staff 1 believed that the main issue was that Child A did not understand the school rules, nor their purpose or necessity:

> 'He knows that he has ASD, but he still has no concept of what that means for him, and how that may influence what he says or how he thinks, or how he sees things. I keep saying to him, you may think differently, your thoughts are not wrong, but as a school we need to make sure that you understand and you are ready so that when you go out into the world you can say, "my name is […] I have autism"'. (Staff 1).

The staff member had continued to work with Child A on this, using the booklet The Big A. In addition, she was working with him on sensory issues. In this work she was using AET Programme material from 'Tools for Teachers'. She was aware that there were some classroom that Child A did not like to be in, and she was planning, 'using the sensory audit that they've got on the Tools for Teachers' to walk around the school site with Child A to carry out a sensory audit.

The fourth follow-up conversation took place three weeks into the Spring term, on 22 January. The previous week, Child A had been excluded: 'he is excluded pending permanent [exclusion]; they're just waiting for the governors to agree. His [Child A] whole attitude completely changed and unfortunately we did something stupid and we've got ourselves permanently excluded for it,' (Staff 1). Child A had, by that time, an EHCP for 25 hours a week. The EHCP had said that Child A was mainstream appropriate, but 'he clearly wasn't,' (Staff 1), and his parents appealed the decision and

it was accepted that Child A was suitable for specialist provision. The staff member was asked if she thought anything might have been done differently in the school's support for Child A. She responded:

> 'Honest I think as a school we did absolutely everything we could to support him. He had a mentor in me, he had another member of staff who was a mentor, he was doing The Big A programme, he had social stories and he was just so self-directed and so … He didn't understand why what he did was wrong on occasions, or if he did understand what he did was wrong he would still go and do it again. I think really the whole environment of mainstream school was too much for him to cope with. I think he was let down by not having an EHCP earlier and not being given special provisions.' (Staff 1)

The staff member was asked about the interventions that she and other school staff had been using to try and support Child A. Her reply was a good account of the variety of sources for autism education that settings' staff typically draw upon, including those of the AET Programme:

> 'Some of it was coming from the AET website, so we were looking at the different sensory things. I looked at their recommendations for social stories and comic strip cartoons and I combined theirs with some others that I'd seen around as well. What else was on there? I've probably said sensory profiles already. We did like the 5 point temperature scale, more for negative emotions, because he couldn't recognise any negative emotions so everything was just annoying, whether it was or not. We tried to use that but he was a very tough nut to crack and if he didn't want the one to one support off the person then nothing you could do was going to make him have that. He was very demanding of who he was with.' (Staff 1).

- *Child B*

The setting staff, and Child B's parents, wanted to reduce his anxiety around school work, and to help him socialise more effectively, particularly in relation to listening to his peers. The first follow-up, on 10 November, was a positive report on his progress. A staff member was working with him on helping to improve his social skills. This had been done by asking him to choose two peers to work with him in a small group to help with listening and taking turn in conversations. That work was

going well. The staff had found that social stories worked really well for Child B. In addition, in relation to his anxiety about his diabetes, the school allowed him to check his blood sugar levels whenever he wanted to.

The second follow-up, on 1 December, was also positive. Staff 1 had good reports of his levels of engagement and focus in classes, and were aware that it was important for staff to gain his attention and address questions directly to him, as well as appreciating that he tended to start asking questions or talking before he had checked whether teachers were aware that he was speaking to them. He told Staff 1 that his mother had told him that he had 'a little bit' of autism, but that he was not 'special needs'. Staff 1 was concerned to get Child B to accept that he had more autism than he thought he had; something the Staff 1 returned to in subsequent follow-ups. Staff 1 had made sure that all school staff used the same strategies with Child B: 'I asked them to check he has the attention of the person he wishes to talk to before beginning the conversation. Initiates the conversation, asks relevant questions and ends conversations using conventional strategies. So those are the 4 that we're concentrating on for now,' (Staff 1). In her work with Child B, Staff 1 used communication cartoons with him, which she had found worked better than social stories.

> 'I use communication cartoons with him […] we kind of do them like a little book, we fold a sheet of A4 paper in half and we might do 2, 3, 4 pictures. And he quite likes that as well because he gets to choose the colours and he puts the faces on and so it's quite interactive for him. I have used social stories in the past about making mistake and things like that. It worked for that but for something that's a bit more complicated for him to get his head around I think the fact that it's drawn out for him and it's in colour and he can choose. I go "somebody's angry – what colour would that be?" and he chooses. I think it's very visual for him and that helps him with the understanding of how other people may feel.' (Staff 1)

The staff member's knowledge of Child B enabled her to adjust her strategies to support the boy.

Communication between Staff 1 and the rest of the school staff was good:

'They're just kind of being asked to be aware of this, to pay attention to them if possible and I email them about every two weeks and say please could you let me know how he's getting on with … And most of them actually do respond. They are pretty good, most of them. Really they're just reminded to use the social stories that we've done previously about making mistakes and then one of the TAs who works with him in Science and stuff I say to him could you give this a go and let me know how he does with that. So I get the feedback that way as well.' (Staff 1).

Child B's progress was entered into the school's electronic system, with the SECO, the deputy SENCo and the boy's parents all being alerted to progress, especially following successful interventions. Although the school already ran a SIMS system, this is optimised for all pupil progression. Staff 1 was therefore intending to trial the AET Progression Framework with a pupil 'who hasn't yet been diagnosed but is real struggling in mainstream'. In addition, Staff 1 explained that, using the AET Programme material from the website, the school was beginning to draw up sensory profiles for each of the pupils with autism, and pupils that the school considered needed that support.

For the third follow-up, on 19 December, Staff 1 said that the two principle issues were Child B's anxieties around autism and his homework. Staff 1 had had a meeting with the mother of Child B, and they had discussed strategies for helping to reduce his anxiety about having autism, and, particularly, the issues he was having over his homework:

'He's so fixated on having to do his homework perfectly. He can get home from school, have a snack, start his homework at 4.30, and still be doing it at 9 o'clock at night. I've e-mailed his teachers to ask them for the day the homework is set to time bond it, and to say to him that once you have achieved this, or done this amount of time you must stop.' (Staff 1)

This was in addition to work that Staff 1 was doing with Child B around accepting time limitations on work in school too. She also said that the school was expecting some building work to start in the new term, so she would 'probably going to do a sensory audit with him as well in the New Year,

especially with all the changes that are going on,' (Staff 1). Staff knowledge around sensory issues came from the AET Programme materials, particularly that in 'Tools for Teachers'[4].

Follow-up 4 was on 22 January, and Staff 1 reported that work had continued in relation to Child B's homework. Staff 1 had got Child B's mother to draw up a homework timetable, using 'resources to help plan that on the Autism Education Trust website, which I will forward to mum,' (Staff 1). Teachers had also been told that Child B was not to be penalised for not finishing any homework task, as the priority was to enable him to spend the right amount of time on tasks.

Other work with Child B had focused on socialising and the issue of understanding his autism. To do facilitate the work on his social skills, Staff 1 was taking advantage of Child B's liking of comic strips and conversations by taking images of people talking and reacting to each other and getting him to explain how he thought they were responding to each other.

The fifth follow-up took place on 5 February. Staff 1 had recently done a sensory audit of the school with Child B. He had been most concerned about the noise made by his peers, and when peers did not obey instructions. However, Staff 1 reported that in rooms where he said he did not like being as much as in other rooms, the key turned out to be that when he was sitting near the door he felt less anxious. Work was still carrying on with timings for homework and classwork, although progress was slow and Staff 1 had used communication cartoons to explain that teachers did not want him to complete all his tasks to 100%, but that timing was important. In addition, he was socialising well, with 'quite a network of friends'.

The final follow-up was on 9 March, and incorporated questions summing up the previous months' experience of supporting the children with autism (see Appendix 3). Staff 1 was able to report good progress for Child B:

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[4]
http://www.autismeducationtrust.org.uk/sitecore/content/AET2/Global/News/Tools%20for%20Teachers%20hard%20copy%20and%20DVD%20now%20available.aspx (accessed, 21 March, 2018).

'He's been doing really well actually. He seems to have increased in confidence […] His teachers are all pleased with his progress. He's still a pleasure to teach. I think he's calmed down quite a lot anxiety-wise; he seems much happier when I see him.' (Staff 1).

Staff 1 attributed the progress to a number of factors:

'The social stories that we've done; anything that's come up we've done a social story about, so the teachers all have access to those, all members of staff do, and they are also sent home. And often he just needs to write it, and doesn't really need to look at it again, because I think just the act of writing it for him is enough for him to go, "oh, yes, I can see what's going on now". They're all more aware of where he sits in the classroom, and if he's not comfortable they'll ask him if there's anything wrong with the environment, if there's any noises. They give the class the instructions and then they'll give [Child B], if necessary, individual instructions just to check that he understands what he needs to do, and they give him countdown timers now to let him know when an activity is coming to an end.' (Staff 1)

Of these strategies, the sensory audit which led to instructions to staff to be more aware of Child B's response to being in a classroom, and the stress on individual instructions for the pupil, originated in the AET Programme. The sensory profile for Child B had been built using the information from the sensory audit, information from the boy's parents, and school staff. The resulting profile was put on the school's electronic staff system and a hard copy was put in each class folder.

The staff member also reported on the use of the AET Progression Framework, which had been put in place during the period of the evaluation. Her report on the use of, and the value of the Progression Framework is presented in Box 1.

Box 1; Using the AET Progression Framework.

I looked with my deputy SENCO about area we felt would be good to work on for this particular research project, and we decided to look at his interaction with adults and peers, and so we've used that to monitor how he's doing and progressing, and it has been noted that whilst eye contact isn't essential for him, that is improving.

And it's just things like, does he do this, can he do that, do you this in him? And the teachers are very good; they will feed back to me if there's any concerns. And if I send an email out saying can you give me feedback because he's part of a research project, most of them will feedback something to say, "yes, he's doing this, he's managing well".

So, yes, the [Progression] Framework has been really good actually. My plan is, hopefully, by the beginning of next academic year to have the Progression Framework for every one of our students who is on the spectrum, or suspected to be on the spectrum, so that when it comes to getting EHCPs, or diagnosis, we've got something to actually be able to print off, and go, "but look at this – this is what we're seeing".

So the Progression Framework is really good to be able to break things down into really small ones, really small little targets for him. He's a lovely child anyway. He's realy lovely.'
(Staff 1)

The final follow-up also covered a reflective review of the evaluation period. The three main strategies that Staff 1 said had the most impact were social stories, the sensory audit and profile, and the Progression Framework; the last two of these being sourced from the AET Programme. Staff 1 further explained:

'Sensory profiles originally came from the [AET] Autism Lead course [tier 3], and there's, like, 15 schools involved, and we have access to tolls for teachers through that. So, we got some suggestions for that and then I went onto the AET website, and printed off the guidance and looked at the blank sheet that they gave and I adapted that to our setting. So that's been really good.' (Staff 1).

The staff member also said that undertaking the AET programme Tier 3 course had been very useful, 'with the AET course you put it all together and you get to see it in black and white, and I've directed other staff members, I've saved things onto our system from there, it's been really good,' (Staff 1). Interestingly, the staff member also said that taking part in the evaluation of the AET Programme had been useful, in that it helped focus the school's work to support the children with autism. It also led to Staff 1 planning additional strategies for the next academic year; in particular, she intended to develop a teaching and learning package for the school to support their young adolescents with autism around sex education.

3.1.4 Setting 1, conclusions

The evaluation work with Setting 1 showed that in that mainstream secondary school, the SEND staff with particular responsibility for supporting, and leading, autism education drew on a range of sources for their knowledge. Both the deputy SENCO and the member of staff (Staff 1) who facilitated the evaluation, had extensive on the job experience and learning to draw on. However, they had few opportunities to undertake formal autism training. They could call upon the support of a local authority educational psychologist, and on their network links with a specialist school. Staff 1 provided evidence throughout the evaluation of the use of the AET Programme, particularly in relation to the sensory audit, the sensory profile, providing strategies for use at home (Child B's homework timetable), and the successful piloting of the AET Progression Framework. This represented a notable addition to the support for the children with autism, although Child A proved to have needs that could not be met by this mainstream setting. Participation in the evaluation of the AET Programme also had benefits for the staff involved, and had helped provide an extra impetus to further development in relation to autism support.

3.2 Setting 4 (S4). A specialist primary school.

3.2.1 The backgrounds of the staff and sources of autism support available.

Setting 4 (S4) was a specialist primary school, with most of its pupils having a diagnosis of autism. It has eight classes, each class having between 12-14 children, with three staff members, usually one teacher and two TAs, plus occasional apprentices. In addition, there is a principal, a vice principal, and a deputy head. The school also does a great deal of outreach work in relation to autism support, and trains other schools' staff in the AET Programme. The school has worked to NAS standards for more than a decade. The AET Programme was delivered to all staff, who had done both Tiers 1 and

2, 'Making Sense of Autism' and 'Good Autism Practice'. The two staff members who were interviewed in the initial interview were Staff 1, a TA2, and Staff 2, the school's vice principal.

Staff 1 had been working at the setting for just over a year, prior to which she had 'worked in numerous mainstream primary schools, and before that, I had my own [sports] coaching company, and I've been to university and got a degree' (Staff 1). She had prior experience of SEND support:

> 'In my previous schools I was part of the SEN team. We delivered numerous interventions, the Toe by Toe, Colourful Semantics, just your usual ones really, and I worked with a child who had autism. I was a one to one in my first primary school role to a child who had global development delay.' (Staff 1).

She described her role in Setting 4 as:

> 'I plan and teach the PE lessons for my class, I do ICT as well, I do the tapestry [an online learning journal] for our children, so they have two pieces put on tapestry per child every week, and that helps to communicate with the parents. Each child has a yellow folder and it has their medical details in, previous assessments and general information about them. I [also] have one child I work with most of the time, bit, obviously, I do work with the rest of the class as well.' (Staff 1).

Staff 2, who had been a teacher for 15 years, had a dual role, being part of the setting staff but also the manager for the county's autism outreach team. She described her typical working week:

> 'A the moment I have one day a week in school, because I need a day here so I know what's going on, and I know who the children are, and what we're currently doing with a child when life isn't at its best. So I'm responsible for a few other things, awards and things – we've just done Basic Skills this week, and the next thing will be coming up soon. I always support the NAS accreditation that will be coming up for school again next year and the outreach service has it as well, so we're constantly looking at those. Then generally for the other four days of

the week I will be out in other schools. Occasionally, one of those four days might be here delivering training to people who are coming from those schools as well.' (Staff 2).

Both staff members, then, were experienced, had undertaken the AET Programme training, and, in the case of Staff 2 delivered all three tiers of the AET Programme for schools. The school represents a setting with very high levels of autism knowledge, experience, and training, and is an important source and provider of autism education for its county.

3.2.2 Setting practice re children with autism

All the children at the school have an EHCP, with associated funding. Children came from a large catchment area. The school has worked to NAS standards for over a decade, and uses the 'B Squared' assessment and monitoring tool for all children[5]. This is used in preference to the AET Progression Framework, as the setting believes that it offers more options for a school that has many children with autism. Nonetheless, Staff 2, in her outreach work, recommends the AET Progression Framework to mainstream settings for the tracking and monitoring of progress for their pupils with autism. In addition to B Squared, and Tapestry, the setting also records the children's progress, and communicates with the parents/carers of the pupils, through each child's 'Red Book', which goes home daily with the children.

The setting monitors interventions and impact using an electronic tool called 'Blue Sky':

'It's a digital way of recording what – we use it for our performance management across the school – everybody does. So we've got all our files on there. That's where we identify our performance management priorities for the next year. Anything we do in terms of training we record on there, and we have to record impact as well as describing what the training was, and what we're going to do next. The people who are admin on there, and that's generally the senior leadership team, we get notifications to say so and so has put up a new CPL activity, and then it needs to be approved and agreed. [...] I think it's really effective.' (Staff 2).

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[5] https://www.bsquared.co.uk/ (accessed, 23 March 2018)

Daily practice in relation to autism support covers good autism communication practice; 'First and Then' boards; Teach Baskets; social stories; adult modelling – 'we get more involved with the children at playtime and engage with the children in hat they are playing' (Staff 1). The setting also provides sensory support at classroom and school level:

'We have a lot of sensory stuff built in. We're not a school that has a sensory room as such, but what we have got is that we buy in occupational therapy (OT) support because the local authority doesn't have occupational therapists that look at sensory needs for youngsters with autism, so we buy in OTs. We do sensory circuits first thing in the morning which a lot of our youngsters, I think about half the school, access. And then there's various things built into the classroom environments as well, so it might be looking at what they sit on, or whether they need the use of a screen to minimise some of the distractions. We have lots of calmers and visual things, tactile things, whatever it is our youngsters need, weighted things. So there's things within classrooms, and things centrally as well if those kids come out and actually just need a bit of quiet time then here's a central bank of things there as well.' (Staff 2).

The setting's overall practice is informed by the county's autism excellence framework, which is, in turn, built on the Inclusion Development Programme (Autism) 2009-2010[6]. The school was involved in the design and writing of the framework, which is the standard for the local authority.

3.2.3 The experience of autism support

3.2.3.1 Child 'A' and Child 'B'

At the initial meeting, the evaluation focus on two pupils was discussed, and the setting chose two children for the evaluation. Staff 1 recorded the progress of the children, and the support put in

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[6] Geoff Lindsay, Mairi Ann Cullen, Stephen Cullen, Julie Dockrell, Steve Strand, Elisabeth Arweck, Seamus Hegarty and Susan Goodlad, Evaluation of impact of DfE investment in initiatives designed to improve teacher workforce skills, DfE Research Report DFE-RR115 (DfE, London, 2011); https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/521507/DFE-RR115-SEND-improving-teacher-skills-final-report.pdf (accessed, 26 March 2018).

place for them during the evaluation, and reported developments in four follow-up telephone conversations.

Child A had an autism diagnosis. He was a Year 5 pupil, but in Year 4 due to his learning levels and because of some issues relating to speech and language; there was also some concern that he might be dyslexic. The goals established for Child A were to support him in his learning, and to help him with social situations. Staff 1 explained that: 'he is good socially, but it's knowing what type of situation you're in and how to … he needs a lot of prompting as in what to say or what to do, but he is a very sociable child [but] it is what is appropriate and what is not' (Staff 1).

Child B had an autism diagnosis, and ADHD. The ADHD issues, which manifested themselves in term of his 'behaviour choices' were more of a focus than his autism. At the start of the evaluation, Child B: 'accesses sensory circuits in the morning, and [this week] we introduced a bear vest, and it applies pressure. He wears it at 30 minute intervals while he's doing his learning. Hopefully that is going to make an impact so that he doesn't have to leave the classroom as often due to unhelpful choices' (Staff 1). The 'bear vest' applied gentle pressure, and it was hoped that this might reduce the need to take Child B from the classroom in order to apply sensory pressure. If the vest was successful, then it was hoped that the man target would be achieved – 'to make sure that he's accessing the classroom more often and doing learning in there more often, because at the moment he's spending a lot of time in a quiet room and doing learning in there' (Staff 1).

3.2.3.2 Supporting Child A and Child B

There were four follow-up reports made by Staff 1 on 1st December, 15th December, 24th January, and 9th March. The follow-up reports lasted between 10 and 20 minutes and focussed on the progress made in supporting the two children, interventions and strategies used, and sources of knowledge for the school staff. The progress of each pupil is presented here separately.

- *Child A:*

The first follow-up for Child A. The main focus had been on improving his reading. His reading ability was not yet at a stage that enabled him to be tested for dyslexia, but Staff 1 was using strategies that support dyslexia, including a coloured overlay. Since the initial meeting, Staff 1 had introduced

'Precision Teach with him, which is a repetitive type of teaching, and that has helped a lot. It's got us through stages where he has been confused'. In addition, she had introduced a writing slope which had not only improved his ability to draw letter shapes, but had also improved his sound-making. Staff 1 reported that, as a result of the AET Programme training she had done, she changed the way she used the sound cards. Previously she had held the cards for the boy, but had realised that he didn't like her looking at him while he was trying to make the sounds. As a result of this observation, she now put the sound cards on the writing slope, and thought that this had helped reduce his anxiety.

The second follow-up was on 15 December. At this time, the school, and parents, were thinking about minimising the potential for anxiety which resulted from the approach of Christmas: 'al the shops, the music, the lights, some children do come in, and they might have a meltdown because it's been too much for them, but we see it as [being our role] at school to be predictable. We're reliable, and we offer a break from the overload of Christmas they might be experiencing, but they can come here and it's like a safe haven,' (Staff 1). This was done by keeping the classrooms the same, and only having a small amount of decorations in the corridors. For Child A, Staff 1 reported that the pupil's mother had told her that she had wanted to take her son to a Christmas market, which she thought he would enjoy once there. However, the issue was that if he knew about it beforehand, he would become too anxious to go. The solution was not to tell him until just before he went, and the outing was a success. This success was shared with Staff 1 and the school as information that would help the school in its planning for Child A in the future.

The third follow-up took place on 24 January, and Staff 1 reported good progress for Child A:

> 'He's doing really, really well. We're changing his maths and English lessons so he won't be accessing exactly what the other children will be doing because it's a bit too advanced for him, so he's going back onto baskets which they start on early when they start school here, and depending on their ability, they may carry on using baskets as they go through the school. It's basically where they have more hands-on activities that are for their level.' (Staff 1)

The aim here was to provide appropriate level work in a way that Child A could access as independently as possible. Through working closely with Child A, Staff 1 had decided that he needed to return to the basics of maths and English.

Follow-up number four was on the 9th March, and Staff 1 reported that the decision to return to earlier stages of maths and English learning with Child A was the correct decision. The boy was working well, and independently, with his maths basket, though less so with his literacy basket. The other need that was in the process of being addressed was link to speech and language, and the school was waiting for a speech therapist to visit the boy and assess his needs and possible strategies to help with his speech and language development.

- *Child B*

The first follow-up was on 1 December, and Staff 1 reported on the strategies she was using to support Child B. The two main issues faced by Child B related to his journey to school in a taxi, and his capacity to stay in class with other children. To help with Child B's taxi journey, Staff 1 had created a sticker chart, with red and green stickers – 'he is starting to get more green stickers, because he has to ge5 one in the morning and one in the afternoon, and I told him that if he gets a full week's worth then he would get a prize,' (Staff 1). Staff 1 and other staff members were, however, considering reducing the target of a week to half a week to give Child B more encouragement. In terms of classroom behaviour, Staff 1 was continuing to use 'a visual traffic light time table, and using that as an incentive to keep it green, offering regular stickers for positive behaviour and happy notes,' (Staff 1). The morning of the follow-up conversation, Staff 1 had introduced Child A to the bear vest, 'and so far this morning he's only had one bit of orange, which is brilliant,' (Staff 1).

Follow-up number two was on 15 December. Staff 1 was able to report a good deal of positive change for Child B in the fortnight since the previous follow-up: 'there has been a lot, a lot of change for Child B, and it's made a significant improvement to the amount of time that he's in the classroom, and his overall behaviour. It's been brilliant,' (Staff 1). The key to the improvement was the bear vest (the weighted vest) which had transformed Child B's experience of the classroom. Staff 1 explained the strategies that were now in place with regard to Child B from the moment he arrived at the school in the morning, and the positive impact of the weighted vest (Box 2).

Box 2: Successful strategies, the use of a weighted vest, and recording impact.

'When he arrives in the morning in the taxi, he goes straight to sensory circuits, the staff in the hall monitor what he's like. If he is emotionally aroused then they take him to a quiet room and offer a weighted blanket, a weighted cushion and a light up calmer, and then hopefully he'll be ready to go back to circuits where they'll do squashing with him [gentle pressure]. It works realy well with him, the calming is brilliant. So he has that in the morning, and then every transition, with break times, he'll go outside, weather permitting, he'll have about 10 minutes on the trampoline where he gets all his energy out. Then he comes back to me, and I'll squash him for 3-5 minutes. That's made a massive improvement, and during class time he's been wearing the weighted vest, and he's sitting on his chair better, he's not rocking as much because he's been given a cushion as well. So, it [the weighted vest] definitely has made a massive improvement. We have a traffic light timetable, and there's only been two days over the last two weeks where he's had red. He's had odd bits of orange, but he's been in the classroom more often. It's been really good.'

(Staff 1).

These developments in terms of meeting the sensory needs of Child B were a result of a combination of Staff 1's experience, her attendance at the AET Programme, tier 2, and additional sensory training that Staff I's colleges had been given. The range of sources of information and training, mixed with experience, was typical for the evaluation settings.

Follow-up three took place on 24 January. Child B's progress had continued, with the weighted vest being important to enabling him to remain in the classroom and access learning. Bad weather had impacted on him, however, as he had been unable to use the outdoor trampoline. In order to continue progressing Child B, the school had booked in observations of Child B by an occupational therapist to establish what additional strategies and interventions might be possible.

The fourth, and final, follow-up took place on 9 March, and while Staff 1 reported 'still having challenges, he's improved a lot as well,' (Staff 1). For Child B, the strategies that had been put in

place since November had helped him to make 'a lot of helpful choices […], I think we're getting down to a good routine, so that's good,' (Staff 1). Staff 1 and Child B had been visited by an occupational therapist who said that she was not able to identify sensory issues. However, as a result of the occupational therapist's report, Staff 1 had made a 'traffic lights' chart for Child B:

> 'He can use it, or we can use it. The chart has got his face on it, and it's all Velcro, so he can move it, but we can also move it. So, if it's getting to a point where we feel he's getting too overexcited, we can move it and say this is where you are now, this is not a helpful choice, you need to be back down again.' (Staff 1).

This was Staff 1's idea, based on the advice of the occupational therapist and Staff 1's own experience; she explained how the chart worked to help Child B regulate his emotions.

The final follow-up also covered a reflective review of the evaluation period. Staff 1 said that she was always learning about how to support children with autism, and that 'all the children are different, it's always a learning curve,' (Staff 1). Reflecting on her year at this specialised setting, Staff 1 explained that her colleagues had a great deal of knowledge that they were willing to share, that the school was well resourced, and that undertaking the AET Programme for schools, Tier 2 training was valuable:

> 'I would definitely say it [the AET Programme training] is worth it because, like I say, I had worked with children with autism, but I still hadn't had that much experience, so it was a good starting point for me to get like a base of information, but I would like more training in it definitely.' (Staff 1).

3.2.4 Setting 4, conclusions

Setting 4 was a specialised primary school for children with autism. It was well-resourced for its role, had experienced and knowledgeable staff, and acted as a centre for training and information about autism education. In addition, the school was able to call upon external support and advice, for example, that of the occupational therapist who observed Child B and recommended additional

strategies for supporting him. Despite the very positive situation the setting enjoyed in respect of autism education, the AET Programme was an important additional element. Staff 1, who had responsibility for the support of Child A and Child B, had prior experience of working with children with autism before she joined Setting 4, but she found taking the AET Programme Tier 2 training valuable in her role in the school. In addition, the setting used key messages from the AET Programme Tier 1 'Making Sense of Autism' to create a reporting and monitoring framework for record-keeping for children in the school. The evaluation was provided with five examples of this AET Programme based framework, and two of these are presented, in an anonymised form, in Appendix 4.

3.3 Setting 5 (S5). A Montessori nursery

3.3.1 The backgrounds of the staff and the sources of autism support available.

Setting 5 (S5) was a long-established Montessori nursery catering for children between the ages of two and a half and five years. Typically, the setting had two or three children who had a diagnosis, or were awaiting diagnosis of autism. Three staff took part in the initial interview – the nursery's head, deputy head and SENCO. All three staff had more than 12 years nursery experience each, held Montessori International diplomas, and had Early Years professional status.

The setting had used the Inclusion Development Programme (Autism) materials since 2009/10, and it was also accredited under its local authority autism education scheme. That scheme appeared to be modelled on the NAS's accreditation scheme, and the setting was in the process of preparing for the highest level of accreditation at the time of the initial interview on 22 November. In addition, the setting had, as a whole, undertaken the AET Programme for Early Years at Tier 1 in March, 2017. The staff at the initial interview said that they had not found anything new to them in the Tier 1 training; instead, they experienced it as refresher training. Nonetheless, the setting had used the AET Standards and Competency Framework. These tools were being used to provide evidence for the setting's submission to the local authority for the high level autism education accreditation.

3.3.2 Setting practice re children with autism

The head of the setting said that the Montessori approach had a lot to offer children with autism, with the Montessori system being based on regular, predictable routines:

'All the equipment that is Montessori, and the layout, and the philosophy behind what we are doing is perfect for children on the autism spectrum because it is so ordered – everything has a place, everything has a tray or a mat. It's very contained. They can go and play in there but when they're finished it is set up exactly the same every day. So the children love it. They come in and they are secure straight away. It builds that whole confidence thing, knowing what is going to happen. We're flexible with routines, but then we always prepare them with the visuals beforehand.' (Staff 3).

In addition, the sensory environment in the nursery was characterised as being 'very calm, with the colours muted, the sounds muted,' (Staff 3). Visuals were used throughout the setting with all activities, and adjustments were routinely made for children who needed them; for example, providing a boy with a separate, shielded work station.

3.3.3 The experience of autism support

3.3.3.1 Child 'A' and Child 'B'

There were two children with autism at the nursery who were tracked, by Staff 2, the deputy head, for the evaluation. Child A had started at the nursery in September. He had difficulties in relation to be being left at the nursery by his mother. In addition, he had food aversion issues, and, at the time of the initial interview, had been to a hospital assessment for this, the results of which were awaited. Child A also had a number of sensory issues, and did not like to touch various textures. Child B had high levels of anxiety, problems staying at the nursery, and he also had food issues.

- *Child A*

The first follow-up was on 9 January. Staff 2 reported that progress had been made in relation to the boy staying at the setting and eating lunch there. Initially, it had not been possible to get Child A to eat his lunch at the nursery, so he had to go home at the end of the morning. However, his mother and the nursery staff had realised that they could take advantage of the boy's love of number by putting his lunch in separate boxes, each with a number:

'She's got little Tupperware boxes, and she puts numbers on the, 1 – 5, and he works his way through those at lunch time. We didn't know if he'd even sit with the other children, but he's happy to sit with them […] He'll eat around what I call a burger roll, the bread, but because that's the way it is, and if mum cuts it a different way he won't eat it.' (Staff 2).

The key here was that the mother and the setting staff worked together using their knowledge of the individual child to come up with solutions to enable him to eat his lunch and stay at the nursery.

In addition, the boy was doing 'lots of targeted play in the home corner […] that is on his support plan. He's playing alongside [the other children], he dips in and out, but it's on his own agenda. That's what we are working towards [playing with the other children],' (Staff 2).

Another issue that Child A had was that he did not like to wear outdoor, wet-play clothes – wellies, or a waterproof overall. However, the staff used the boy's interest in 'Thomas the Tank Engine', and got the boy a pair of wellies with Thomas on them; these he wore.

The second follow-up took place on 9 February, and the staff member reported that the main area that they had been working on was in relation to Child A's sensory issues. In order to help the boy with 'messy' play, the support worker explained that she and Child A used his interest in his favourite far animal toy:

'We used chocolate blancmange for gloop play. He loved the smell of the chocolate. He mixed it in the pipette and chopped it with a stick. We said that it was a muddy puddle for George Pig, which is one of his favourites, to jump in. He used his fingers to put George into the gloop. He was reluctant at first, and I had to wipe it off, but then he enjoyed it and was no longer bothered. We also washed George in the water which turned brown, and he loved that.' (Staff 2)

The staff had used their knowledge of Boy A's preferences in terms of his favourite toy to help him cope with his reluctance in terms of getting messy. This play then enabled him to move on to using

paint for the first time, and to use glue – 'he put the glue on and wiped it off quickly, but that, for him, is quite a big area,' (Staff 2).

Further progress was also reported in terms of Child A's numbered lunch boxes, as it was no longer necessary for the individual boxes to be numbered, with Child A eating his lunch in order, but without the numbers. He was also putting his wellies on by himself, and the staff had given him a three photograph sequence of him putting the wellies on to remind him the order of the task. Finally, the setting had received the report from the boy's assessment of his food aversion, and the nursery and Child A's parents were working together on this aspect. All of the developments were recorded by the setting on its tracking system.

The third follow-up took place on 9 March, and progress was reported in a range of areas, including toileting, sharing toys with peers, and independent play. The strategies being used included moving Child A from the 'first and then' board to a choice board – 'we're putting four adult chosen activities for him to complete during a session, making him a bit more independent. So, he'll go and see what's on the choice board, and do the next one,' (Staff 2). Supporting Child A in playing with his peers, 'he's now using the three minute timer to share […] he'll go and get the timer now when he wants the binoculars,' (Staff 2). All the developments were undertaken in conjunction with the boy's family, and the setting and the family were working towards helping the boy to be ready to make the transition to school.

- *Child B*

The first follow-up report came on 9 January. At that point, the setting and Child B's parents had reassessed strategies for helping him with anxiety and his difficulties with staying at the nursery:

'Before Christmas he wasn't very happy at all, so we've gone back and got him one to one [support]. He started back in January. They were literally just coming for an hour with mum. The first week mum stayed, then last week he stayed for two hours on his own with his support worker, so that is why we're introducing visual photos with him. He's really at the beginning stage. It literally is individual photos and getting hi happy to stay. His food issues were becoming more apparent over Christmas, so we're starting at the beginning with him.

Hopefully, with him we'll see more progression, but at the moment it's still getting him settled, giving him choices, and he's getting very anxious because he puts his fist in his mouth and signs that. We're going gently, gently with this little boy.' (Staff 2).

This good practice, of revisiting and reassessing strategies in the light of the understanding of the child and his needs, characterised the approach of the setting, and was built on experience, and knowledge of autism education.

The second follow-up took place on 9 February, and Staff 2 reported that a combination of support processes were in place for Child B. These combined external expert input, family and setting co-working, and autism support in the nursery:

'Child B been to a paediatric appointment. He has been referred to SALT [Speech and Language Therapy service] for education, and the continence nurse. He's not three until March, so they've started the ball rolling with him. He's happy to come in supported by his key person, he's got photos at home of us and the nursery building and his key workers, and we've got pictures here of mum and dad for home times. Also, mum leaves her scarf on the peg to reassure him that she's coming back. That was something suggested by one of the SENCos, and that's working well.' (Staff 2).

Child B started each session at the nursery by playing with is favourite toys, 'but then he needs a lot of support to close that activity down. So we're using the 30 second timer, back training, simple language, finish now, and the visual to get home to move to another area of the nursery,' (Staff 2). The staff member reported that all staff were alert to the boy's very small body responses, which he used rather than eye contact or verbal responses.

The main area of progress for the boy was that he was happy to stay at the nursery without his mother. Other progress included being happy to eat his snack with his peers, and being happy to be changed in the changing area if the lights were turned down low and his support worker sang Old MacDonald to him.

The final follow-up was on 9 March, and a great deal of progress was reported. Child B was now happy to come to the nursery, and he did not need his mother to leave her scarf on the peg as a sign that she would return. He had built up a good relationship with his support worker. The setting and parents had agreed on new targets for the boy now that he was happy at the nursery. These targets included speech, language and managing feelings and behaviour. Child B's communication and language targets were to be addressed using a combination of photographs of his favourite animals as a first step to matching objects and photographs. At the time of the follow-up, Child B was 'not really making any connections, so we will be taking him back to basics,' (Staff 2). For behaviour and emotions, the setting was introducing 'first and then' boards, helping him to 'choose short activities (using his favourite animals), backed with training where necessary, to enable him to complete the activity,' (Staff 2).

The final follow-up also covered a reflective review of the evaluation period. Setting 5 was a long-established nursery, with very experienced, qualified staff. Typically, the setting had between two and four children with autism, or in need of autism support. The setting had undertaken AET Programme, Early Years, training, which they had experienced as refresher training. The nursery used materials from the Inclusion Development Programme (a precursor to the AET Programme). In addition, the setting was in the process of submitting an application for its local authority's highest level of autism education accreditation. The setting was using its AET training as part of the evidence for its application.

In the concluding interview, Staff 2 reflected on a good practice approach for all such settings in attempting to support children with autism:

'If you're not sure, your first port of call would be your area SENCo that you would contact if you had a child [with autism] who came in, and you wanted that support, and you didn't have it. Then, obviously, they should have done the [AET] training, and been on courses that we've all been on, because everything is so good now with recognising the signs, and supporting, and I feel that most nurseries now should be aware of the same sources that we have.' (Staff 2).

3.3.4 Setting 5, conclusions

Setting 5 was an example of a small, well-resourced, nursery with highly experienced and trained, staff. They demonstrated how a range of sources of knowledge, training, co-working and support can be used to provide good autism support for children. That range of sources included the AET Programme. The setting worked closely with outside support, such as speech and language services, and with the parents of their children. The setting was aware of the importance of getting to know each child individually, of the value of observation, recording, and reflection. Following on from that, the nursery demonstrated the value of reviewing planning and practice and being willing to develop new plans and interventions if necessary.

3.4 Setting 6 (S6). A mainstream primary school

3.4.1 The backgrounds of the staff and sources of autism support available

Setting 6 was a mainstream primary school, and the initial interview was conducted by telephone (to expedite the start of the work), with Staff 1, the school's SENCO. The interviewee had been a teacher for nine years, and the school's SENCo for seven years. Her SENCo role covered the whole school, while during the current school year she taught in the school's nursery. The school had 216 pupils on its roll, with 23 pupils on the SEND register. Two of the pupils had EHCPs, and 'a further 16 pupils have some form of intervention for either literacy or numeracy, but they're not currently o the [SEND] register', (S1). One of the children with an EHCP has a diagnosis of autism, while another child, in Year 3, also has an autism diagnosis, and was awaiting EHCP assessment.

The SENCo said that she had gained some autism education knowledge through experience, but that the greater part of her, and the school's knowledge was as a result of the AET Programme:

> 'I would say that over years of working with children you pick things up, but, for me, I would say it's all come from the AET from my experience. Last year [2016-2017] we had it [the AET training] as a school. We did the Tier 1, and we'd had it before, so we had it again last year, but we'd had it three years previous too. So we had that, and then I went on the Tier 2 and Tier 3 training so that I could be the lead practitioner for autism, and that has really supported me. So now when I have a child come into school, even for other children that

we've currently got that may have traits, I'm able to use what I learnt from those courses, and start putting things in place for them.' (Staff 1)

The SENCo also stressed that the AET Programme training had made a great difference in terms of her confidence in providing autism support:

'I feel more confident in being able to make a decision, and think, well, actually I need to do that for that child, and even just give it a go, and if it doesn't work, well. Whereas I probably wouldn't have done that in the past, I'd have thought, I'm not going to put anything in place, I'll just wait until that agency comes in. But now I can start things.'

The confidence provided by the AET Programme also extended to the SENCo's willingness to challenge individual setting staff: 'you can't change everybody's attitude, but it gives you confidence to have those conversations, and say, well, actually this child is diagnosed with this, and this is what we need to do,' (Staff 1)

This meant that of the settings in the evaluation, it was Setting 6 whose autism education knowledge was most reliant on the AET Programme. In addition to the AET Programme, the SENCo could also call upon the support of the local autism outreach team for additional knowledge and help. It was staff from that outreach team which had delivered the AET training to the school.

3.4.2 Setting practice re children with autism

The SENCo explained how staff in the school recorded interventions and progress, and how she, as the SENCo, monitored the implementation of support. All the staff working with SEND children have an 'intervention book' where they record what they are doing, and that record was used to monitor the implementation of support each child. Progress was recorded using a local authority provided progress journal. However, the SENCo noted that this was not an effective tool for use with children with autism, she gave the example of one child, and explained that she intended to move to using the AET's Progression Framework:

'Because he is autistic, he won't meet all the areas of the curriculum, like being imaginative, personal, social, and that's why I need to move on to the [AET's] Progression Framework, because I feel that you can track someone academic, even like the little boy that's in Year 3 because he is able. However, there's the social side that he needs to work on and develop, and I think that if I used that [the Progression Framework] then that will support us and we will be able to measure progress better.' (Staff 1)

I addition to planning to move to using the Progression Framework, the SENCo had begun to use the AET Competency Framework and Standards. This was a result of her attending the Tier 2 training, as was her use of the Tools for Teachers – 'I have used that quite a lot, especially for the sensory audits and things like that, which I've done,' (Staff 1).

The SENCo had a good relationship with the parents/carers of the children with autism. Parents e-mail the SENCo and can meet her every Wednesday afternoon. The SENCo gave an example of an e-mail she had just received: 'sometimes, like today, she was just talking about maybe doing more to support his gross motor development and movement because he doesn't always go into PE. If they do inside PE he doesn't like the hall because it is echoey, but he will do outside PE,' (Staff 1).

3.4.3 The experience of autism support

3.4.3.1 Child 'A' and Child 'B'

The two children tracked by the SENCo from Setting 6 were Child A, a boy in Year 3, and Child B, a boy in Reception. Child A had a diagnosis of autism, but no EHCP, or additional funding. However, 'his needs are so complex that he has to have full time support with him for us to be able to manage him, and put the provision he needs into place,' (Staff 1). The focus for work with Child A was on his personal and social skills, in particular improving his capacity to interact with, and work with his peers. Child B had a diagnosis of autism and had an EHCP. The focus for him was to help him take part in indoor PE lessons, and boost his ability to socialise and interact with his peers.

- _Child A_

The first follow-up was on 5th December. The SENCo was preparing for a new, additional member of staff to support the child. The new member of staff would be working with Child A for one day a

week, so it was necessary for the boy's usual learning support worker to introduce the additional member of staff. The SENCo was also briefing the new staff member about the child's needs, and his history.

The approach of Christmas also meant that there would be changes to the normal school timetable and routine, and the staff were aware that this meant they had to prepare Child A for the changes. The different elements, such as walking to the church, had been added to his visual timetable, and his support worker was trying to prepare him for the use of Christmas decorations. In addition, the SENCo and staff had adopted a general approach to the Christmas period for Child A: 'you just have to increase the movement breaks and sensory activities, and if they need to come off academic timetable to help them, then we can do that,' (Staff 1).

The SENCo was still planning to introduce the AET Progression Framework to record Child A's progress. The main issue was finding time to include the staff involved, 'I am going to put the date in the diary to work with the Year 3 class teacher and the LSA [learning support assistant] because I really need them to be able to input data onto there [the Progression Framework]. So I will probably do that straight after Christmas, and I will do the same for the little boy in Reception [Child B]],' (Staff 1).

The second follow-up took place on 7th February. The SENCo reported that Child A had managed the Christmas disruptions to routine well, but that he was currently off school with an illness. The child had, however, begun to make 'inappropriate' comments about religion which were proving difficult for the school, which was a faith-based setting. The SENCo was unable to decide what the immediate cause was – 'he just shouts it out' – but hoped that completing the EHC assessment would help the school pinpoint why.

The third follow-up took place on 13th March, by which time the EHC assessment was complete and had been submitted. The SENCo was hopeful that the child would get an EHCP, and she reported that the education psychologist who had been involved with the assessment had said that 'he was a very complex child'. The educational psychologist had not suggested any additional strategies beyond those derived from the AET Programme that the school might try in supporting the boy.

- *Child B*

Child B was the boy in Reception who had some issues in relation to indoors PE lessons, and whose parents and the school had decided that some additional support was to be put in place in relation to peer group socialisation and working. In the first follow-up, on 5th December, the SENCo reported that Child B was 'doing really well'. The boy had been adjusting to a new sibling at home, and he was still having some difficulties in relation to PE. However, progress was being made, and the strategies that the school had put in place were effective:

> 'We had a period of time where he was climbing a lot, but he'd had a lot of change at home. He had a new sibling in the summer and he's obviously getting used to that, and I contacted the [local autism outreach team] to ask for their advice and see if we were doing the right things to try and reduce this climbing, but they said we were doing the right things. And he has stopped climbing as much. And then we had the occupational therapist come in to observe him […] because he can get changed for PE, but he sometimes will find it difficult. He sort of has a bit of a mental argument with himself, he really wants to get changed, but he just can't.' (Staff 1).

However, over the previous weeks, Child B had been able to change into his PE clothes, and, furthermore, he had had some interaction with his peers. His learning support had been working with him, helping him to throw a ball with a partner.

By the time of the second follow-up, on 7th February, the SENCo reported further progress. The boy now called the day of PE his 'white uniform day'. This was important for Child B, and when there were changes to the timetable the school still allowed him to change into his PE clothes, making reasonable adjustment in order to support him:

> 'He calls it white uniform day, and he likes that he's doing PE and that it's white uniform day. For the majority of the time now he will dress for PE because he likes to be like the others

and follows the others. And it's part of his routine. So sometimes if that routine changes and they don't do PE he might still have to get changed into the white uniform.' (Staff 1)

The Reception teacher 'just adapts to what he needs to do' to stay engaged in the class.

More work had been done with Child B around socialising. A friendship group had been set up and, to start with, Child B was working with it twice a week. The SENCo explained that the friendship group consisted of 'four children in total, and they do greetings. So, at the beginning they've got to greet one another, and the they play simple games, so it's getting him to interact and initiate interactions, and learning how to greet people,' (Staff 1). The idea of the friendship group had been provided by a new member of the teaching staff, who had, in turn, been told about its uses by a speech and language therapist.

The SENCo and the Reception teacher had begun to use the AET Progression Framework to track Child B's progress. The Progression Framework was providing the staff with the chance to record Child B's personal, social and emotional progress, as the tracking system used by the school as a whole, while it was applicable to Child B's academic progress, did not allow for his other progress to be recorded. The SENCo was using the Progression Framework as a trial, and thought that, eventually, she would use both systems, side-by-side, for the boy and others.

The final follow-up was on 13 March, and the SENCo reported a visit from the occupational therapist who had 'said that we were doing all the right things, everything that we had in place was fine,' (Staff 1). Child B had been having some difficulties, but the staff thought that the issue was that he was still trying to adjust to having a new baby sibling, and that they were giving him time to process that change. The SENCo and the boy's family kept in touch about his life at home and school through the school communication book, and with face to face meetings – 'mum picks up the Reception boy early before all the rush of the other parents, and she comes to the main entrance, so there's a bit of time where she can talk to a member of staff,' (Staff 1).

There had also been breaks in routine for the boy because snow had closed the school twice. The impact of this had not been foreseen, and the sudden disruption of his routine made it very difficult

a home. The second day the school was closed by snow, the SENCo spoke to the boy 'face-to-face' on his mother's smart phone, but it was still difficult for the boy and his family. The SENCo reflected that 'the only thing we could do now, in the light of what happened this year, is to be prepared for the next snow and do a social story, and say that sometimes when it snows school has to close,' (Staff 1).

The final follow-up also covered a reflective review of the evaluation period. Setting 6 was of particular interest in that almost all of its autism education knowledge was a result of the AET Programme, with one intervention (the friendship group) originating with advice from an occupational therapist. The AET Programme training undertaken by the school staff – whole school at Tier 1, and Tiers 1, 2, and 3 for the SENCO – had been delivered by the local autism outreach team, which also acted as a source of advice for the SENCO. The AET Programme training had provided knowledge and boosted confidence in providing autism education support. In addition, the SENCo had begun the process of introducing other aspects of the AET Programme, including the Standards, Competency Framework, and the Progression Framework. In the follow-up conversations, the SENCo gave accounts of how the school staff had applied their autism education knowledge to better support Child A and Child B. For example, in making reasonable adjustments as in the case of wearing PE clothes when the PE lesson was cancelled.

Reflecting on the autism support her school could provide, the SENCo noted that there were time limitations that impacted upon her ability to provide support to staff and the children with autism. Additionally, there was the issue of a lack pf physical space available at the school. This created particular problems in trying to meet the sensory needs of those children – see Box 3.

Box 3, an example of barriers to supporting the sensory needs of children with autism.

'As much as we try our very best, autistic children have a lot of sensory needs, and we are a small [primary] school, and we haven't got the break-out space, or lots of resources to do those sort of things, and we do need it, but we're only touching the surface I think with sensory issues and differences at the moment. We do do sensory things with them, but, sometimes, like when the little boy in Reception was finding it really difficult last week, he needed to be taken out of the classroom environment, he needed somewhere really quiet to go to, and we haven't got that. Like

> a sensory room, we do need that, but one, we haven't got the money in the budget, and two, we haven't got the space.'

When the SENCo was asked what she thought were the most important factors when it came to good autism education support in schools, she talked about the 'right attitude' on the part of the staff, and training:

> 'People who have got the right attitude towards children with additional needs, like the person who works with the little boy in Reception, she's fabulous, and she'll just go the extra mile for him. She'll go and research things of her own accord and make sensory things for him, find sensory things to help him.' (Staff 1).

3.4.4 Setting 6, conclusions

Setting 6 was a small, 216 place primary school. In terms of the evaluation, the setting was of interest in that the greater part of its autism education knowledge came from its engagement with the AET Programme. All the school staff had undertaken AET Programme training, tier 1, while the SENCo had undertaken tiers 1, 2 and 3, and was, as a result, the school's autism lead. The SENCo gave accounts of the value of AET Programme training and materials that stressed the importance of AET sourced knowledge, and the impact on the confidence of the SENCo and staff in acting to support children with autism. In addition, the SENCo had begun to use the AET Standards and the Competency Framework to embed good practice in the school. During the period of the evaluation, the SENCo also began to trial the AET Progression Framework, finding the ability to record social and emotional progress valuable. Other sources of autism knowledge and support for the school came from the local autism outreach team (which was also responsible for delivering the AET Programme in the area) and some experience-based knowledge.

4. The online survey

4.1 Introduction

Section 4 of this report presents data from the findings of the online survey, 'The Evaluation of the Autism Education Trust Programme, 2017-2018' (see Appendix 5 for the survey questions) are presented. This ten question survey was e-mailed to 14,000 people on the AET's database (an

undifferentiated database), and was open from 16th March until 17th April, 2018. There were 312 responses. The survey was conducted using the 'Snap Surveys' service[7], with the invitation to complete the survey being sent out by the AET (See Appendix 6 for the invitation e-mail).

The focus of the survey was on the knowledge and training that respondents had access to, and drew upon, on their work in autism education. There was a particular focus on the experience of AET Programme training and materials, whether the respondents had received the training, and the continued use of training and materials. In addition, respondents were asked about their sources of autism education knowledge, and, finally, an open question asked the respondents, 'what additional support, sources of information, or CP would be useful with regard to your work with children/young people with autism'.

The respondents are described first (Section 4.2), then their views are presented (Section 4.3).

4.2 About the respondents

In total, 312 individuals responded to the survey. Because not all answered each question, the number of respondents is given for each question in this report. Results are reported in percentages, rounded to one decimal place in Tables (e.g. 34.8%) and to an integer in the text (e.g. 35%).

4.2.1   Role of respondents

The question about the respondent's role was asked in order to be able to explore whether the respondent's role was classroom-based, or included management or coordination of staff or pupils beyond one classroom, or was local authority-based. The role responses were therefore categorised into these three groupings, plus a fourth one of 'Other' (Table 2).

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[7] https://www.snapsurveys.com/

Table 2: The role of the respondents.

Role category	Frequency (%)
Classroom role (e.g. teacher, TA, HLTA, LSA)	33.0
Management role (e.g. middle management, senior leaders; SENCOs)	41.7
Local authority role (e.g. advisory teacher, educational psychologist)	12.9
Other role (e.g. mentor, support worker, therapist, parent)	12.3

N = 312

4.2.2 Experience working with children or young people

The purpose of the question about the number of years' experience of working with children and young people was to enable analysis based on distinguishing among respondents with different levels of experience. The hypothesis was that there might be differences in views depending on whether someone has a little (up to two years) experience, moderate experience (more than two years and up to five years), or a lot of experience (more than 5 years). In fact, the vast majority of respondents (96%) had more than five years' experience so this analysis was not undertaken. The range of years of experience working with children and young people was 2 – 40 years.

4.2.3   Number of children/young people with autism helping to support, 2017-18

The number of children or young people with autism that respondents helped to support this academic year (2017-18) ranged from none (an Early Years practitioner) to 4600 (a manager of an LA support service). The categories into which this range was divided were created to differentiate between those who supported one child only; those who supported more than one child up to about a large class size (2-35); those who supported more than one 'class' up to 100 children (36-100); and those who supported more than 100 children. Table 3 shows that the vast majority (95%) of respondents supported more than one child, with roughly two-thirds supporting a number up to the size of a large class. Over a quarter supported more than this number (28%).

Table 3.

Number of children/young people with autism the respondent helped to support during 2017-18 (post-hoc categories)	Frequency (%)
1 child	5.3
2-35 children	66.7
36-100 children	20.8
More than 100 children	7.3

N = 303

4.2.4   Last receipt of CPD training in relation to autism support

Responses to the question asking about when the last formal continuing professional development training in relation to autism support had been undertaken were categorised into four time periods: January to March 2018; during 2017 or 2017-18; during 2016 or 2016-17; and before 2016. There is some overlap in these time periods. This was necessary because of the variations in how people responded: some gave a date, some a calendar year and some an academic year. Each respondent was included in one category only. Table 4 shows that the majority of respondents had had some training around autism within 15 months of the date of survey completion: about a third (34%) had had their most recent training on autism during the January to March term, 2018 and over a third (38%) had received some training in 2017 or during the 2017-18 academic year.

Table 4.

When did you last receive any formal continuing professional development training in relation to autism support?	Frequency (%)
January – March 2018	33.9
2017 or 2017-18	37.6
2016 or 2016-17	16.9
Before 2016	11.6

N = 242

4.2.5   Form of the training around autism

Table 5 shows that two forms of training predominated: inset/CPD in school (44%) and attending a face to face training course (40%). A minority undertook online training (5%), while 8% received CPD training by attending a conference about autism. A small minority of respondents (3%) were undertaking a degree relevant to their professional development around autism support.

Table 5.

What form did this last type of professional development around autism take?	Frequency (%)
Inset or CPD (external or internal trainer)	44.4
Training course (face to face - varying lengths)	40.2
Conference (autism sector e.g. National Autistic Society; AET)	7.7
Online training	5.1
Degree course (e.g. Masters degree)	2.6

N = 234

Thirty-seven respondents specifically mentioned that the most recent professional development they had had around autism support was AET training.

4. 3   Views of the respondents

4.3.1   Views about sufficiency of training and accessible information

Table 6 shows that the majority of the respondents indicated that they had sufficient training to support children/young people with autism. A substantial minority (over a fifth) stated the opposite. It also shows a similar pattern of responses in relation to having sufficient accessible information with regard to supporting children/young people with autism. Over 8 out of 10 indicated that they had: 1.8 out of 10 that they did not have sufficient accessible information.

Table 6.

Question	Yes	No
1. Do you think you have sufficient training to support children/young people with autism?	77.9	22.1
2. Do you think that you have sufficient information that is easy to access, with regard to supporting children/young people with autism?	81.7	18.3

N = 312

4.3.2   Views about AET training

Table 7 shows that a large majority (73%) of the respondents had taken part in AET Programme training. Just over a quarter (27%) of respondents had not participated in any AET Programme training.

Of those who had participated in the AET Programme training, almost all (96%) reported that they still used knowledge from that training in their work with children/young people. A large majority (87%) also reported that they still used AET materials to support their work with children and young people.

Table 7.

Question	Yes	No
1. Have you had any Autism Education Trust (AET) Programme training? (N = 312)	73.1	26.9
Of those who responded, 'Yes' (N = 228):		
2. Do you still use knowledge that you gained from that AET training in your work with children/young people?	96.1	3.9
3. Do you still use AET materials to support your work with children/young people?	86.8	13.2

Almost all respondents who had participated in AET Programme training found it useful (99%); with a majority (62%) reporting that it was 'very useful' (Table 8). Similarly, almost all (98%) reported that the AET Programme materials were useful; with almost an even split between those who found these 'useful' (48%) and those who found them 'very useful' (50%).

Table 8.

Of those who had had AET training (N = 228):	Not at all useful	Useful	Very useful
1. How useful do you think the AET Programme training was?	0.9	37.3	61.8
2. How useful do you think the AET Programme materials are?	2.2	48.0	49.8

N = 228

4.3.3 Information sources about supporting children/young people with autism

Respondents were given a list of information sources (Table 9) and asked to tick any that they used. The AET website was the most frequently used source (77%), followed by the National Autistic Society website (71%). The third most frequently used information source was colleagues (64%),

followed by colleagues in the local authority autism outreach team (53%). Less than half (43%) sought information about autism from an educational psychologist, whilst less than a fifth (18%) sought information from the Ambitious about Autism website. Well over a third (38%) also used other sources of information but the survey did not ask for details of what these were.

Table 9.

Where do you find information about supporting children/young people with autism? (more than one option could be ticked)	Frequency
1. Ask my colleagues	64.1
2. Via search engine search of the internet	60.6
3. From the local authority autism outreach team	53.2
4. From an educational psychologist	43.3
5. From the Autism Education Trust website	77.2
6. From the National Autistic Society website	70.5
7. From the Ambitious about Autism website	17.6
8. Other (no details)	38.1

N = 312

4.3.4   Views of additional support, information or CPD that would be useful

The survey ended with an open question asking respondents to say what additional support, sources of information or CPD would be useful for their work with children or young people with autism. A large majority (84%; 262 of 312) replied. Of these, 21 (8%) described the training and support they had received and noted that this was sufficient for their needs. For example: "At present I am happy with the support, sources of information and CPD that is being delivered at our school".

All other responses were grouped into broad themes: additional support; additional sources of information or resources; additional training or CPD. Each of these broad themes was then analysed for subsidiary themes which are summarised here. Where it was not clear from the response

whether support, information or training was thought to be useful, the default was to code under "additional information or resources". For example, this was done for responses such as, "Autism and ADHD combined".

4.3.4.1 Additional support that would be useful

Over a fifth (72) of respondents made suggestions as to additional support that would be useful for practitioners/professionals; for children and young people with autism; and for parents. One theme that ran across all three of these groups was support **to be able to meet face-to-face**: for practitioners/professionals to be able to meet to network and share ideas, resources and problem-solve (several people specifically mentioned that it would be valuable to get together with others to discuss use of the AET's Progression Framework); for children and young people to be able to meet with their peers with autism and/or to meet with professionals to discuss their autism face-to-face; and for parents to be able to meet with others in similar situations and/or with professionals to discuss their child's needs in person. Illustrative examples of this type of response are:

> "Regular links/meetings with professionals to share practice" [Other, similar responses specifically mentioned opportunities to meet and to work more closely with occupational therapists, with speech and language therapists, and with medical professionals.]

> "Local autism awareness group for educators to meet and share best practice"

> "Time for teachers to meet to discuss in school what works for each individual, to promote engagement and reduce stress"

> "More access for children to work with/discuss difficulties or concerns relating to their ASC with a professional"

> "Greater support face-to-face for parents struggling with ASC children and how to manage every day behaviour and routines"

Another theme was that **additional support for parents and siblings** of children/young people with autism would be useful. Responses indicated that both support for teachers and others working with the family on how to offer such support, and more direct support for families would be useful. For example:

"More about how to support families of children with autism"

"How to support parents, many of our children have poor attendance/punctuality as parents do not want to bring them to school."

"Parents need support and training to help their children and funding for this work is not always available to all."

A recurring theme was a recognition that support around **autism with co-occurring difficulties** would be useful. For example:

"More specific guidance on supporting young people with autism and co-occurring mental health needs."

"Support relating to the co-occurring difficulties relating to ASD and how they can be supported effectively. Some pupils are very complex and it's difficult to meet their ASD needs alongside their other needs."

"Support with self-harm for a child with Autism"

Some responses highlighted that additional support around **the Early Years and autism** would be useful. For example:

"A lot of the issues we support with relate to Early Years providers managing behaviour within their settings."

Other gaps in existing support identified by respondents also covered the needs of practitioners/professionals; parents; and children and young people with autism. Examples illustrating the range of responses are given under these sub-headings:

For practitioners/professionals

"Accreditation service for autism trainers /autism advisory teachers to provide quality assurance for independent practice now that so many LAs are moving away from providing central services"

"Further development of AET modules, perhaps aimed at trainers, would be helpful."

"Additional work on transition from primary to secondary"

"Availability of appropriately trained TAs."

"Having an 'Autism Walk' where an outside professional comes in to the setting to give advice on how Autism friendly the environment is"

"I would like support with sensory issues/trails"

"Support is needed when children are displaying autistic traits but are waiting for a confirmed diagnosis and are not therefore able to access autism outreach support until the diagnosis is confirmed."

For parents

"Parental support for home"

"Supporting parents of children with Autism as they grow and change - transitions – behaviour"

For children and young people with autism

Two main themes emerged: the need for more support around mental health and autism and the need for more trained adults to support in the classroom. Examples of responses about the former include:

Mental health support, including for learners with ASD aged 19 plus [multiple responses amalgamated]

"Very little support is available for young adults [with autism] who are intellectually disabled. More recognition of autism as a SPLD would help young people get support that they need. Better help from CAMHS, for 16-19 year olds."

"As an outreach teacher, the highest need with our children currently is anxiety which is leading to shut down either in school or before getting into school. There is a real gap in resources and support for these high levels of anxiety which are not recognised as a wellbeing/mental health need."

Examples of responses illustrating a need for more trained adults to support pupils with autism in the classroom included:

"Availability of appropriately trained TAs."

"Autistic students often have difficulties working cooperative with other students, they also have difficulties with the noise, smells and movement within my subject area. Often these students have no support with them, it is hard to devote the time needed to these students to get them fully engaged in my subject."

A broader support issue was raised through responses that highlighted **lack of funding or reduced services locally** and the impact of this. For example:

"As all children present differently and there is often a huge difference between school and home, continuing pupil orientated support in school would be very useful. The county communications team and the EP services are severely stretched and cannot give time to do this regularly enough. Pupils who face massive challenges daily require a great deal of support if they are in mainstream school; class teachers have a huge workload already and cannot be expected to manage difficult situations. Specialist services are vital but must be pupil specific if they are to be effective."

"Continued specialist teacher support"

"It would be useful to have greater access to autism advisory teachers."

"Primary Support Partnership provided me with most of my knowledge as I worked along side them- this now no longer has funding in my area"

"AET Tier 2 (core and extended) to be free to schools in my area"

4.3.4.2 Additional information and resources that would be useful

Over a third (128) respondents made suggestions as to additional information and resources that would be useful. These are summarised in relation to the topics of interest and the types of additional resources mentioned.

Topics on which further information would be useful

A wide range of topics were mentioned as being ones where further information would be useful. A composite list is given under three thematic sub-headings:

Co-morbidity: For example, autism and – ...ADHD; ... mental health; ... OCD; ... anxiety; ... trauma; ... PDA [Pathological Demand Avoidance]; ...

Specific aspects: Autism and self-esteem; Social skills for able teenagers; Management of pupils without autism alongside those with autism; Tools to support anxiety; Bullying – "how to deliver peer education without giving students more labels to attack with"; Communication skills – including for the non-verbal; Dealing with challenging behaviour [multiple respondents]; Eating difficulties; Toileting problems; Autism in girls [multiple respondents]; Autism and understanding and regulating emotions; Sensory issues – including about sensory equipment; Information about supporting those aged 19 plus; PDA [Pathological Demand Avoidance]; "Ways to help autistic children with the ambiguous language in English"; Executive functioning difficulties; "Resources to explain to students what autism is"; Transition support (KS2 to KS3 and KS4 to KS5); Successful transition to adulthood; Theory of Mind; Objects of reference; Social skills support.

How to support parents: For example, "General information to support parents to understand the diagnosis (in different languages)"; "Something around working with parents [...]"; "More availability

of resources for parents too e.g. on issues they may face at home – eating problems, anxiety difficulties, sleep issues".

Additional (types of) resources that would be useful

A number of different types of resource that would be useful were mentioned. A composite list is given, along with illustrative quotations:

A **helpline**: "A helpline to phone for advice when things come up would be amazing."; "A helpline with access to an expert to provide advice on specific students and their individual responses to the educational and social environments they find themselves in."; "A place to ask questions about a specific scenario."

More **video clips**: "Further video clips to share with staff providing support to staff needing to refine their ASD provision after training" [multiple respondents said similar things].

Regular **updates** on latest developments: "Updates on current theories, practices, new approaches etc. probably via email so you know to go looking."; "Anything to keep updated: research, resources available/recommended, links to short films etc. that can be shared with whole staff, opportunities for other staff to go on training."

Activity banks/teaching resources: For example: "Activity banks [another person mentioned Tools for Teachers] specifically for Early Years and pre-early years stages of development."; "As each child is an individual, there are times when worksheets etc. to support children cannot be adapted. I would like a website or somewhere that you can use masters and have a facility to adapt."; "A list of 'strategies to try' [whilst waiting for individual support from local services]would be really useful"; "Children all have such varied needs. The hardest thing is finding relevant teaching resources for children who are unable to access standard class materials."; "Easy read social stories with PECS. More resources for those with profound/severe disability."; "Visual resources I could use for allowing children to express their emotions"; For teaching secondary school pupils with autism; "Targeted resources for secondary school aged students".

Simplified AET Framework/Standards: "AET [Progression] Framework just too cumbersome and time consuming. Potentially incredibly useful."; "As an autism outreach team, we are asking all our local authority schools to evidence autism good practice using the AET Framework. Schools (usually SENCos) feedback to us is that they often find the AET interactive document difficult to work with. The links to resources are useful but annotating the document can be confusing."; "Standard 1.1a with resources x y and z at different links is time consuming and unhelpful when trying to solve a crisis or even learn how to identify one before it occurs. Simple headings would be better." – One respondent reported a different perspective on the further development of the Progression Framework:

> "I actually run AET training so I am looking at what our participants would require. They would like the Progression Framework to be able to build from year to year, so that you could build a profile of a child across their school career."

Social communication-based observation pack: "With a higher number of children identified as having social communication difficulties, it is long process to get through diagnosis. In the authority I work in, [...], it is hard to get quality information to paediatricians. This is because schools and other services lack the ability to complete quality observations. A production of a social communication-based observation pack would help schools etc to collect the information needed instead of them relying on the "opinion" of a teacher or TA who has no training or knowledge of what they are looking for."

An accessible website: "A simple structured website that is quick and easy to navigate. [...]Yes we care and want the best but keep it user friendly and meeting the needs those with autism, not pencil pushers."

Tools for Teachers: To make it available again, "even better if the resources were editable"

4.3.4.3 Additional training or CPD that would be useful

About a third (109) respondents wrote about (a wide range of) training that in their view would be useful in their work with children/young people with autism. These are summarised here under sub-headings, with illustrative quotations to provide a flavour of the responses.

Nationally recognised formal training: "There are too many agencies offering informal training. [...] To my knowledge there is no one-stop shop, including the National body, recognised in the UK. ASD diagnosis is growing and awareness is multiplying exponentially. As such, accessing formal recognised training and providing real support and change for families and young people living with ASD is a must for me."; "Affordable, accredited trading which is consistent throughout the country."

Online training courses: For example: "Access to continued online courses; in particular, how to deal with aggressive behaviour in teens with autism effectively - short videos with an overview of what autism is and, more importantly, effective approaches for professionals who lack/dismiss knowledge in this area of SEN"

Included more in initial and early career training: For example, "A higher level of training for NQTs so that they start their careers with some awareness"; "My feeling is that there needs to be way more robust autism training for all trainee teachers."

Continued CPD sessions for staff in schools: For example: "More CPDs focused around specific strategies staff can use in school"; "Continued CPD to ensure skills are up to date and new lines of thinking are passed on"; "Due to time limitations, snapshot CPD on specific topics which keep us up to date on latest trends"; "More whole school insets with teachers and TAs about Autism"; "More whole school training to raise awareness of autism in the mainstream classroom"

Training for senior managers: For example, "I think more training for Senior Management is needed after all final decisions are made by them."

Consolidation and extension training for specialists: For example, "As a member of the Local Authority Outreach Team, [...] I find there are not a lot of inexpensive CPD opportunities for me to access training about new research and approaches, autism leadership and mentoring, and consolidation of my skills."

Training module/s for parents: "I would like a programme of training modules to use with parents"; "I believe that we need more training materials for parents. Many of the young people that I am supporting in schools are finding that they can manage at school but that when they get home it all becomes too overwhelming. I think we need to help parents to develop a better understanding of their child's profile of differences and better equip them to support them through crisis."

Training course focused on secondary school pupils: For example, "A further course for myself on supporting students in secondary school, including challenging behaviour"; "More training that is focused on supporting young people with Autism in secondary schools - most of the training available is focused on supporting primary school children." Also training workshops for secondary-aged pupils, "particularly around social skills, how to make positive, lasting friendships/relationships"

Training on a variety of topics[8]: For example: on sensory processing; on autism and co-morbid disorders, including stress and anxiety; on autism in the Early years; on Pathological Demand Avoidance; on children/young people who are deaf and autistic; on ways to teach literacy and numeracy for pupils with autism in mainstream schools; on autism and behaviour management; on understanding the diagnostic process (to be able to support families through this); on meeting the needs of learners with autism in FE with complex needs

Broader comments on training

A number of respondents made broader comments about training needs. For example, several respondents mentioned that access to training more locally would be helpful, given the tight

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[8] The full range of topics mentioned in relation to training closely mirrored the list of topics on which respondents indicated further information would be useful.

constraints on school budgets. For example, one wrote: "Training hubs need to be more localised for people to attend and get full benefit from as finances are so limited within councils and schools."

One respondent, a parent of a child with autism, suggested that training should be delivered by those with first-hand experience of interaction with children/young people with autism:

"As a parent of 2 autistic young people, I have offered suggestions/advice to staff and parents that would not be found in the usual training or resources sites. I think it would benefit schools if people who have had practical experience of dealing/helping autistic people actually presented training rather than people who have only 'paper/course' knowledge of autism."

Several respondents wrote that, in their view, annual training on autism should be compulsory for all teaching staff. For example, one wrote: "PGCE training or NQT training for all teaching staff to be at least autism aware. Then compulsory annual training for all teaching staff." Another described colleagues as having had no autism training despite teaching autism only classes and suggested mandatory training in autism-specialist schools: "Some of my colleagues have had none [i.e. no autism specific training] and are teaching autism only classes for the last three years. [...] Should be mandatory that special schools and academies with a majority autism intake have annual staff training with an autism expert."

One respondent commented that "the most useful thing" learned from training was to "interpret the child's communications through the 'lens of autism' and argues that "attitudinal training" would be useful for those who support children with autism:

"I think attitudinal training is one of the most useful things for people supporting children on the autistic spectrum. The most useful thing I have learned is to interpret the child's communications through the 'lens of autism' and become highly responsive to the child."

4.4   Conclusion

The online survey, 'The Evaluation of the Autism Education Trust Programme, 2017-2018', had 312 responses in a month, from a distribution to 14,000 contacts on the AET's undifferentiated data base. The 312 respondents were a self-selected sample, but their responses provide an interesting insight into the autism education knowledge, training, understanding and experience of a highly experienced range of people involved in autism education – classroom staff; middle managers, senior school leaders, and SENCos; Local Authority staff, e.g., advisory teachers, and educational psychologists; and mentors, support workers, therapists and parents. The responses showed that the AET training (undertaken by 73 per cent of respondents), was still being utilised by 96 per cent of respondents, while 87 per cent continued to use AET materials. In addition, 99 per cent of respondents categorised AET training as 'useful' (37.3%) or 'very useful' (61.8%); while nearly 98 per cent said that AET materials were 'useful' (48%), or 'very useful' (49.8%). These are very positive responses. Finally, the open question about what other support, sources of information, or CPD would be useful in the respondents' work with children and young people with autism produced a range of responses (with 262 responses to this question). These responses, presented above, are of use in future planning for AET Programme development.

5. Conclusions

Using the two methodological approaches (*causal contribution analysis*, and the *stakeholder participation perspective*) to assigning attribution in respect of the AET Programme enabled the AET Programme evaluation 2017-2018 to co-work closely with four different settings – a mainstream primary school, a mainstream secondary school, a specialist primary school, and a Montessori nursery – to create detailed case-studies of autism support in those different settings. Those case studies:

- Enabled detailed mapping of the process of working with eight children and young people with autism over nearly two school terms. The challenges, approaches, contexts, and strategies faced and used by the adults and children involved were mapped and presented in this report. This mapping showed the complexity of such work in meeting the needs of the children.

- The processes of autism education provision were also examined, and presented. This showed that adults working with children and young people with autism drew upon a range

of sources for autism knowledge and information, including: experience, colleagues'
knowledge, the AET Programme, other training, and external expert advice (e.g., from LA
outreach teams, occupational therapists, and educational psychologists). Within this range
of sources, the AET training and materials were valued, and settings all gave examples of
specific AET knowledge that was used in the support of children and young people.

- It was also possible to show when AET origin material and/or training was used in the
settings, and these instances have been highlighted in the main body of the report.

In addition to the case-study work, an online survey, 'The Evaluation of the Autism Education Trust
Programme, 2017-2018', had 312 responses in a month, from a distribution to 14,000 contacts on
the AET's undifferentiated data base. The responses showed that the AET training (undertaken by 73
per cent of respondents), was still being utilised by 96 per cent of respondents, while 87 per cent
continued to use AET materials. In addition, 99 per cent of respondents categorised AET training as
'useful' (37.3%) or 'very useful' (61.8%); while nearly 98 per cent said that AET materials were
'useful' (48%), or 'very useful' (49.8%).

Appendix 1

Initial interview with settings' staff.

AET Programme, 2017-2018

Interview Topic Outline (for semi-structured interviews)

Early Years/School/Post-16 staff interview 1.

1. Background of interviewee: role in setting, teaching and other responsibilities, how long at the setting; previous teaching experience.

2. Background re the setting: numbers enrolled, SEND pupils/students, numbers with diagnosis of ASD, awaiting diagnosis, or believed by staff to show signs of ASD.

3. Training in relation to autism provision: personal training attended, with details, i.e., provider of training (AET, NAS, AAA, local authority, teacher training institution, other); level of training; when, and if there have been updates.

4. Training for setting staff around autism provision: training attended, with details, i.e., provider of training (AET, NAS, AAA, local authority, teacher training institution, other); level of training; when, and if there have been updates; whole setting or just specific staff; impetus for the training – CPD and/or specific child/student.

5. Planning for the implementation and monitoring of the training, specifically the AET training. Processes for this, management of the training implementation: how is it done, how are the findings fed back into teaching/learning and setting development.

6. Focus on the AET training: responses to, and reflections on, for each level of training. Use of Standards, Competency Framework, and Progression Framework; how are these used, how are staff supported to use these elements of the AET Programme.

7. Setting work with parents/carers of children/young people with ASD; setting work with outside bodies, e.g., LA autism support teams.

8. Measuring impact: how does the setting measure impact of the training; assessing progress for SEND pupils/students; how do the AET materials match/complement that approach; is the Progression Framework being used/is it intended that it will be used.

9. SMT and autism support: policies, approach, history, in the broader context of SEND, and specifically in relation to children/young people with ASD.

10. Any other issues the interviewee wishes to raise.

Appendix 2

Follow-up interview questions

1. Could you please outline briefly how Child A and Child B have been getting on over the last fortnight in terms of their general experience of school life (and, if relevant, outside school).

2. Taking Child A and Child B in turn, could you please say how they are progressing in relation to the targets that have been set. What is going well? What is proving more difficult?

3. How useful has the AET Progression Framework been in recording and reflecting on progress that is being made?

4. What strategies have the SSAs (TAs), the teachers, and you, been using in relation to the two children? Which of these strategies draw upon AET learning?

5. Are there any other comments you would like to make, particularly in relation to the progress of the children, the usefulness of the AET training and materials, or the need for future knowledge and support for those working with the children?

Appendix 3

Final follow-up interview questions

AET 2017-2018 Evaluation.

Catch-up questions:

With additional questions for the final interview (questions. 6 – 10).

1. Could you please outline briefly how Child A and Child B have been getting on over the last fortnight in terms of their general experience of school life (and, if relevant, outside school).

2. Taking Child A and Child B in turn, could you please say how they are progressing in relation to the targets that have been set. What is going well? What is proving more difficult?

3. How useful has the AET Progression Framework been in recording and reflecting on progress that is being made?

4. What strategies have the SSAs (TAs), the teachers, and you, been using in relation to the two children? Which of these strategies draw upon AET learning?

5. Are there any other comments you would like to make, particularly in relation to the progress of the children, the usefulness of the AET training and materials, or the need for future knowledge and support for those working with the children?

Reflecting on the process of supporting the children since September 2017 term:

6. Looking back over the last months, is there anything that you think might have made supporting the children easier, or more effective?

7. Thinking back over the last months, and the type of interventions you have made with the children (and any other children with ASD), what do you think are the most useful sources for suggesting what can be done to support the children?

8. Overall, what would you assess the value of AET training and resources in relation to supporting children with ASD?

9. Thinking about your overall requirements as a teacher supporting children with ASD, what additional help, guidance, support or training would you find useful in your role?

10. Finally, is there anything else you think the evaluation should know about?

THANK YOU FOR ALL YOUR HELP!

Appendix 4

Additional material provided by Setting 4 (Specialist primary school)

Setting 4 used key messages from the AET Programme Tier 1 'Making Sense of Autism' to create a reporting and monitoring framework for record-keeping for children in the school. The evaluation was provided with five examples of this AET Programme based framework, and two of these are presented, in an anonymised form, as examples.

Reporting and monitoring template created by Setting 4 on the basis of the AET Programme Tier 1, 'Making sense of autism'.

Example 1:

Key Message	Support in Place	Impact
Identify the four key areas of difference that need to be taken into account.	**Communication & Interaction** Social scripts so that Pupil A is given the support to state his needs within his peer group Positive role models who are sensitive to Pupil A – peer support.	In Reception class this worked very well – Pupil A was included in play activities. This year it is difficult to always pre-empt the difficulties and therefore create a social script for that area ahead of a challenge being noted.
	Additional adult support via EHC Plan so that Pupil A is able to be prompting, reassured and supported around the times of the day/areas of the curriculum etc where things can go wrong with peers and adults. High level of understanding from staff that behaviour is a form of communication and underlying reasons/anxieties are explored/identified. Give Pupil A ways out of situations that he is struggling to cope in.	Whole staff training from […] on understanding all children and being sympathetic/aware/alert to what is being expressed.
	Cognition & learning Additional adult support via EHC Plan so that Pupil A is able to access the work – he needs	This worked well – Pupil A made progress in the academic elements of the curriculum – there is still work to

	regular prompting/focussing. However, he is academically bright and able. Visual timetable in place so Pupil A is aware of what is happening throughout the day. **Social & Emotional Health** Close liaison with Mum.	be one around the subjects that rely more on justifying opinions (reasoning in maths), inferring ideas and giving reasons why (Reading comprehension). Mum is very supportive of school and will work with school to overcome difficulties.
	Secure relationships so that Pupil A is able to talk about when he feels upset.	Pupil A is a pleasant boy who has made some good, secure attachments to the adults that he works with.
	Sensory & Physical There are some loud noises that Pupil A does not like.	Re-assurance and preparing Pupil A if there are some things that he may find challenging – visit by a theatre group, so he understands what is happening. Reasonable adjustments, for example Pupil A does not have to sit through the whole of assembly – he knows that he sees five presentations and then he is able to leave and do his next activity.
	Pupil A has some weakness in his arms/wrists which means that he finds some activities challenging – rolling playdough, taking his jumper off.	
Know the importance of understanding the individual pupil and their profile of strengths and areas of development.	Class based observations. IEP targets and discussions about what is going well. Discussion with Pupil A. Good relationships between child, staff and parent.	

	Regular tracking of progress and attainment. Support given at unstructured times – breaks and lunchtimes.	
Identify the key areas to help pupils on the autism spectrum build positive relationships with staff, peers, families and people in their community.	Give Pupil A social scripts so he is able to join in, in an appropriate manner, with other children. Create and read social stories so Pupil A is able to make sense of 'social situations' to support him.	This works for Pupil A. He is bright and therefore able to remember the scripts. Ethan appears to respond positively to these prompts and supports.
Develop an awareness of the sensory and communication differences that the pupil may experience.	Planning for those times in the school day when things are challenging: lunch-times (support is in pace).	On the whole with the extra support in place. Pupil A is being very successful.

Example 2:

Key Message	Support in Place	Impact
Identify the four key areas of difference that need to be taken into account.	**Interacting** Tangle to fiddle with on the carpet for input. Processing information. Daily routines – unpack. Reading Record out etc. Encouraged to put a line through mistakes to correct his work.	With the tangle to fiddle with Pupil B is less likely to throw things or hit things with rulers, pencils etc. The tangle also stops him talking to others or distracting others when he is not supposed to. Routine helps him to keep calm and focus. It also helps with his short-term memory problems. Jack is learning that he can make mistakes and doesn't need to become

		frustrated or angry. There is less scribbling on his work.
	Sensory processing. Communication. Time to calm down if he is upset. Following calming strategies.	This allows Pupil B to talk about what upset him so that he can make it better for next time.
Know the importance of understanding the individual pupil and their profile of strengths and areas of development.	Pupil profile in place including child's voice. Teacher regularly reviews child's progress.	Interventions are tailored to suit.
Identify the key areas to help pupils on the autism spectrum build positive relationships with staff, peers, families and people in their community	Calming strategies of breathing and being able to take time out are encouraged to reduce incidents.	These strategies are helping Pupil B avoid conflict with others.
Develop an awareness of the sensory and communication differences that the pupil may experience.	Pupil B is given reflection time to consider how he has upset others by what he has said.	Having reflection time with a familiar adult allows him to discuss his reactions and those of others to reduce incidents.

Appendix 5

Online survey, 'The Evaluation of the Autism Education Trust Programme, 2017-2018'.

The Evaluation of the Autism Education Trust Programme,   **2017-2018**

About the research

The Autism Education Trust (AET) has asked researchers at the Centre for Educational Development, Appraisal and Research (CEDAR), the University of Warwick, to evaluate its Department for Education (DfE) funded AET Programme. CEDAR has been evaluating the AET Programme since 2013, and the focus of the current, 2017-2018, evaluation is on the differing sources and types of information and support that school staff access in order to support children and young people with autism.

What are you being asked to do?

You are being asked to complete this short, 10 question, electronic survey. The answers to this survey will be confidential, and kept by CEDAR on a password protected data base on secure University of Warwick servers. When the data from the survey is used to write a report to the AET, it will be anonymised. If you have any questions about the survey, or the research, contact Dr. Stephen Cullen, CEDAR, University of Warwick, CV4 7AL, S.M.Cullen@warwick.ac.uk.

Consent:

Please tick the boxes.

☐   I confirm that I have read and understood the above information concerning this survey, and know who to contact to ask any questions.

☐   I understand that participation in the survey is voluntary and that I can stop whenever I want to

☐   I agree to participate in the survey.

1. **About you**:

(Please answer the questions below)

    a) Name:

_____

    b) Role:

_____

    c) Number of years you have worked with children/young people:

_____

    d) How many children/young people with autism (including those yet to receive a diagnosis) are you helping to support in this school year, 2017/2018:

_____

    e) When did you last receive any formal Continuing Professional Development training in relation to autism support (please state what form the CPD took, e.g., twilight INSET, online training etc.) :_____

    f) Was that training Autism Education Trust (AET) Programme training: _____

For questions 2 – 9, please tick the appropriate box/es.

2. Do you think that you have sufficient training to support children/young people with autism:

[box] YES   [box] NO

3. Do you think that you have sufficient information, that is easy to access, with regard to supporting children/young people with autism:

[box] YES   [box] NO

4. Have you had any Autism Education Trust (AET) Programme training:

[box] YES   [box] NO

If you answered 'Yes' go to question 5; if 'No', go to question 9

5. Do you still use knowledge that you gained from that AET training in your work with children/young people:

[box] YES   [box] NO

6. Do you still use AET materials to support your work with children/young people:

[box] YES   [box] NO

7. How useful do you think the AET Programme training was (tick one box below):

Not at all useful	Useful	Very useful

8. How useful do you think the AET Programme materials are (tick one box below):

Not at all useful	Useful	Very useful

9. Where do you find information about supporting children/young people with autism (tick as many boxes as appropriate):

Ask my colleagues	
Via search engine search of the internet	
From the Local Authority autism outreach team	
From an educational psychologist	
From the Autism Education Trust website	
From the National Autistic Society website	
From the Ambitious about Autism website	
Other	

10. Using the space below, could you please say what additional support, sources of information, or CPD would be useful with regard to your work with children/young people with autism:

_____
_____
_____
_____
_____

Thank you for completing this survey!

Appendix 6

Covering e-mail for the online survey

View this email in your browser

Dear Colleague,

The Autism Education Trust (AET) have asked the Centre for Educational Development, Appraisal and Research (CEDAR), the University of Warwick, to undertake research into the differing sources, and types of information, that nursery, school, and college staff access in order to support children and young people with autism. As part of that work the CEDAR research team would be very grateful if you could complete the very short (10 questions) survey.

The survey responses are being collected, collated and analysed by CEDAR, the University of Warwick, and all the data will be kept on CEDAR's secure University of Warwick data base. The survey is confidential, the AET will not be informed of any school or school staff names, and reporting to the AET will be in an anonymised form.

Your involvement in the survey is voluntary, but we really hope you will take part in order to help improve support for settings staff working with children and young people with autism. If you have any queries regarding the survey you can contact Dr Stephen Cullen at CEDAR, the University of Warwick. If you have any complaints relating to the survey you can contact the Director of Delivery Assurance, Registrar's Office, University House, University of Warwick, Coventry, CV4 8UW. Tel.: 024 7657 4774.

Thank you in advance for taking part in this survey.