Supporting the inclusion of children and young people, who experience Autism Spectrum Disorder/ Social Communication Difficulties, in mainstream classrooms.

School of Psychological Sciences and Health

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Declaration of Authenticity

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Abstract

An autism outreach (AOT) can be uniquely placed to assist classroom teachers in reducing the research to practice gap, in supporting autistic children within mainstream education (Finelli, et al., 2014; Grima-Farrell., 2018). The heterogeneity of the condition ensures that 'one size does not fit all' (Schwab et al., 2022) leaving some teachers struggling to effectively adapt the curriculum to meet autistic pupil's needs. This study aims to identify how an AOT can support classroom teachers to enhance educational inclusion. A mixed methods approach was used to evaluate the current practice of an AOT, with the team as participant action researchers. The results indicated that to increase the team's effectiveness in supporting inclusion, improvements were required in policy development, assessment, intervention, and evaluation approaches. Building the capacity of school-based staff was found to be a further area requiring improvement. In addition, one third of referrals to the AOT were for pupils at points of transition. An improvement program involving participant action research was undertaken to co-produce good practice guidance for transition, with staff, parents, and autistic young people. Good practice guidance was created around stakeholders' views alongside the latest research on effective practices in school-based transitions. This study demonstrates that an AOT can support school staff in the implementation of inclusion as well as supporting in the identification and implementation of evidence-based practices. It is argued that participatory evaluation has a key role in service improvement and transformative change and that stakeholder perspectives alongside research and psychological theory are useful proponents in transition policy development. Furthermore, it is suggested that Multiple and Multi-dimensional Transition theory (Jindal-Snape, 2016) has a high applied value in supporting schools in planning for successful transitions.

Key words – *ASD, inclusion, transition, transition policy guidance, research to practice gap*

Chapter 1 - Introduction

Teaching is a demanding profession and Scotland's inclusive education system means that teachers are increasingly faced with a diverse population of learners. The question of how best to meet the needs of autistic learners within mainstream education, is one that poses significant challenges to many school staff across the country. With higher numbers of children with Autistic Spectrum Disorder (ASD) educated in mainstream schools than ever before (Lynch & Irvine, 2009; Mamas et al., 2021; Simpson et al., 2011) the debate around how to provide an appropriate and effective education, continues to be a pertinent one. ASD is characterised by persistent social and communication difficulties, with rigid and repetitive patterns of behaviour (American Psychiatric Association, 2013; World Health Organisation, 2018). It is estimated that autism affects around 1.035% of the Scottish population (McKay et al., 2018). Furthermore, ASD is a condition with wide variability in presentation across individuals (Chen et al., 2019; Klinger et al., 2021; Malinen et al., 2013; Schwab et al., 2022; Warren et al., 2021) ensuring that a 'one shoe fits all' approach, to adapting the curriculum, is unlikely to meet the varying needs. Researchers have noted that making progress in the implementation of inclusion is urgent and that countries are failing to include children with ASD effectively (Pellicano et al., 2018). Key components in the implementation of inclusion include pupils' accessing a range of supports, collaborative approaches, high-quality instruction using evidence-based methods, shared decision making and high-quality learning (Qvortrup & Qvortrup, 2018). The attitudes, beliefs and self-efficacy of school staff have also been implicated in the link to effective practice (Eliophotou Menon & Lefteri, 2021) with research indicating a direct link from teachers' attitudes, beliefs, and self-efficacy towards inclusion, to inclusive practices undertaken within the classroom (Hellmich et al., 2019; Wilson et al., 2020). In addition, studies have shown that positive experiences of implementing inclusion had a positive impact on teachers' feelings of self-efficacy towards inclusion (Franziska, 2016; Yada and Savilainen, 2019). However, the link between research in the field of inclusion and

the practice of the implementation appears distant, particularly within the field of autism (Boyd et al., 2021; Odom et al., 2011).

One of the primary difficulties of autism is that of social communication. However social communication difficulties (SCD) can exist out with the diagnosis of autism. Children and young people with SCD can experience similar difficulties to children with ASD (Foley-Nicpon et al., 2016; Gibson et al., 2013) but tend not to exhibit ritualistic behaviours seen within the ASD profile (Nilsson Jobs, 2019). Whilst it is acknowledged that there can be other differences in the profiles of children with ASD and those with SCD, there are also significant variabilities within the conditions themselves. The main barriers of both however can often be that of social communication. In many local authorities (LAs) throughout Scotland, children and young people can experience long wait times for neurological assessments with some children (n=240) reported to having waited longer than four years within some health boards ("Scots children waiting", 2022). This research considers children and young people with both ASD and SCD and is not diagnosis dependant. The rationale for this lies in supporting the greatest number of children as possible, and not presenting barriers of accessing potential supports given the overlapping nature of the presentations.

Within the fields of education, inclusion, and autism there is a plethora of research indicating that a gap exists between research and practice (Boyd et al., 2021; Brock et al., 2020; Christine, 2018; Dew & Boydell, 2017; Dingfelder, 2011; Doehring & Volkmar, 2016; Finelli, 2014; Guldberg, 2017; Neal et al., 2015; Odom et al., 2013; Wainer et al., 2017). This research utilises an implementation science approach which offers the opportunity to address factors that contribute to the gap between research and practice (Boyd et al., 2021; Odom et al., 2011; Olswang, 2015; Warren et al., 2021). Research that has a high utility in the world of practice requires the right support to facilitate implementation. Educational psychologists (EPs) are well placed to provide the support to bring research into practice and implementation science presents an effective methodology for them to do so (Blase at al., 2012).

To successfully implement inclusion for children with ASD/ SCD, LAs can endeavour to build networks of support to provide both direct inputs to teaching staff, as well as capacity building platforms like high-quality training and guidance. The need to build and sustain effective services within the education system has never been greater, considering year-on-year funding cuts to LAs, alongside rising needs within classrooms. This research is based in one local authority (LA) in Scotland, and it considers the utility of an AOT in supporting teachers with the implementation of inclusion. The AOT concerned had been operational for several years, however senior managers had some concerns about the practices and the effectiveness of the service. This was based on anecdotal information from stakeholders.

This research is made up of two related studies. Firstly, an evaluation of an AOT and secondly the co-production of good practice guidance for transition of children with ASD/ SCD. The purpose and rationale of the research is to establish how a local AOT can be utilised, most effectively, to support teachers with the implementation of inclusion. This involves a systematic collection of data about the purpose, activities, characteristics, and outcomes of the AOT. The study aims to identify next steps for the team in terms of service improvement. Evaluation and improvement activity are key components of effective services (Wade & Kallemeyn, 2020) and allow LAs to continually review and improve the support services it offers. This research draws from self-efficacy theory (Bandura, 1977), Adult Learning theory (Mezirow, 1994), Practical Participatory Evaluation Theory (Cousins & Earl, 1992) and Multiple and Multi-dimensional Transitions Theory (Jindal-Snape, 2016).

Evaluation research, within the educational context, is not prominent in the academic literature (Costley et al., 2014; Onyura, 2020; Shaw et al., 2006; Vo & Christie, 2015) despite the importance of identifying the effectiveness of services. Indeed, in their review of autism research, Pellicano et al., (2013) identified that whilst the amount of research on autism had grown by 107% within the ten-year period from 2001 to 2011,

only 5% of autism research was focused on services for autistic people. In direct contrast to that finding, was the finding that autistic people rated research on services, as among their top priorities (Pellicano et al., 2013).

"There is a high degree of consensus among the autism community that future priorities for autism research should lie in the areas of public services, promoting the life chances of autistic people and how autistic people think and learn." (Pellicano, Dinsmure & Charman, 2013, p.35).

In gaining a detailed understanding of services, practitioners themselves can produce practice-based evidence through a bottom-up approach derived from reflective practice. This can encourage practitioner research where the action research feeds back into process, instigating a culture of reflection, critical enquiry, and continuous learning in services (Reed, 2019). Further it supports critical conversations and develops and nurtures a collaborative research approach. Evaluation also has the potential to enhance effective practices and build capacity across large numbers of teachers (Bywater, 2012; Suhrheinrich et al., 2019).

1.1 - Scoping exercise - questionnaire to Principal Educational Psychologists (PEPs) in Scotland

As a preparatory exercise the researcher was keen to establish the current landscape in relation to AOTs within the 32 LAs in Scotland (Campbell, 2020). A questionnaire was sent to all PEPs (Appendix C5) and a full summary of the findings can be found in Appendix C6. Responses were received from 17 of the 32 LAs, a return rate of 53%. Eleven of the seventeen respondents reported that their LA utilised the services of an AOT. The average team size was 4.6 members of staff, with teams ranging in size from 1.5 to 8-10. Over half of the authorities (n=6) reported that a diagnosis was required for access to this service.

When asked how the impact and outcomes of the AOT were measured 45% (N=5) noted that impact and outcomes were measured via individual children's plans and 2 services mentioned post intervention evaluation. When further asked how the outreach services are evaluated within their LA 36% (n=4) reported that the service was not currently evaluated as a whole, and this was an area of future development. Two LAs noted that the service was evaluated over time through an autism strategy plan.

PEPs were invited to comment on their perceived strengths of an autism outreach service. The importance of giving advice and strategies was noted (n=5), supporting families and increasing the consistency between home and school (n=4) and coaching and modelling (n=3) to name a few. All participants indicated that an AOT were effective in supporting inclusion. Services varied in their responses to the practices that facilitated inclusion with most (n= 5) focusing on building staff capacity and the knowledge and experience. From the national questionnaires it could be suggested that the evaluation of autism outreach services is an area in which there is currently no national consensus.

1.2 - School Transitions

Transitions between schools have been highlighted as a major life event (Hopwood et al., 2016; Reed, 2019; Zeedyk et al., 2003). The process of transition often involves new social, practical, and academic demands being placed on learners. A review of the literature reveals that school transitions can lead to a decline in attainment (Jindal-Snape et al., 2020), wellbeing (Hannah & Topping, 2012; Neal & Frederickson, 2016; Vaz et al., 2015), engagement and motivation (Jindal-Snape et al., 2020) and attendance (Jindal-Snape, 2019). Given that children with ASD can find change difficult, it is likely that pupils with ASD, will find school transitions especially challenging and are likely to require additional support (Mandy et al., 2016; Stack et al., 2021). This research sought to co-produce guidance for staff on school transitions for pupils with ASD/SCD.

This mixed methods participant action research, aimed to work collaboratively with stakeholders across both studies to ensure that their views are incorporated into decision making. This research adopts a critical realist epistemology. Chapter 2 considers the nature of autism, the Scottish legislative context, alongside an overview of service provisions. In addition, Chapter 2 considers some of the issues around supports for children with ASD and outlines the LA context within which this research is based.

Chapter 3 discusses the history of inclusion, how it is defined, alongside the key features of inclusive practice. In addition, the chapter considers how evidence-based practices support inclusion alongside the issues around measuring inclusion. Bandura's (1977) self-efficacy theory is outlined in relation to teacher mastery and the utility of an implementation science approach is also discussed.

Chapter 4 provides a brief overview of theories that can be considered alongside school transitions, including Multiple and Multi-dimensional Transitions Theory (Jindal-Snape, 2016). The chapter reviews both the general and ASN transition research and synthesises the findings of that research area.

Chapter 5 discusses some methodological considerations within this study including the use of Practical Participatory Evaluation Theory (Cousins & Earl, 1992), Transformative Learning Theory (Mezirow, 1994) and suggests how they might usefully be combined to support evaluation and improvement research moving forward. Evaluation research is discussed including participatory evaluation. The utility of participatory action research and co-production with stakeholders is considered alongside the use of focus groups and thematic analysis.

Chapter 6 details Study 1 and suggests that effective services are required to support the implementation of inclusion. In supporting the development of high-quality services, systematic participatory evaluation and transformative change can be utilised to ensure that service aims, and practices are explicit, congruent, and meet the needs of service

users. This research proposes that effective AOT's can be utilised to improve the implementation of inclusion.

Chapter 7 outlines Study 2 which investigates the effectiveness of school transitions for children with ASD/SCD and co-produces good practice guidance for school staff. The importance of supporting staff in monitoring and evaluating transition processes is noted. The limitations of this research are discussed in Chapter 6 and 7 which included small sample sizes, self-designed questionnaires, changes in performance not being measured, lack of transferability of findings and that the guidance was written solely by the researcher. Future research is needed in identifying the most effective methods of supporting evidence-based practices to be implemented within classrooms alongside complementary models for building capacity in school staff. Further research would be beneficial in longitudinally monitoring and evaluating school transition supports. Educational psychologists are well-placed to support participatory evaluation of complex interventions and producing high quality research supporting the development of this role.

1.3 – Ethical Consideration and reflexivity

A pertinent ethical consideration throughout this research is that the researcher occupies a senior position within the LA and has done for seven years. The researcher already had a network of existing contacts and was known to some participants. The role of practitioner researcher is one that can bring additional tension (Arber, 2006). The researcher did not have line management responsibility for any of the participants with exception of the research assistant. The research assistant had worked with the researcher on many projects previously and intimated that she felt comfortable in that role. The researcher was aware of the potential for coercion and for there to be a perceived power imbalance and did her best to mitigate this. Due to the senior role occupied participants may have positioned the researcher within an expert or leadership role, they may not have felt comfortable in giving their opinions and they may have felt pressured to participate. All interested members of staff received an initial information

session on coercion and were then asked if they wished to volunteer to be part of the research, as were parents and young people. The presentation included what coercion is and how it might be avoided, this included coercion within the recruitment of participants. All participants were informed that they could withdraw at any time without consequence. Support was put in place for any young people who were upset by the topics discussed within the research. All data was anonymised. The researcher adopted a consultative, transparent, and collegiate approach throughout. All reasonable attempts were made to incorporate all views. The researcher sought regular feedback from participants. The participatory approach adopted was of mutual benefit to staff and parents and potentially future young people as well as the researcher. Participants were informed that they could approach both the research assistant and service manager if they had any concerns. The reflexivity of the researcher is an important factor for due consideration in this research and attempts were made to create a reflexive system throughout.

1.4 - Research Question (RQ)

This research may be of interest to Local Authorities, Educational Psychology Services, AOTs and school staff. This research aims to answer the following RQ:

How can an autism AOT increase and improve inclusive practice in mainstream schools?

Chapter 2 - Literature review - ASD

The purpose of this chapter is to provide background information on the nature of autism, how it is assessed, its prevalence and its aetiology. The chapter will discuss some of the prevailing theories including cognitive theories of autism, consider the Scottish context as well as outlining the nature of the LA, within which the research has taken place.

2.1 - What is autism?

The concept of autism was first proposed by Leo Kanner in 1943 who identified a distinct condition in children which included social communication impairments, repetitive patterns of behaviour and a strong need for consistency (Volkmar & Reichow, 2014). In 1944 Hans Asperger submitted a thesis identifying children with an 'autistic psychopathy in childhood' which detailed individuals with average or above average intelligence with similar patterns of behaviour. Later research noted similar symptomology prevalent in adults (DeMyer et al., 1973; Volmar et al., 1986) including those without significant language impairments and above average intelligence (Kolvin, 1972; Rimlans & Ney, 1974).

The definitions and parameters of autism have evolved and developed over time, from its first official clinical definition in 1980 by the American Psychiatric Association who identified a 'pervasive developmental disorder' (Phetrasuwan et al., 2009), to today's understanding of a broad-spectrum condition that can present throughout life (BPS, 2021). There is consensus that the term autism refers to a group of developmental differences, believed to be genetic in nature, that impact on various areas of development over time (Ousley & Cermak, 2014). These include social communication, social interaction, and restrictive and repetitive patterns of behaviours or interests. Autistic spectrum disorder (ASD) is a broad term used to describe the range of presentations associated with autism ranging from those who are severely affected to

those who are less so. Research has also indicated that autism may to some extent be hereditary, whereby parents of children with autism are more likely than other parents to present with autistic traits themselves (Abrahams & Geschwind, 2008; Scheeren & Stauder, 2008; Wheelwright et al., 2010).

2.2 - The history of diagnosis

Autistic symptomology was first officially recognised in diagnostic guidelines in the eighth edition of the International Classification of Diseases (ICD-8) and in the Diagnostic and Statistical Manual of Mental Disorders (DSM-3) in 1980 under the title of 'autistic disorder'. This diagnosis identified a condition whereby individuals:

- Showed a lack of interest in the social world
- Displayed language impairments of significance
- Had unusual or repetitive speech patterns
- Displayed a resistance to change (American Psychiatric Association, 1980; World Health Organisation, 1968).

In the nineties ICD-10 and DSM-4 recommended a multi-categorical approach to the diagnosis of autism (World Health Organisation. 1990; American Psychiatric Association, 1994) which identified three diagnostic categories, Autism, Asperger's, and Pervasive Developmental Disorder (PDD) or atypical childhood disorder. PDD was identified as the instance whereby symptomology was clearly present but did not fully fit the diagnostic criteria. This was often described as a catch all diagnosis (Connolly, 2021). Moving forward the DSM-5 (American Psychiatric Association- APA 2013), redefined autism from 'autistic disorder' to 'autism spectrum disorder' emphasising the variation among autistic people and the unique pattern of strengths and difficulties found in individuals that experienced autism. The broadening of the definition to a spectrum condition, in recent years, means that the definition now includes previously separate diagnoses as Asperger's syndrome, pervasive development disorder – not otherwise specified (PDD-NOS), Retts Syndrome and childhood disintegrative disorder,

previously considered to be separate entities. These developmental differences can be characterised by a wide variability in the symptomology associated with the spectrum as well as a high prevalence of co-morbidities with other disorders (Magyar, 2011). However, researchers have noted concern regarding the 'widening' of the ASD diagnosis noting that the original concept of autism was a distinct entity from typical development and indeed from other conditions. When other 'less clear' or borderline profiles are then also included, these then alter the results of the condition therefore increasing the heterogeneous nature (Happé & Frith, 2020).

Within the United Kingdom the International Classification of Disease, tenth edition (ICD-10) is the most utilised diagnostic manual for the assessment and diagnosis of ASD (NAS, 2021). A revised edition of ICD-10, ICD-11 was updated in January 2022. In reviewing the definition of autism within the guidance for ICD-11, it describes autism as:

"Characterised by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and socio-cultural context". ICD-11 (WHO, 2022, 6A02).

Furthermore, ICD-11 makes specific distinctions between autism with and without intellectual disability. The ICD-11 adopts the position that the core features of ASD can be measured dimensionally and that they occur along a continuum of severity (Ousley & Cermak, 2014). It has been argued that the ICD-11 definition of ASD aligns more closely with the DSM-5 definition (Doernberg & Hollander, 2016).

More recently researchers define autism as a form of neurodiversity (Ekblad, 2013; Kapp at al. 2013; (Pellicano & Houting, 2022) which purports the concept that autism is a natural variation of the brain as opposed to a disorder. Researchers have argued that

the term neurodiversity provides a more meaningful and inclusive description of autism than disorder and difference (Fletcher-Watson, 2019). This move parallel's a shift from a medical model of disability to a social model which argues that disablement is the product of wider societal factors rather than individual impairments (Rosqvist et al., 2020). However, the notion of neurodiversity has also been the subject of discourse with some researchers, autistic people, and campaigners, due to concerns that it fails to conceptualise the difficulties and struggles of more severely affected people and their families (Hughes, 2020).

The definition of autism is pertinent to all who work in this area, as how a concept is defined relates directly to how it is assessed and identified. Both ICD-11 and DSM-5 set out the criteria by which ASD should be diagnosed, which in turn influences the conditions people would need to exhibit to meet that criterion. In Scotland, a diagnosis of autism is given through an assessment via the local National Health Service (NHS).

2.3 - The prevalence of ASD

In 2011 the Scottish Government (SG) estimated the prevalence of ASD as 1 in every 100 people (Scottish Government, 2011). More recently in their study for the SG, MacKay et al., (2017) undertook a systematic review and meta-analysis on all English-speaking studies of the prevalence of ASD across the world, focusing on studies using the most robust methodology. The researchers selected an inclusion criterion which considered primary data relating to the intellectual ability of individuals with ASD. These were then graded according to five key factors concerning the level of detail of the study, which included: diagnostic criteria used, tools and professionals involved, sample size and representativeness, method used to collect IQ data, and measures used. Data from 5 papers was included in the final analysis from an overall sample of 68,651. The authors estimated that the prevalence of ASD was 103.5 per 10,000 people (1.035%). In their study MacKay et al. argued that the autistic spectrum cannot usefully be put forward as one entity in terms of research, services, or intervention due to

considerable variation in presentation. Rather, they put forward a micro-segmentation matrix approach as a template for future research and provision for ASD in Scotland. A micro-segmentation approach is one whereby different logical zones or data centres are created that are separate to each other. This allowed the researchers to investigate the economic implications of various types of autism presentation. This was particularly important given the heterogeneity of the condition. The researchers estimated that 32.7% of autistic people also experiences a significant impact on their intellectual ability.

It is well established that more males are diagnosed with ASD than females (Loomes et al., 2017; Posserud et al., 2021) and that more people are being diagnosed with autism than ever before (Bachmann et al., 2018; Happé & Frith, 2020; Joon et al., 2021; Myers et al., 2018; Russell et al., 2021; Yates & Couteur, 2012). Indeed, figures from the 2012 – 2018 Scottish census reveals a 101% increase in children diagnosed with ASD being educated in Scottish schools (Scottish Government, 2012; 2018b). There is also a growing body of research indicating that more people are also now being diagnosed in adulthood (Russell et al., 2021). Indeed, Underwood et al. (2021) noted that between the years 2008- 2016 there was a greater than 150% increase in diagnoses in people aged over 35 years, with an eightfold increase in diagnoses in woman from the year 2000-2016. Loomes et al. (2017) sought to identify the male to female ratio for autism in their systematic review of the prevalence literature. Their analysis of 54 studies concluded that the ratio of male to females was closest to 3:1. The study concluded that there appeared to be a diagnostic gender bias resulting in girls who meet the ASD criteria not receiving the clinical diagnosis. In addition, Posserud et al. (2021) further examined the ASD gender distribution in both diagnosed adults and children in Norway and found that the male to female ratio was 3.67 in children but 2.57 in adults. The researchers concluded that the male dominance evident in childhood reduced in adulthood reflecting the potential influence of other factors like later diagnosis in females and potential diagnostic biases.

2.4 - The aetiology of ASD – theories of autism

Over the years many explanations or theories have been put forward to explain ASD in children including the 'refrigerated mothers' explanation which suggested that children were not given enough affection or care from their mothers (Bettelheim, 1967). However, a review of the literature reveals that the exact cause of autism is not currently known (Happé & Frith, 2020) and is almost certain to be multi-factorial (Chown & Leatherland, 2020; Frith, 2021; Happé & Frith, 2020; Joon et al., 2021). Whilst the neurobiological nature is well evidenced, little progress has been made in determining precisely what that biological origin is. Many researchers would argue that the causes of autism are likely to be genetic and caused by multiple genes (Rutter, 2005). Recent studies have implicated several genes as significantly differently expressed in people with ASD (Abrahams & Geschwind, 2008; Pain et al., 2019). Recent genome sequencing studies have indicated that ASD is a highly hereditable disorder with heritability estimates varying from 64-91% (Thapar & Rutter, 2020). Further, recent research has indicated only a negligible maternal contribution to autism risk (Thapar & Rutter, 2020; Yip et al., 2018). However genetic studies of ASD origin have not reached a unified conclusion. Rather the field of autism genetics highlight significant complexity (Persico and Napolioni, 2013) with hundreds of genes being implicated whose risk effects are highly variable. It is believed that many different variants converge within common biological paths (Vorstman et al., 2017). The origin of the genetic difference is widely debated with biological and environmental factors being considered with recent research indicating the strong biological components of the condition (Thapar & Rutter, 2020). Many other theories have also been put forwards to explain the genetic difference in autistic people in such areas as vitamin D deficiencies in pregnancy (Cannell, 2010), pre-conceptual stress (Pisu et al., 2019), disruptions in brain connectivity (Howlin, 2005), and a variety of pre-natal factors (Howlin, 2005; Krakowiak et al, 2012).

Researchers including Fletcher-Watson and Happe (2019) encourage practitioners to consider autism across three levels, the biological, the cognitive and the behavioural

levels. Morton and Frith (1995) introduced the premise of three levels of explanation for developmental conditions such as autism:

1. The first level of explanation described by Morton and Frith is that there is a **unitary biological origin** of developmental conditions which may have a diverse effect at the cognitive and behavioural levels. Under this level of consideration not all individuals have the same cognitive or behavioural features.
2. The second level identifies a condition with multiple biological causes and several different behavioural manifestations, but a **single defining cognitive feature**. Under this explanation several biological causes converge in causing a cognitive difference which in turn lead to multiple behavioural difficulties.
3. The third level is where a condition is **defined by its behavioural features alone**, with multiple biological causes and cognitive considerations.

In a review of autism research, Firth (2012) noted that:

"There is still reason to believe that a small number of cognitive mechanisms, can explain a large number of phenomena. A lack of implicit mentalizing defines a circumscribed cognitive phenotype and details quite specific consequences for everyday social communication."

(Frith, 2012, p.2087)

The three-level model put forward by Morton and Firth is useful for practitioners to reflect on their own current position, as well as the alternatives to that position, and has been a welcome advancement to the literature in this area. However, it has been argued that it does not work towards a consensus of aetiology and researchers have argued that it presents scenarios that are over simplistic in explaining such a heterogeneous condition and its diverse presentations (Chown & Leatherland, 2020).

2.5 - Cognitive theories of autism

Over the years, researchers have attempted to provide unifying theories of the central deficits of autism (Rajendran & Mitchell, 2007). While research in these areas has been common, it could be argued that no one theory has yet truly explained all the experiences of an autistic person (Jones et al., 2018). Some researchers have argued that cognitive theories can support in explaining clusters of features which account for the different presentations (Frith, 2021). Indeed, attempts to identify a unitary psychological explanation for autism have largely failed (Happé & Frith, 2020). These clusters then indicate specific issues of neurological origin that have yet to be fully established (Frith, 2021).

There are arguably several dominant theories of autism that offer to assist us in understanding the ways in which autistic learners might experience the world in relation to the primary deficit, for example in their paper reviewing cognitive theories of autism Rajendran and Mitchell (2007) consider three prevalent theories as being: the Theory of Mind Deficit, Executive Dysfunction and Weak Central Coherence theories. Whilst there are other cognitive theories of autism, it is beyond the scope of this research to review them all. It is worth noting that these theories often overlap and are not mutually exclusive, however it has been argued that each theory provides a useful contribution to understanding autism (NAIT, 2019).

2.5.1- Theory of *M*ind *Deficit*

Arguably one of the most common and researched theories on ASD, is the Theory of Mind (ToM) hypothesis (Frith, Morton & Leslie, 1991). The ToM cognitive approach highlights that as human beings we understand the thoughts, feelings, beliefs, and experiences of others and can attribute these independent states in oneself and others to explain behaviour (Premack & Woodruff, 1978). This skill is believed to be underpinned by the skill of joint attention. Theory of mind is believed to continue to develop into

adulthood, as we try and understand the perspectives and actions of others. This theory purports that autistic people's theory of mind does not develop in the same way, leading to difficulties in using and understanding social communication, for example interpreting information literally, misrepresentations of what others say and think (Holroyd & Baron-Cohen, 1993). This theory has been hugely influential in autism research over the last thirty years and has permeated the practice of many partitioners within the field (Fletcher- Watson & Happe, 2019). Current research suggests that practitioners should take account of this difference in understanding autistic people and in designing relevant supports (NAIT, 2019).

However, the ToM approach has not been without significant challenge over the years. Some of the testing used in ToM studies, for example the Sally-Anne false belief test, (Baron- Cohen et al., 1985) or the Strange Stories Test (Happe, 1994) showed that some autistic participants were found to pass the tests. More recent studies have shown that ToM does improve in adolescence but not to the level of typically developing peers (Cantio et al., 2018).

Later developments in ToM research saw a re-conceptualisation of the ToM, by some researchers, to the Enactive Mind Hypothesis (Klim et al., 2003) which highlighted the differences in attunement to the social world of typically developing young people compared with the tendency of autistic young people to describe items purely in terms of their physical properties (Rajendran & Mitchell, 2007). This development could be seen as addressing some of the concerns raised by theory of mind critics however it does not appear to account for the wide variety of impact that can be experienced by autistic people.

2.5.2- Executive Dysfunction Theory

A person's executive functions are their ability to plan, organise and sequence thoughts and actions and to control impulses. It is thought that our executive function can affect

our ability to be aware of and understand the passage of time. The executive function is not thought to be domain specific and is considered an umbrella term to describe functional behaviour such as initiating, sustaining, shifting and inhibitions (Rajendran & Mitchell, 2007). Working memory is thought to be an important component of the executive function. This allows us to hold one piece of information in our mind as we think about another. The executive function account has attempted to explain the repetitive and stereotyped behaviours as a symptom of difficulties with higher order control processes such as planning, inhibition, and flexibility (Pennington & Rogers, 1991).

However, researchers have noted that executive deficits are not unique to the autistic spectrum (Hill, 2004). Studies of executive function have not been consistent or replicable in their findings, leaving some researchers concluding that whilst the executive function theory explains many of the features of autism it has limitations in its explanation of differing profiles and uniqueness to autism (Rajendran & Mitchell, 2007; Jones et al., 2018).

2.5.3 - Weak Central Coherence Theory

Our central coherence ability enables us to see 'the big picture', to understand context and to use context to draw meaning. It has been suggested that autistic people tend to focus on the detail rather than the whole context.

Central coherence is identified as having two components, one that draws information together and forms overall meaning and a second that involves the assimilation of context in constructing higher levels of meaning (Vermeulen, 2015). Proponents of the weak central coherence theory note the lack of contextual sensitivity can lead to difficulties in distinguishing important details from those that are incidental (Frith, 2004). The ideology of weak central coherence has been related to 'context blindness' in individuals with autism. Context blindness (Vermeulen, 2015) presents a challenge in

visual, auditory, historical, and social context in making sense of experiences in the moment. It is thought that people with this difficulty cannot respond to more than one stimulus at a time, therefore sometimes missing obvious cues. Furthermore, researchers like Vermeulen purport that the difficulties autistic people have in understanding the mental states of others reflect difficulties in the spontaneous use of context to make appropriate inferences about the cognitions of others (Vermeulen, 2015).

As previously noted, the cognitive theories presented represent only a small portion of the theories of ASD. The overlapping nature of the theories is apparent within the literature, with no one theory being universally accepted (Cantio et al., 2018; Levy, 2007; Rajendran & Mitchell, 2007; Vermeulen, 2015).

2.6 - The Scottish Context

All children with additional support needs in Scotland have the right to additional support within an inclusive education system (Scottish Government, 2022a). Scotland has produced a wide range of policy and legislation to support inclusion and equity in education (Boyle et al., 2017).

2.6.1 - The legislative context

The legislation and associated educational policies places duties and expectations on schools and LAs to deliver a high-quality inclusive education for children and young people with ASN. Figure 1 outlines a diagram of the legislative and policy framework that has influenced Scottish education in the last few decades. Whilst it is out with the scope of this research to consider them all, there are several pieces of legislation that have significantly impacted on the area of inclusion. The Standards in Scotland's School's Act (2000) outlined children and young people's rights to be educated within mainstream education along with their peers. It directs education authorities to give due regard to the views of children and young people in decisions that affect them. The Act

includes a 'presumption of providing mainstream education' for all children with a small number of exceptions. The Additional Support for Learning Act (2004) and its subsequent revision in 2009 created the term 'additional support needs' and placed a legal duty on LAs to identify and continue to meet the needs of children and young people. The legislation widened the range of challenges that children and young people experienced that would be considered to give rise to an additional support need e.g., being care experienced, able children. It also gave parents additional rights to take concerns forward. The legislation implementation was formally reviewed in 2019 in a report published in 2020 (Scottish Government, 2020) which largely concluded that there was a significant 'disconnect' between the aspirations of the legislation and experiences in practice. The report recognised the significant challenges in being able to respond to the needs of children and young people but questioned if those needs were sufficiently recognised at senior management and planning levels.

Figure 1 - Legislative and policy frameworks in Scotland

The Scottish Context - Inclusive Practice

National Improvement Framework (NIF) (2016)

Delivering Excellence and Equity in Scottish Education. A Delivery Plan for Scotland (2016)

Attainment, Equality, Outcomes, Curriculum

Priorities and Drivers

Scottish Attainment Challenge

3 - 18 Curriculum

Getting It Right For Every Child

The Early Years Framework

Health and Social Care Standards: My Support, My Life

Pre-Birth to Three: Positive Outcomes for Scotland's Children and Families

Opportunities for All

Developing the Young Workforce

Mental Health Strategy (2017)

Included Engaged and Involved (Part 1 2007 & Part 2 2017)

Policies, Strategies and Approaches

Inclusive Education Supporting Learners: Experiences Achievements Attainment Outcomes

Legislation

Standards in Schools Act 2000

Accessibility Strategy EDSPER (Scotland) Act 2002

ASL Act 2004 (as amended)

Equality Act 2010

Children and Young People (Scotland) Act 2014

Education (Scotland) Act 2016

Professional Support

Scottish Social Services Council Supporting:
Professional standards for the social services workforce through:
National occupation standards
Registration
Leadership and Management
Post Registration Training and Learning

General Teaching Council for Scotland Supporting:
Professional Standards for:
Registration
Leadership and Management
Career Long Professional Learning
Professional Update
Professional Recognition

National Improvement Hub Supporting:
Information and Support to improve practice and outcomes through:
Self Evaluation - How Good is Our School 4 (HGIOS 4)
Reflective practice
Good practice
Research
Resources

Education Scotland, 2022

In recent years the SG have been working towards bringing the United Nations Convention on the Rights of the Child (UNCRC) within a legislative framework which includes a total of 54 articles (Convention on the rights of the child, 1989). Two articles are particularly relevant in terms of inclusion, Article 23 and 29. Article 23 will place a duty on LAs to ensure that children with disabilities have effective access to education in a manner that is conducive to the child achieving the fullest possible social integration and individual development. Article 29 covers a range of factors including that

education shall be directed to the holistic needs of the child, building their respect for other people and the world around them. This new legislation can be seen as furthering the SG's commitment to an inclusive education system.

A strong policy driver within Scottish education has been the Getting it Right for Every Child (GIRFEC) framework. It is described as the foundation for work with all children and young people (Education Scotland, 2022). The GIRFEC approach is based on a series of values and principles which support children's and parents' rights, and it has been embedded in policy since its inception in 2006. It promotes an individually tailored approach to the provision of support and emphasises the strength of people working collaboratively to meet the diverse needs of children and young people (Scottish Government, 2022a).

In their paper reviewing the policy and legislation development in Scotland, Riddell and Carmichael questioned the extent to which new rights are likely to be realised in practice considering the complexity of the legislation and competition between discourses of needs (Riddell & Carmichael, 2019). The authors concluded that Scottish legislation is unnecessarily complex whilst further suggesting that it could prove to be well-intentioned but ultimately tokenistic. Within the context of extensive LA budget reductions, the implementation of changes in policy and legislation and ultimately practice could appear contradictory to each other.

2.6.2 - Pupil census in Scotland – The scale of ASN

The Pupil Census in Scotland (2019) identified that there was a total of 215,897 pupils in Scotland with additional support needs (ASN) which represented 30.9% of the total pupil school roll. Figures from the census reveal that 200,899 of the 215, 897 total pupils with ASN spend all their time in mainstream classes. The increasing trend of children with additional support needs being educated within inclusive classrooms can be seen in figure 1.

Figure 2 - Recorded ASN trends per year
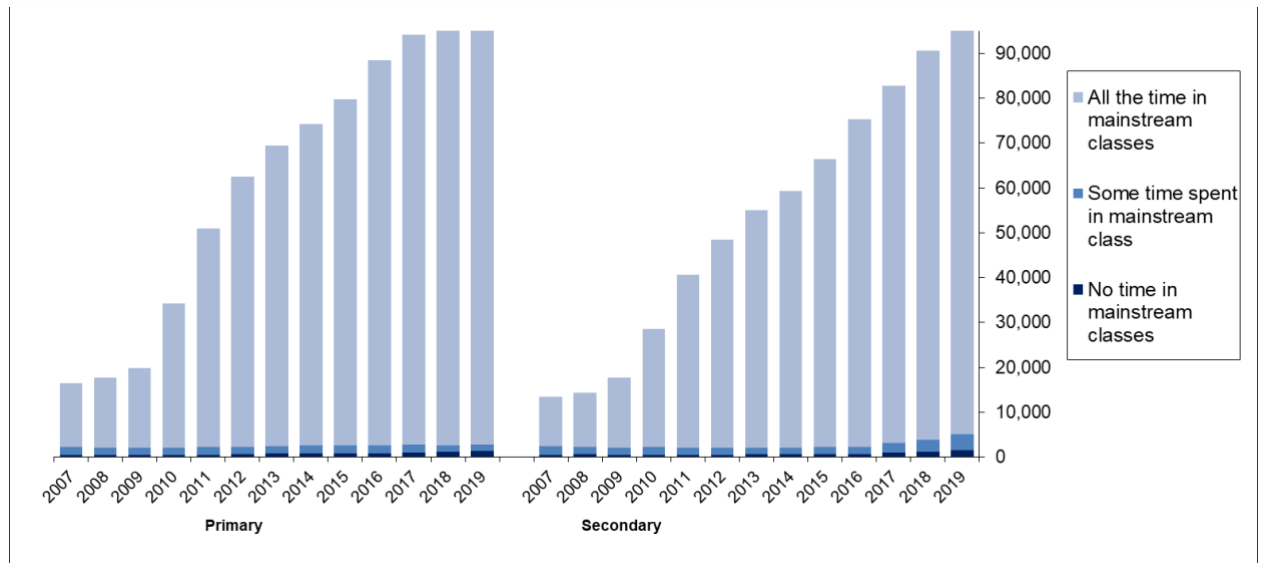
Scottish Government (2019- published 2020b)

The census reported 19,701 children and young people identified as having ASD were being educated in Scottish schools. Of this 4,121 were female and 15,580 are male. This represents 22.1 pupils per 1,000 pupils of the population. These figures do not consider that health boards have long wait times for neurodevelopmental assessment. Most of these pupils are educated within mainstream education. A further 8488 children and young people in Scotland are identified as having communication support needs. The SG note that the numbers of pupils with ASN have increased significantly since 2010 and that there continues to be year on year increases.

This year-on-year increase is evident within the pupil Census in Scotland (Scottish Government, 2020b) which identified 226,838 children and young people with ASN in Scottish schools representing 32.2% of the pupil school roll. The total of children and young people identified with ASD has increased to 21,820 (9.6% of pupils with ASN) of which 22% were female and 78% were male. This represented 31.1 pupils per 1,000

pupils of the population. A further 9850 (4% of pupils with ASN) children and young people were further identified as having communication support needs.

It is likely that at least a portion of the increase in pupil figures are related to improvements in LA recording, a result of the publication of figures, higher diagnostic rates, and higher levels of staff awareness (Frith, 2012; Happé & Frith, 2020; Joon et al., 2021).

2.7 - Social communication difficulties without ASD

As has been noted, one of the primary difficulties within the autistic spectrum disorder is that of social communication. Social communication deficits are also an early indicator of ASD (Anagnostou et al., 2015). Social (pragmatic) communication disorder (SCD) has now been added as a separate disorder in the revisions from DSM-4 to DSM-5 and is considered a separate entity from that of ASD. For children to receive a diagnosis of SCD the following need to be present, persistent difficulties:

· Using verbal and non-verbal communication cues across several contexts e.g., social purposes,
· Matching listeners needs
· Following conversations e.g., storytelling rules
· Interpretating non-literal information.

Whilst many children and young people with ASD would experience similar difficulties to those with SCD (Gibson et al., 2013) the difference from a diagnosis of ASD and a diagnosis of SCD would be around the wider profile of the child/ young person. In addition to significant difficulties with social communication young people with ASD would be expected to exhibit further difficulties with restricted and repetitive behaviours. The signs and symptoms can appear very similarly and indeed can often overlap. Figure 3 shows a diagram of the overlap in difficulties between ASD and SCD.

Figure 3 - The ASD/ SCD overlap (adapted from – www.apiecethatfits.com, n.d.)

ASD

SCD

Restrictive and
repetitive
patterns of
behaviour

Impaired
pragmatic
language

Impaired social
interactions

Characterised by
difficulties in
social language
which include
receptive and
expressive skills
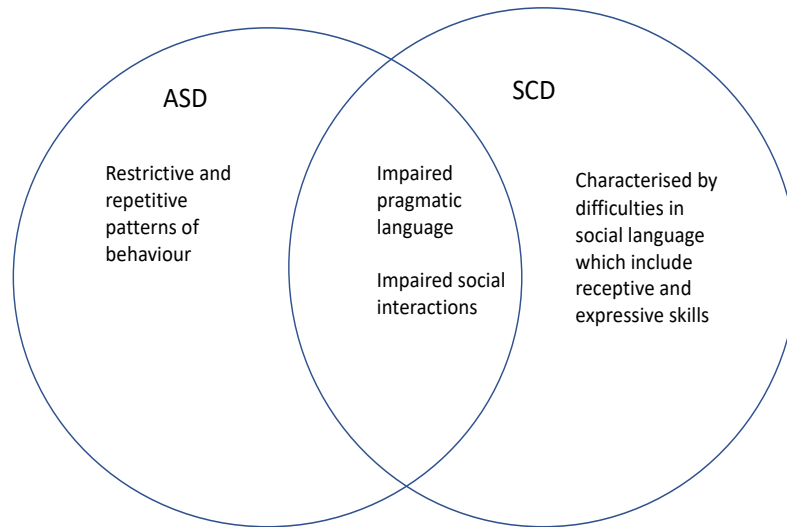
However, some researchers have expressed concern about the validity of the diagnosis of SCD (Miller et al., 2015) and have raised the issue whereby it becomes another 'catch all' for children who do not meet the threshold for ASD diagnosis. This concern has been furthered by researchers who have suggested that pre-school staff can have difficulties in recognising restricted and repetitive behaviours in pre-schoolers but show a higher level of accuracy in identifying difficulties with social interactions within young children with ASD (Nilsson Jobs, 2019). This may suggest that SCD could become a misdiagnosis of ASD.

2.8 - Overview of service provision in Scotland

Policy guidance in Scotland suggests that LAs investigate the provision of supports at a 'universal', 'targeted' and 'specialist' levels (Education Scotland, 2022). Figure 4 shows a pictorial diagram of the three types of supports across the pupil population.

Figure 4 - Universal, targeted and specialist support
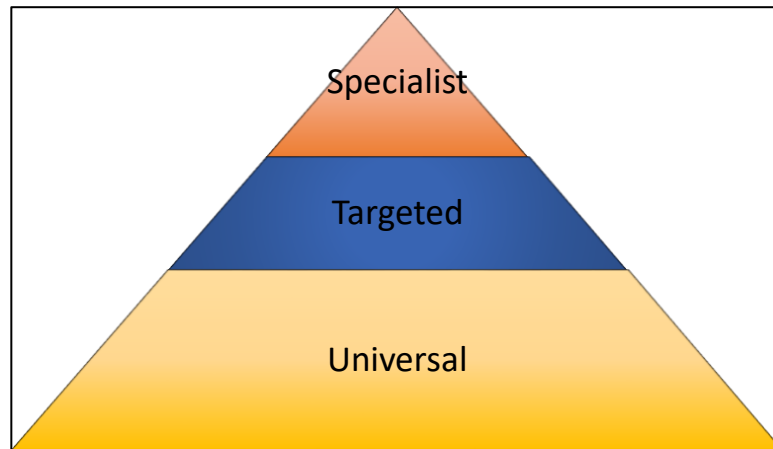
Universal supports have been identified as starting with the ethos, climate and relationships within every learning environment and being the responsibility of all practitioners (Education Scotland, 2022). It is considered that most children and young people's needs are met through universal support. Targeted support refers to any additional or tailored support based on each child's individual circumstances and additional training and expertise of staff is referenced (Education Scotland, 2022). Specialist supports are those whereby a child or young person's needs cannot be met within a mainstream school. A school is identified as a 'special school' whereby its sole purpose is to provide education specifically suited to the additional support needs of pupils. Specialist supports can be provided in a variety of formats from specialist bases within mainstream schools to separate schools for children and young people with severe and complex needs.

With different LAs deciding on the most appropriate form of support for their populations, in line with current government guidance and legislations, there are a variety of practices across Scotland in supporting children with ASD. Many practices would fall within the realms of universal, targeted and specialist supports. However, it is

not often clear or easy to establish how these supports have developed over time, in line with the changing picture of ASN in Scotland, across the 32 LAs. Furthermore, it is not easy to establish how LAs evaluate the impact and outcome of their support services in terms of supporting the inclusion of children and young people with ASD or if indeed they do at all.

2.9 - Not Included, Not engaged, Not involved (Children in Scotland et al., 2018)

The supports received by autistic pupils has been the subject of much debate. In 2018, the Not Included, Not engaged and Not Involved report by three leading autism charities (Children in Scotland, National Autistic Society Scotland, and Scottish Autism) investigated the issues around attendance at school, for children with autism. The study sought to access the views of parents and carers of autistic children who had spent time out of school in the last two years. The overall size of the self-selected sample was not cited in the report as the charities noted that the aim was to gain insight into the experiences of autistic children, rather than gathering a picture of prevalence. The authors noted that they were not claiming that the results were representative of all autistic children in Scotland. The survey resulted in 1,434 responses, in which the charities estimated accounted for 10% of autistic pupils in Scotland at that time. The largest group of respondents within the survey were from parents who attended mainstream education (N=847, 59%), with 251 (18%) attending bases and units attached to mainstream school and 119 (85) parents of children and young people attending special schools.

The study concluded that autistic children are facing significant barriers to accessing their rights to education and support, and these are not isolated problems in that responses were received from every LA area in Scotland. The report highlighted that the frequency of absences and length of time parents identified that children were out of school suggested that the education system was not currently working for all children. The report indicated that this study contributed to growing evidence that the systemic

issues in the provision of education was negatively impacting on outcomes for children with ASN and that the policies and legislation of inclusion and equity were not being realised in practice. The study did not cite the growing body of evidence to which it referred.

Whilst the report identified that the largest number of responses received were from Glasgow, which is the biggest LA in Scotland, it did not identify the numbers received from each LA area. It is difficult for the reader to conclude, without that information, that the findings are fully representative of each individual LA. As with all self-report questionnaires, utilised on their own within a research design, there are recognisable issues around validity i.e., controlling for bias, introspective abilities of participants etc, that are inherent within that design that require due consideration. Furthermore, within the report they did not define what the word 'support' related to. The researchers felt that due to the breadth of supports available they were interested to know what parents would recognise as support. However, in not defining or giving examples of support this could have led to a very narrow interpretation of the word by the survey users e.g., support by an additional person, as well as a failure to recognise other forms of support e.g., differentiation, peer support, prompting supports, as parents are not in the classroom to witness such supports. It would be unlikely that parents would have a full awareness of all types of supports employed within a classroom e.g., teacher training etc. Notwithstanding these considerations the report raises serious concerns around the attendance at school of children and young people with autism and a clear area of development for educators.

2.10 - An ASD outreach model

Studies investigating the utility of an outreach model in supporting classroom teachers is an area of development (Benigno et al., 2019). In her doctoral study Sheppard (Sheppard, 2000) investigated the use of ASD outreach services across England. The aim of the study was to establish the presence of outreach services across England and

Wales via a survey to PEPs (n=153). A return rate of 53% (N= 81) allowed Sheppard to establish that 30% of LAs had an outreach service. A further 24% of returns indicated an emerging or informal service. Sheppard undertook a more detailed analysis of two LAs outreach provisions. The author concludes that specialist outreach services can support as a 'bridge' to inclusion for pupils with ASD. Whilst Sheppard study is of a small scale and reliant on the self-report, it does suggest that AOTs can have a significant role in supporting inclusive practices. It is not clear from the study, the methods of practice utilised within those services and areas of strength or areas of development. Whilst the LAs that utilised the services of an AOT were positive about their impact on inclusion and their effectiveness, it is not clear on what evidence that was based and how the LAs evaluated the outcomes and impact of the services. This study will further Sheppard's work by considering how AOTs can further support 'the bridge to inclusion' through effective practices.

Evaluation with an AOT has the potential to enhance effective practices and build capacity across large numbers of teachers (Smits & Champagne, 2008; Reed, 2019). The team can potentially be supported to bring research into practice via their contact and support of classroom teachers. A well-informed AOT can encourage social learning processes within the very contexts that the pupil learns. But such support also needs to be connected to a wider strategy (Ainscow & Sandill, 2010). One way of achieving this is by utilising service evaluation as a means of a social learning process that influences people's actions and thinking, that then informs future actions. Researchers have suggested that engaging with evidence that supports in the social processes of learning, can help create a space where staff can re-appraise current thinking and practices interrupting existing discourses and looking at future potential developments (Ainscow, Booth & Dyson 2006).

2.11 - The LA context

The LA in which this study was undertaken is in the west coast of Scotland. It has an overall population of 112,610 people which represents 2% of the overall population in Scotland. Within the LA 16% of the population are aged between 0-15 years (compared with 17% nationally) and 14% (compared with 18% nationally) are aged between 16-29 years. The LA has 20, out of a total of 6976 of the most overall deprived data zones in Scotland, making it the 12th highest in Scotland of the 32 LAs.

The LA supports 36 early years centres, 41 primary schools, 8 secondary schools, 2 specialist schools and 6 supported learning centres. It employs 1064.7 teachers and 379.9 support staff (2019/ 2020 data). Schools are asked to identify pupils with ASD on an electronic system which can provide data locally and nationally. Of the 2021/ 2022 school cohort 294 children and young people have been identified as having ASD and being educated within mainstream schools. This is made up of 147 primary children and 147 secondary children. Of the 294 children, 222 are male and 72 are female. The area health board that assesses for and diagnose ASD were currently operating at a 3.5 year wait for assessment, with hundreds of children and young people on a wating list. It is highly likely that the numbers presented are significantly smaller than the numbers of children with ASD within the LA.

Chapter 3 Literature search – Inclusion

Having considered the nature, aetiology, and prevalence of autism in the last chapter, this chapter aims to investigate the key issues for teachers in the implementation of inclusion in mainstream schools. This includes exploring various definitions of inclusion, a consideration of the key features of inclusive practices and an analysis of the existing literature on teachers' self-efficacy in its implementation. In addition, consideration is given to the use of evidence-based practices in schools. Lastly the utility of self-efficacy theory (Bandura, 1977) is considered in supporting inclusive practices.

In reviewing the literature, the overarching aim was to develop a wider understanding of current inclusion literature with a particular focus on the implementation of inclusion. The University's integrated search service SUPrimo which searches both print and electronic library collections including books, journals, databases, theses, and media sources was the first source that was investigated. The following search terms were used:

- School inclusion
- Educational inclusion
- Implementation of inclusion
- Inclusion and *ASD
- Inclusion and *autism
- Inclusion and outreach

In addition, specific databases were investigated for a more in-depth review, these were ERIC, APA PsychInfo, and the British Education Index, using the above search terms.

The 'grey literature' i.e., studies not published in commercial publications were explored via search engines such as Google Scholar, Google, EThOS, EBSCO and Government Websites. Whilst international research was read and considered the researcher had a particular interest in articles which focused on inclusion in Scotland and the United

Kingdom. Articles and books were read that were written in English and that discussed inclusion within mainstream schools.

A forty-year time period covering studies between 1982 to current day was prioritised, when reviewing the search findings, however literature that offered direct information on the implementation of inclusion was read for relevance.

Table 1 - Inclusion literature search

Search term	Results
School inclusion	SUPrimo - 107,596 3 databases – 48, 176
Educational inclusion	SUPrimo - 46, 635 3 databases – 31,320
Implementation of inclusion	SUPrimo - 29,677 3 databases – 6,944
Inclusion and *ASD	SUPrimo - 2,231 3 databases – 1,534
Inclusion and *Autism	SUPrimo – 4,915 3 databases – 4, 364
Inclusion and Additional support needs	SUPrimo – 2,311 3 databases – 795
Inclusion and outreach	SUPrimo – 1897 3 databases – 513
References within references accessed – books, journals, theses, Gov documents	23
Grey literature items reviewed. Websites Articles (including newspaper) Documents	92

Once the database exhausted ten listed pages of articles that appeared unrelated the researcher exited that search. Studies that did not relate to inclusion or its

implementation in schools were not reviewed. One hundred and seventy-four articles, five books, six theses and eighteen websites were reviewed from the various sources.

3.1 - The history of inclusion

During the mid-1800s the first special schools in Britain were established. These were reported to be for upper-and middle-class children with severe hearing or visual impairments (Frederickson & Cline, 2002). The expansion of the special school sector in the early twentieth century was a response to an increase in children perceived to have a 'within-child deficit' of 'handicap' which was thought to impose limitations on their cognitive ability (Frederickson & Clyne, 2002). The establishment of the concept of inclusion arose in the early 1900s where it was intended to replace the posit of integration. Integration concerns the physical placement of children with additional support needs in mainstream school (Allan, 2009). Critics of integration argued that increasing the participation of children in mainstream schools would be a positive development and would pivot school systems towards the changes required in ethos, practice and removing barriers to allow the participation of children with a range of needs (Ainscow, 1995; Allan, 2009). In the 1960s policies for educational segregation came under increasing critique (Hodkinson, 2019) which was supported by the publication of the Warnock Committee report in 1978 which provided, one of the broadest ranging reports in education in reference to children with ASN (Lindsay et al., 2020). The Warnock Report (1978) has been highly influential with respect to national and local policies, practices, and legislation to this day (Department of Education, 1978; Lindsay et al., 2020; Purdy et al., 2020; Szwed, 2007). Not least due to it highlighting the need to educate most pupils in mainstream education. Among a wide range of recommendations, the report provided the foundations for; inclusive practices, early identification and intervention, the rights of parents, prevalence of different types of ASN as well as considering a wide range of research (Lindsay et al., 2020; Purdy et al., 2020).

The inclusion of children in mainstream schools has been a key educational policy in Scotland and in Europe for many years (Ainscow & Sandill, 2011). In 1994 a world conference on Special Needs Education held in Salamanca Spain, now commonly known as the Salamanca Statement (UNESCO 1994), called on governments to endorse and prioritise inclusive educational policy and practice. The Salamanca statement promoted a rights-based, anti-discriminatory stance that challenged different forms of provision for different types of learners (Florian, 2019). The Salamanca statement further provided an educational, social, and economic justification for educational inclusion. This was furthered by the UNESCO International Conference on Education in 2008 which discussed the importance of broadening the concept of inclusion under the premise that all children matter equally and have the right to effective educational experiences (Ainscow et al., 2019).

A major driver of inclusion has been concerns around children's rights being compromised by special education whereby they are segregated from typically developing peers and mainstream curriculum and practices (Lindsay, 2007). This has since been enshrined within both Scottish and UK legislation. However, the rights-based notion of inclusion does not exist within a vacuum (Florian, 2019). Questions around inclusion arose from many areas with teachers lacking in their own confidence to deliver on inclusion within existing resources (Mittler 2000; Hanko 2005). Difficulties with the transformation from premise to practice are reported as widespread (Mitchell 2005; Rix at al 2005; Persson 2006) and studies indicated that the positive effects of inclusion had not been evidenced (Lindsay, 2007). In addition, competing policy demands e.g., raising attainment, league tables, school effectiveness data, often detracts from the social inclusion agenda and were argued to be actively contributing to inequality (Gillbourn & Youdell 2000; Ball 2000). Furthermore, a global monitoring report showed that despite some improvements, 58 million children were out of school globally and around 100 million did not complete a primary stage education (UNESCO, 2015). The report concludes that inequity in education has increased with the gap between the richest and poorest widening.

3.2 - Definition and context of inclusion

A review of the literature reveals that there is not yet, an accepted definition of what inclusion means (Nilhom & Goransson, 2017). Inclusion and inclusive education are seldom explicitly defined (Buli-Holmberg et al., 2022). This is pertinent to researchers in this field, as it is within the definition that the parameters of what the concept looks like in practice, are identified. It is acknowledged that defining inclusion can be challenging due to it often being highly context specific as well as heavily influenced by the availability and accessibility of resources (Riddell &Weedon, 2014). A review of the research reveals that over the years researchers have moved away from discussions on physical placements to conceptual definitions of instructional practices and meaningful social integration (Dyson & Milward, 1999; Booth & Ainscow, 1998; Love & Horn, 2021). When considering inclusion as a practitioner it could be suggested that any young person could attend their local school, despite experiencing ASN, and that school will adapt to meet the young person's needs. One may envisage that the young person will be fully involved within the life and practice of the school. Whilst some could argue that this may be idealistic in nature, the concept that all young people living within a locality being welcomed, embraced, and supported remains an honourable goal within an education system. However, whilst in Scotland the policy of inclusion is apparent, there is diversity of practice in how it is implemented. It could be argued that practical guidance has not developed alongside the ideology and that contextual barriers continue to negatively impact on progress in inclusive practice (Nilholm, 2020; Qvortrup & Qvortrup, 2018).

A range of definitions of inclusion have been developed over the years, for example Rafferty et al. identified that inclusion was:

"The process of educating children with disabilities in the regular education classrooms of their neighbourhood schools – the schools they would attend if they did not have a

disability and providing them with the necessary services and support." (Rafferty et al., 2001, p.266)

The UNESCO (2008) definition states that inclusive education is:

"An ongoing process aimed at offering quality education for all while respecting diversity and the different needs and abilities, characteristics and learning expectations of the students and communities, eliminating all forms of discrimination" (UNESCO, 2008, p.3)

More recently researchers have argued for a more dynamic definition of inclusion that focuses on the supports and social opportunities required to facilitate effective participation (Love & Horn, 2021).

"Inclusion is a locally defined, flexible, and individualised process based on the needs of the children and families being served" (Schwartz et al., 2002, p.205)

In their review of the inclusion literature between 2004 and 2012, Goransson and Nilholm (2014) noted that most reviews of inclusive education overlooked the fundamental differences in definitions of inclusion, especially those relating to the goals to be attained. Goransson and Nilholm identified four different categories of inclusion definitions:

1. Physical placement definitions e.g., special schools, mainstream classrooms
2. Specified individualised definitions e.g., meeting the academic and social need of pupils with special supports.
3. General individualised definitions e.g., inclusion meeting the social and academic needs of all pupils.
4. Community definition e.g., inclusion as the creation of communities with certain characteristics.

More recently Hilholm and Goransson (2017) noted that definitions of inclusion continue to lack conceptual clarity, impacting on research findings, concerning attitudes to inclusion and the effectiveness of inclusive practices.

3.3 – Moving forward – The inclusion confusion

As noted previously a review of the literature reveals the lack of consensus of the definition of inclusion. For the purposes of this research the researcher has decided to promote a general individualised definition of inclusion. Goransson & Nilholm (2014) characterise this as, inclusion meeting the social and academic needs of all students in that all students take part in the lessons, receive individualised support to achieve their learning goals and benefit from instruction within mainstream classrooms. It is fair to say that more than twenty years later there is still a level of uncertainty about how that ambition can be fully realised at the level of classroom practice. Researchers have reflected that this is at least in part since there is not a universally agreed definition across schools, systems, countries or internationally (Nilholm, 2021; Qvortrup & Qvortrup, 2018).

The researcher suggests a definition of inclusion whereby:

Inclusion is where children and young people are welcomed to attend their local mainstream school, receive effective tailored support to meet individual pupils' needs, where required, are fully involved so that they are connected and participating within the life of the school and whereby the school itself is growing, adapting, and evolving to meet all their pupils' holistic needs and children and young people achieve their potential.

Notwithstanding that there is not a universally agreed definition of inclusion, researchers such as Pellicano, Bolte and Stahmer (2018) argue that a theoretical argument around the definition of inclusion must not delay educationalists in making progress towards it, as they suggest that making progress towards inclusion is urgent. Instead, they argue that

we need to encourage more schools and education systems to innovate right away (Pellicano et al., 2018). In their editorial piece named 'The current illusion of educational inclusion' they stress that whilst the goal of educational inclusion is often clearly stated, most countries are failing to include autistic pupils effectively by any reasonable definition of the term. The authors purport that the premise of inclusion is significantly more advanced than that of attitudes and practice throughout the world. The authors cite poor psychosocial outcomes, a questionable degree and nature of inclusion, high instances of bullying from peers and teachers and reports of restraint and segregation (Pellicano et al., 2018). However, without a universally agreed definition of what inclusion is, it is then more difficult for schools to identify a clear path for improvement, create appropriate measurement in which they can align themselves, identify best practice and guide and support other practitioners in their developments.

When considering that there is not yet a universally accepted definition of inclusion, it is important to consider the implications of that position in relation to practice including the gap between research and its application in practice (Boyd et al., 2021; Odom et al., 2011). A definition is a statement that captures the meaning, use, function and the essence of a term or concept. Teachers are being asked to implement a complex and difficult concept, that is also not clearly defined. This must surely make that task a more difficult one. A definition expresses the essential nature of something, it creates value beyond its intended purpose of describing something effectively. In having a universally accepted definition, researchers and practitioners can develop a common understanding, which offers the opportunity to encourage people to be on the 'same page'. Good definitions are valuable assets. They allow us to assess situations, have more meaningful conversations and possibly make better decisions. In contrast, imprecise definitions, or a multitude of definitions from an extensive range of perspectives make it difficult to even agree the nature of what we are talking about. Conversations are more likely to be cyclical and progress can be limited.

3.4 - Inclusive practices – the key features of inclusion

In the absence of a universally agreed definition of inclusion, it is helpful to identify the key features of inclusive practices. In 2019 the SG (Scottish Government, 2019) set out to identify the key features in order that inclusion can be enhanced and developed within Scotland's 32 LAs. The SG identified these as: present, participating, achieving, and supported. The SG suggests that together these four features support the delivery of inclusive learning environments and that they can be used to set expectations and evaluate inclusive practice within educational provisions. It could be argued that these broad concepts could be further developed to outline 'the how to' of implementing inclusion i.e., how might present and participating be maximised with children with ASN in mainstream classes.

To support in the conceptualisation of inclusion, the Division for Early Childhood, and the National Association for the Education of Young Children (2009) furthered the UNESCO framework by highlighting the need for access to a wide variety of learning opportunities whilst providing individualised modifications. They also stressed the need for system level support for classroom teachers e.g., high quality professional learning. The references to wide varieties of support, an individualised curriculum and system level supports is a reminder to practitioners of the scope and scale of an inclusive curriculum at the level of the child, the class/ school and at the level of the LA (McLinden & McCracken, 2016). A reminder that inclusion requires to be supported throughout the system and does not lie solely at the level of individual teachers (McMahon et al., 2016).

A more recent review of the literature noted that the research reviewed, identified several key components of effective inclusive schools:
1. A clear vision that focuses on all children involving support from a range of school personnel.
2. All children being valued and educated together

3. A range of support for both children and teachers
4. Collaborative team approaches
5. High quality instruction using evidence-based practices utilised flexibly
6. Shared decision making and supportive leadership
7. A focus on high quality professional development

<div align="right">(Qvortrup & Qvortrup, 2018)</div>

From their review of the literature, more than twenty years after the Salamanca Statement, further key concepts have been added to the original features of inclusive practice identified within the framework. The argument that highly effective teaching pedagogy i.e., the method and practice of teaching, is key in the implementation of inclusive practices is one that is strongly represented in the inclusion research (Van Mieghem et al., 2020). Mitchell (2020) conducted a meta-analysis of over 2000 research articles on teaching students with ASN at both primary and secondary level, with the results showing that most effective teaching methodologies and strategies are those that are effective in mainstream education and that they did not require to be strategies solely for students with ASN.

Whilst not explicitly mentioned, the reference to a range of supports being on offer and high-quality instruction suggests the importance of appropriate differentiation of teaching, programs of work, assessments, and interventions as being key to the implementation of inclusion (Malinen et al., 2013; Warren et al., 2021). This is referenced in the National Association for the Education of Young Children (2009) as "individualised modifications to facilitate participation". In their review of the literature, Schwab et al., (2022) highlight the differences between a universal design and that of a differentiated instruction approach which involves providing different levels or instructional techniques for individual students. The research found that while teachers were using inclusive practices there was significant room for improvement with teachers struggling to implement classroom differentiation. In addition, teachers with a more positive attitude towards inclusion, tended to differentiate the curriculum more.

However, the research was conducted using a self-developed scale for completion by young people. It was found that young people within the same class perceived the same teaching practices very differently, and it was not clear what the young people's knowledge was of effective inclusive practices or how they conceptualised the items presented within the scale. The notion of measuring children's voices in the implementation of inclusion remains a laudable activity likely to have a high applied value within the field. In reviewing the research in this area, the researcher would argue that this is an area that would benefit from future study.

One area highlighted within the Schwab et al., (2022) research and another likely key feature of effective inclusive practice is positive attitudes and beliefs held by school-based staff towards inclusion (Gómez-Marí et al., 2022; Knauder & Koschmieder, 2019; MacFarlane & Woolfson, 2013; Savolainen et al., 2012; Wilson et al., 2022). Research has highlighted that teacher attitudes can act as a mediating variable that can impact positively or negatively on the implementation of inclusion (Chung, 2015; Heyder et al., 2020; Lindblom et al., 2020; Sharma, Aiello, et al., 2018). Studies have noted a positive and significant relationship between teachers' attitudes and self-efficacy beliefs (Martin et al., 2021).

The professional development of teachers is a key theme throughout the inclusion literature (Ainscow & San-dill, 2010; Beaton et al., 2021; Love & Horn, 2021; McDougal et al., 2020; Monique & Sheila, 2020). Teachers who viewed they were sufficiently resourced to implement inclusion have been found to be significantly more positive about inclusion than those who did not (Leonard & Smyth, 2020). In considering how best to support teachers professional learning around inclusion, Beaton et al. (2021) argued that traditional approaches to professional learning i.e., discrete courses, may not be effective in supporting teachers or pupils with inclusive practices. They highlighted the complex and multifaceted professional dilemmas that arose regularly for teachers, around the implementation of inclusion. Dilemmas in which teachers often do not feel equipped to provide high-quality inclusive education. They

recommended that the responses to the issues surrounding the inclusion of pupils in mainstream education needs to acknowledge the complexity of those issues. The researchers argue that context-specific, collaborative, and inter-professional learning which supports teachers to develop diverse inclusive practices, is likely to be more sustainable and effective. This would support the ideology that an AOT are indeed well placed to support class teachers with the implementation of inclusion. However, a review of the literature reveals that much of the research in this area is based around a small to moderate number of participants and is largely based on self-report methodologies. The issues in terms of the validity and generalisability of small to medium sized self-report data studies are limiting factors within this field.

3.5 - Evidence-based practices in supporting inclusion

In recent years, researchers have highlighted the importance that the interventions used with children and young people have empirical evidence of efficacy, which then increases the likelihood of them having a positive effect (Hume et al., 2021; Melgarejo et al., 2020; Steinbrenner et al., 2022; Wong et al., 2015). Evidence-based practices (EBP) have been highlighted as a key feature of inclusive practice (Qvortrup & Qvortrup, 2018). It is believed that EBP emerged from the discipline of medicine (Sam & Hume, 2019). EBP are practices which high quality research has demonstrated are effective (Wong et al., 2015). They are often viewed as the 'gold standard' of interventions as they have been subjected to prescribed and rigorous standards in order that they achieve that status (Hume et al., 2021). In the 1990's the American Psychological Association established a criterion quantifying the amount and type of evidence needed for practices to be considered as evidence based (Chambless et al.,1996).

In describing an evidence-based intervention Wong et al. (2015) noted that:

" a practice is considered evidence-based if it was supported by: (a) two high quality experimental or quasi-experimental design studies conducted by two different research groups, or (b) five high quality single case design studies conducted by three different research groups and involving a total of 20 participants across studies, or (c) a combination of research designs that must include at least one high quality experimental/quasi-experimental design, three high quality single case designs, and be conducted by more than one researcher or research group." (Wong et al., 2015, p.6)

A review of the ASD treatment literature indicates two broad approaches to supporting autistic children and young people, namely comprehensive treatment models (CTM) and specific focused interventions. Wong et al. (2015) identify that CTMs are a set of practices organised around a conceptual framework and are often designed to achieve broad learning or develop impact around the core deficits of ASD. Focused interventions are often designed to address a single skill or goal of a child or young person with ASD (Odom, 2010). Focused interventions are often defined in practical terms, address specific goals or targets, and tend to occur over a shorter period than a CTM. An approach like applied behavioural analysis (ABA) may well be deemed a CTM with several focused interventions that can be utilised e.g., prompting, time delay (Shi et al., 2021). Sam and Hume (2019) identify several key benefits of focused interventions with pupils with ASD. Firstly, they identify that they often address specific outcomes and goals and teachers can then align focused interventions directly with pupil's needs and goals. They can also be matched to available resources and interventions that have been trialled in the past and can be selected based on the practicalities and perceived self-efficacy of implementation.

The National Development Centre (NPDC) on ASD reviewed the literature to determine which interventions met the criteria for EBP (Wong et al., 2016). This followed on from a study by Odom et al. (2010) which reviewed the academic literature from 1997 until 2007. Wong extended this initial review to 2007 to 2012. The review included articles that had been peer reviewed, written in English and that tested the efficacy of focused

intervention practices. The researchers utilised a conceptual framework using participants, interventions, comparison, and outcomes study design (PICOS). However, only articles that outlined interventions that could practically be implemented in typical educational, clinical, home or community settings were included in the review. Furthermore, studies had to generate developmental, behavioural, or academic outcomes to be considered. This means that interventions not meeting this direct criterion were not considered.

From their systematic review of the literature Wong et.al (2015) identified 456 articles, from an initial identification of 29,105, which related to 27 interventions with young people aged under the age of 22, that met the criteria for being evidence based. The findings identified that foundational practices commonly found in such approaches as ABA were commonly found in EBP. These foundational practices included such aspects as visual supports, task analysis, prompting, reinforcement, and time delay. The researchers found that these foundational practices often set the framework of core supports for students on the autistic spectrum. ABA however has been the subject of much debate (McGill & Robinson, 2020). Critics have suggested that it is based on a limited set of conceptual approaches from behaviourism and that it seeks to focus purely on the behaviour without seeking to understand its function (Kirkham, 2017; Leaf et al., 2022). In addition, the behaviours that are selected and reinforced as socially important are often chosen by others as opposed to the autistic person themselves (McGill & Robinson, 2020).

When considering the educational utility of interventions which take account of contextual factors, Bond et al. (2016) completed a systematic review of the literature focusing particularly on studies which provided a stronger weighting to evidence developed within school contexts. The review yielded 6,232 articles across 20 databases identifying what they believed were the 85 most evidence-based interventions. 59% of these interventions were undertaken with or by school-based staff. Researchers categorised the interventions according to the levels of evidence provided. The study

found that interventions with the strongest evidence base tended to focus on younger children and the core difficulties associated with ASD. This finding has been replicated by other researchers in this field (Parsons, 2009; Wong et al., 2015; Sam et al., 2020). It could be argued however that the additional scoring added for the studies being part of a randomised control trial (RCT) or having a control group, created a bias towards quantitative as opposed to qualitative research methodologies. The study identified emerging trends such as a growing evidence base for technology based and peer mediated interventions. The researchers purport those measurements of educational utility in analysing research offer a greater potential to bridge the gap between research and practice.

Furthermore, Alresheed et al. (2018) investigated single-case intervention research that targeted academic and other related skills in school settings for autistic pupils. 54 studies from 1995 to 2014 met the study's inclusion criteria. This research identified that the interventions with the strongest evidence base were technology-based intervention, prompting, visual support and time delay. The researcher concluded that:

"*The development and evaluation of academic interventions in classrooms may lead to a better contextual fit of such interventions* ". (*Alresheed et al., 2018, p.313*)

In considering the utility of evidence-based practices on attainment, Sam et al. (2020) sought to link evidence-based practices and educational and social attainment. The study involved both a treatment and control group so that results could be cross referenced. The researchers provided initial training to both groups but further coaching and feedback to only the treatment group. Staff were signposted to the NPDC list of 27 evidence-based interventions and training and support (Wong et al., 2015). Goal attainment scaling (GAS – Kiresuk and Sherman, 1968) was used as a vehicle to link the assessment to appropriate evidence-based practices as well as then assessing the impact. The study found that teachers in the treatment group reported using significantly more EBP's and implemented the EBP's with greater fidelity than those within the control

group. Furthermore, young people in the treatment group achieved significantly higher achievement of their attainment goals.

3.6 - The problem with measuring inclusion

The notion of how inclusion might indeed be measured is something that has been considered widely within the literature (Knickenberg et al., 2020; Loreman, 2014; Roose et al., 2019; Sabando et al., 2019; Scheer et al., 2020; Sharma, Jitoko, et al., 2018). The consensus remains that inclusion is a multi-factorial concept that is not only difficult to identify but also difficult to measure. Many researchers looking at measuring inclusion do so through assessments such as parental and teacher report questionnaires or school-based inventories (Booth, 2011; Forlin, 2011; Monsen et al., 2015; Sharma & Jacobs, 2016; Sharma et al., 2012; Sanchez et al., 2021). Fewer studies have investigated young people's views of inclusion as a tool of measuring its efficacy. The use of questionnaires and school-based inventories which focus on various aspects of inclusion are helpful to practitioners in supporting self-evaluation and highlighting some of the many aspects of inclusive practice.

However, the difficulty in measuring inclusion not only lies in the fact that it is a multi-factorial concept but often that the implementation of inclusion is a gradual and continual process. It involves schools continually adapting to pupil needs, staff insight, self-evaluation, effective assessment, a knowledge of effective interventions, adaptation of the curriculum, an applied knowledge of systems such as differentiation, and the application of effective pedagogy (Hernandez-Torrano et al., 2022). It would be unlikely that one self-report scale would be able to capture all the aspects of inclusion (Loreman, 2014). This is an area of future research that would also support practitioners in the implementation of inclusion.

3.7 - Teacher Self Efficacy

Teachers are key personnel in the implementation of inclusive education (de Boer et al., 2011; Gómez-marí et al., 2022; Roberts & Simpson, 2016; Roberts & Webster, 2020; Rodden, 2019). In reviewing the literature, the importance of teacher self-efficacy (TSE) is clear. Self-efficacy beliefs are understood as 'the perceived ability in oneself in respect to achieving identified outcomes' (Bandura, 1997). Research has linked TSE to the effectiveness of teaching and to education as a whole (Eliophotou Menon & Lefteri, 2021; Franziska, 2016; Hellmich et al., 2019; Malinen et al., 2013; Savolainen et al., 2020) making it a pertinent concept for practitioners considering how best to support inclusive practices. Indeed, in their review of forty years of TSE research Zee and Koomen (2016) identified that TSE can be positively linked to student academic adjustment, patterns of teacher behaviour and practices related to classroom quality, as well as factors that contributed to teacher well-being.

Albert Bandura (1977) is credited with drawing attention to the concept of self-efficacy and its links to the achievement of individual or collective goals. Bandura (1977) argues that people's beliefs in their abilities to successfully produce specific actions is a key driver in an individual's motivation and persistence within a given task (Zee & Koomen, 2016). For Bandura self-efficacy is deemed one of the most important causes of human behaviour. Indeed, research has indicated that self-efficacy is one of the most robust predictors of behaviour (Knauder & Koschmieder, 2019) making it an important construct for all researchers considering behavioural change.

3.7.1 - Self-Efficacy Theory

A person's self-efficacy is suggested to be situated early in a causal chain of factors that aim to explain and determine behaviour (Bandura, 1977). Self-efficacy theory proposes that a person's perceived self-efficacy influences their behaviour when faced with challenging situations, as well as determining the effort an individual will engage in to

attain their goals (Eliophotou Menon & Lefteri, 2021). The theory distinguishes between an individual's motivation to perform a given behaviour, based on their expectations of their own efficacy in performing the behaviour, and the response-outcome that they would expect to receive i.e., the persons estimate of the outcomes a particular behaviour will lead to. Thus, within his theory, Bandura suggests that self-efficacy and outcome expectancy are conceptually distinct. However, self-efficacy is likely to have a causal influence on outcome expectancy, particularly when there are close links between undertaking the behaviour and potential positive outcomes of the behaviour (Bandura, 1997; Franziska, 2016).

Bandura (1977, p.95) described four main sources of influence by which a teacher self-efficacy can be developed and maintained:

1. From performance accomplishments or mastery experiences - learning from past experiences i.e., performed the task well in the past.
2. Vicarious experiences – the development of self-efficacy by watching people you relate to accomplish something you might like to try.
3. Verbal or social persuasion – being assured and convinced that you can master a task through encouragement.
4. Physiological, somatic, or emotional states feedback – being either positively or negatively influenced by your body signals, on how someone feels towards something.

Research has indicated that mastery experiences or personal accomplishments have the strongest impact on TSE (Franziska, 2016; Malinen et al., 2013). This is particularly pertinent when considering the application of inclusion within mainstream schools. It would suggest that if teachers are adequately supported to positively implement inclusion and experience success, then this will support teachers towards positive self-efficacy. However, some research has indicated that it is often more experienced teachers that display more negative attitudes towards inclusion with younger teachers being more positive (Yan & Sin, 2014). Furthermore, research has indicated that merely

receiving information is not in itself sufficient for changing efficacy beliefs. Bandura highlights the importance of the involvement of cognitive processing and reflective thinking (Bandura, 1997). This would support the case for an efficient AOT to assist teachers in developing mastery whilst encouraging cognitive processing and reflective thinking. It could be argued, that where appropriate support is given and teachers experience success then more positive attitudes towards inclusion may develop (Opoku et al., 2021). This is suggested by research which has found that both attitude and knowledge are effective predictors of adaptive instruction in inclusive classrooms (Yan & Sin, 2014). Indeed, research has suggested that where teachers are empowered to realise their capacity and develop positive attitudes towards individualised pupil support, this is effective in increasing the practice of individualised student support (Knauder & Koschmieder, 2019). However, critics of self-efficacy theory have suggested that it does not adequately account for the social context, is difficult to distinguish from self-concept within outcome expectancy, does not consider hierarchical or multi-dimensional aspects and has a tentative link with future behaviour (Marsh et al., 2018). Furthermore, some researchers have questioned the contribution of resources, evaluation and direct support on self-efficacy and behaviour (Vancouver, 2012).

In utilising self-efficacy theory, researchers can utilise both the sources of self-efficacy and the mechanisms through which they influence behaviour to design interventions. Four approaches can be taken to increase an individual's self-efficacy:

1. Master tasks – set goals and build on them
2. Model the desired behaviour – find role models to observe who have a high self-efficacy in a target area
3. Social persuasion – finding mentors or coaches who will work with individuals to build self-efficacy
4. Improving an individual's emotional state – support individuals to interpret signals positively.

Summary

This chapter considered the history of inclusion, the variety of definitions of inclusion and the potential impact of not having a mutually agreed definition. It has considered the key features of inclusive practices that LAs looking to enhance inclusive practices may consider. It could be argued that they key features of inclusive practice need to be more closely linked to both policy and practice within LAs moving forward. It has also highlighted the importance of EBPs in supporting effective inclusive practices. It has considered some of the potential methodologies for measuring inclusion and has identified some of the difficulties. It then highlighted the importance of TSE and self-efficacy theory in supporting the enhancement of inclusive practices. In chapter 4 the school-based transitions literature will be considered including the potential impact on pupils with ASD.

Chapter 4 Transitions

Chapter 2 considered the nature of autism and chapter 3 the development of inclusion and implementation of inclusive practice within mainstream schools. This chapter considers the literature around school transitions, with a focus on the transitions of autistic pupils in mainstream school. Whilst there are many transitions in one day for autistic pupils, for example, moving between curricular areas, moving areas within a classroom or from home to school, this chapter will focus on one of the largest transitions faced by pupils of moving between schools e.g., primary to secondary school. The transition between pre-school and primary school and primary school and secondary school are particularly significant for autistic children (Makin et al., 2017; Mandy, Murin, Baykaner, Staunton, Hellriegel, et al., 2016; Peters & Brooks, 2016; Yazici & Akman, 2020).

In reviewing the transitions literature, the overarching aim was to develop a more in-depth understanding of the current literature around school transitions. The University's integrated search service SUPrimo which searches both print and electronic library collections including books, journals, databases, theses, and media sources was the first source that was investigated. The following search terms were used:

- School transitions
- Nursery to primary and school transition
- Primary to secondary and school transition
- Transitions and *ASD
- Transition and *autism
- Transition and additional support needs

The 'grey literature' i.e., studies not published in commercial publications were explored via search engines such as Google Scholar, Google, EThOS, EBSCO and Government Websites. Whilst international research was read and considered the researcher had a particular interest in articles which focused on transition in Scotland and the United

Kingdom. Articles and books were read that were written in English and that discussed transition within schools.

A forty-year time period covering studies between 1982 to current day was prioritised, when reviewing the searches, however literature that offered direct information on the school transitions was viewed for relevance.

Table 2 - Transition Literature Search

Search term	Results
School transitions	SUPrimo – 223,340 3 databases – 54,059
Nursery to primary and school transition	SUPrimo - 70 3 databases – 8
Primary to secondary and school transition	SUPrimo – 3,724 3 databases – 597
School transition and *ASD	SUPrimo - 675 3 databases – 260
School transition and *autism	SUPrimo – 1578 3 databases – 581
School transition and additional support needs	SUPrimo – 605 3 databases – 457
References within references accessed – books, journals, theses, Gov documents	11
Grey literature items reviewed. Websites Articles (including newspaper) Documents	17

Once the database exhausted ten listed pages of articles that appeared unrelated the researcher exited that search. Studies that did not relate to school transitions were not reviewed. One hundred and ninety-eight journal articles, six books and two theses and fourteen websites were reviewed.

4.1 - School-based transitions

Transitions between schools in particular are thought to be a significant life event (Zeedyk et al., 2003; Hopwood, 2016). Jindal-Snape (2016) defines transition as:

"The ongoing psychological, social and educational adaptations due to moving between, and within, schools."

(Jindal-Snape, 2021, p.2)

The transition between schools often involves new social, practical, and academic demands that many pupils can find challenging (Hopwood et al., 2016). Transitioning between schools is not simply about starting at a new school, rather the wider changes in a young person's life including those that happen at key developmental stages. The primary to secondary transition coincides with a significant period of developmental change for young people i.e., puberty. Therefore, children and young people can be simultaneously undergoing changes in their physical and emotional development. Research evidence in the past 35 years has identified that children's achievements can slow or even decline during transitions between schools (Hopwood et al., 2016). Indeed, in their systematic literature review for the Scottish Government, Jindal-Snape et al., (2019) identified evidence indicating that pupils' educational and well-being outcomes declined after primary to secondary transition although the researchers did not conclude that this was as a direct result of the transition. The literature shows that school transitions can be linked to a decline in; attainment (Jindal-Snape et al., 2019; Jindal-Snape, 2021); wellbeing (Evans et al., 2010; Hannah & Topping, 2012; Jindal-Snape et al., 2019; Neal et al., 2016; Vaz et al., 2015); engagement (Jindal-Snape et al., 2019); motivation (Jindal-Snape et al., 2019); attendance (Crouch et al., 2014; De Wit et al., 2010) and peer affiliation (Bagnall et al., 2020). School transition can also bring about feelings of anxiety and loss (Bagnall et al., 2020). For many pupils' transitions are not just about a new environment but about adapting to new ways of thinking, different

people and expectations, different teaching styles and different peers. A pupil's ability to manage these changes will impact on how they feel about school and their progress (Hopwood et al., 2016). This is often amplified with autistic children who often already find aspects of change difficult (Makin et al., 2017).

4.2 - Theories of transition

To provide a brief overview of the theoretical landscape when contemplating school transitions, the researcher has noted some key theories in Table 1. The idea was not to provide an exhaustive list or significant detail on each theory but to consider the nature of potential theories that can relate to transitions, and to identify a helpful theoretical framework for extending the work of the AOT around transition. It is noted not all researchers in each area have been identified, and not all aspects of each theory. Some pertinent theories may not be present in the table. Further the overlapping and often inter-connecting aspects of each theory is evident i.e., commonalities across theoretical frameworks.

Table 3 - Key theories in understanding transitions

Explanatory theories of transitions	Key areas covered	Areas to which it lends support	Potential considerations
Bio-ecological theory Bronfenbrenner and Morris (2006)	Ecological transitions occur as a person's position within the environment is altered because of a change of setting.	Promotes focus on the varied contexts in which people exist and the interactions of these contexts. Prompts attention to the relationships and interactions.	It has been argued the theory does not account for the diversity of children's lives or inform long term trajectory (Petriwskyj, 2014). Locating the child at the centre does not necessarily reflect the systems priorities and contexts, social constructs and power relations (Perry et al., 2014).
Sociocultural theories Corsaro et al. (2002)	Links human thoughts and action to social and cultural elements. Frames transition as a process of interactions between people and involvement in activities results in children's participation in sociocultural activities. Takes account of both the influence of the cultural context and the impact of children's participation.	Regards transitions as collectively produced and shared with significant others. Argues against models of transition that focus on individual variables. Focuses on children's development of mastery and culturally valued actions. Values the contributions of adults and peers. Emphasises the role of adults and peers.	Gives less consideration to areas such as the influence of peers and an individual's own cognitive resources. The importance of tailored and individual transitions are not considered (Hussey & Smithy, 2010).
Biosocial theories Rutter (2000)	Recognises biological and social phenomena as determinants of human development. Identify individual differences in terms of risk and protective factors. Considers the effects of moderators.	Notes the importance of wellbeing across the life course and across generations. Considers the variables involved in transition and their interaction. Considers the impact of genetic and physiological factors.	The variance of individual difference may benefit from further exploration. The causal influences and relationships between risk and protective factors have been criticised (Boyle & King, 2021).
Positive psychology theories Seligman (2019)	Focuses on positive adaptation to change. Consideration of wellbeing, positive outcomes, and character strengths. The impact of systems e.g., family, school and community are considered.	Supports in the identification of positive coping strategies and problem-solving approaches. Supports in the identification of the need to develop and maintain supportive relationships.	It could be argued that this theory fails to consider the complexity and impact of school transitions. May benefit from more consideration of contextual factors such as impact of varying environments and pedagogical approaches.

Critical theories McLaren (2007)	Draw attention to the unequal distribution of power and structural factors that can impact on outcomes. Represents social behaviour as being organised around the family and community.	Applied to transition implies attention to rights, a social model rather than a medical model of diversity (Petriwskyj, 2014). Seeing knowledge in context highlights how social structural factors shape meaning, experiences and practice. Seeks to identify more socially just alternatives to transition practices for less advantaged communities.	Within an inclusive transition system, the voices of teachers, families and communities and children are important sources of information (Petriwskyj, 2014).
Stage-environment fit theory Eccles and Midgley (1989)	Considers the stage of the child's development at the point of transition and the 'fit' of the new environment the young person is transitioning to.	Considers the characteristics of early adolescent psychology and changes between pre and post transition school environments on separate continuums. Interactions between the continuums are compared across transition. The change in quality of these interactions affect the overall 'fit' between adolescents and the school environment.	The model examines relationships between only a handful of predetermined variables with little being known about the interactions that influence engagement (Symonds & Hargreaves, 2016). Some theorists would question the notion of 'readiness' for school (Petriwskyj, 2014).
Multiple and Multi-dimensional Transitions Theory (MMT) Jindal-Snape (2016)	Considers an ecological system theory approach to highlight the multiple layers of transitions and interactions and the interdependent variables associated with school transitions. Emphasises the evolving nature of transitions.	Considers the complexity of school transitions and the impact of the inter-dependant variables. Encourages the use of a variety of interventions to support and enhance transitions.	As a 'new' theory for transition it would be beneficial to consider the aspects of application to practice. How transition can be supported effectively for all children and young people may be an area of future work and progression for this theory.
Life course theory (Elder,1996)	Closely related to the ecological approach. Understands human development as a multi-level phenomenon. Emphasises that human development cannot be detached from history. People who inhabit different time periods can experience the same event in different ways. Has a focus on the chronosystem to explain the different experiences of parents and children. Embraces the concept of linked lives.	Accords significance to the active role of individuals as they influence and are influenced by their context. Draws attention to the impact of changing societies. The transition to school can be explored by focusing on overlapping and intersecting context of children's experiences. Support the exploration of risk and protective factors. Examines how risk factors in school transitions accumulate over a long period of time and the impact of that.	It has been argued that life course theory fails to adequately link the micro-world of the individual and family to that of the macro world i.e., social institutions and formal organisations and to fully consider the issue of heterogeneity which can be a challenge within transitions (Hutchison, 2011).

From Table 3, it could be argued that some theories appear better suited to facilitating a more detailed understanding of school transitions than others. When considering the diverse experiences and complex factors surrounding transitioning between schools it seems pertinent to consider the wider social and cultural ecology within which the schools operate (Jindal-Snape et al., 2020; Rimm-Kaufman & Pianta, 2000;). Bio-ecological theory, Socio-Cultural theorists, Critical Theorists, MMT and Life Course Theory make explicit references to this consideration and the impact. Furthermore, in outlining the complexity of school transitions in terms of the large numbers of variables involved, including risk and protective factors (Fontil et al., 2019; Nuske et al., 2019) for individuals', stage-fit theorists, MMT and Life Course Theorists appear to offer an insightful understanding in these areas. When considering pupils with ASN transitioning to school, it could be suggested to be appropriate to consider how the systems themselves (e.g., schools and current transition processes) adapt to facilitate positive school transitions (Richter et al., 2019; Makin et al., 2017) which Bio-Ecological Theorists, Bio-Social Theorists, Stage-Environment Fit Theorists, MMT and Life Course Theorists discuss in some detail.

One aim of this research is to support policy development in the form of good practice guidance for school transitions. MMT theory, whilst being a new and developing theory, offers direct discussion on the nature of transitions, considers the wider social and cultural ecology, acknowledges the complexity of transitions, considers system level factors (e.g., school factors) as well as individual variables including risk and protective factors. Furthermore, MMT theory recognises that individuals can move in and between different 'domains' daily and considers the impact of transitions on significant others. This presents as a useful theoretical approach for researchers looking to develop research to practice and appears worthy of further consideration withing this research.

4.3 - Multiple and Multi-dimensional Transition Theory (MMT) and the 12 Pillars

Researchers have acknowledged that the action of forming a concept (i.e., conceptualisation) can support and inform the basis of research, policy and practice (Jindal-Snape., 2021). The MMT model highlights the multiple layers of transitions and their interactions and emphasises that children experience many transitions, at the same time, across several domains, when changing school (e.g., social, academic, pedagogical, psychological, contextual). These multiple transitions impact on each other as well as the environments of others, for example, friends, parents, and teachers. The theory draws from Bronfenbrenner's' Ecological Systems Theory (Bronfenbrenner 1979, 1992) whereby an individual's development is influenced by the environment around them and their interaction with it, at both a micro and macro levels. The theory also considers complexity theory (Zimmerman et al., 2008) which further acknowledges the complex and dynamic nature of transitions. Within this system, transitions are not viewed as linear but as continually evolving. In utilising this theory, researchers can consider the holistic nature of school transition and the complexity of the changes experienced by pupils as well as others around them. It also supports researchers looking to intervene effectively in school transitions away from a 'one shoe fits all' approach to investigating a series of interventions targeted at various levels. This is particularly pertinent for children and young people with ASN.

Jindal-Snape (2023) purports that individuals' beliefs, experiences of transitions, relationships, discourse, and support systems, provide resources for pupils to navigate their transitions. She identifies the importance of resources within the transition process. Jindal-Snape identifies the 12 pillars which are shown below. The dimensions are inter-dependant and have been separated for the purposes of noting them. Jindal-Snape highlights that the dimensions are dynamic and will change in their availability over time. These domains align with MMT theory.

The 12 pillars of multiple and multi-dimensional transitions

The 12 dimensions determining multiple and multi-dimensional transitions are:

1. Transitions Habits of Mind (THOM)

2. Transitions Habits of Heart (THOH)

3. Attitudes and beliefs about transitions

4. Perception of ability and skills to navigate transitions

5. Experience and outcomes of other multiple and concurrent transitions

6. Discourse about transitions at home, school, workplace, in the wider community, media

7. Social Capital (social connections/networks/relationships)

8. Significant others' ability to support transitions (e.g., family, professionals, peers)

9. Significant others' experiences and outcomes of their own transitions

10. Opportunities to discuss transitions in everyday life

11. Experience of diverse pedagogical/andragogical approaches/work practices

12. Organisational, familial and community culture

(Jindal-Snape, 2023, p.540)

Helpfully within this conceptual framework the 12 pillars can be built upon and supported and those wishing to do so are offered identifiable areas within which to intervene. For example, THOM i.e., 'established patterns of thought and response that will often be applied to new situations', and THOH i.e., 'emotional dispositions that can support pupils in instances of change', can be developed and built up longitudinally by primary schools looking to support pupils with the transitions. Jindal-Snape notes that THOM and THOH interact with one another and assist in forming attitudes, beliefs and indeed discourse around transition. These develop across an individual's life and can be supported and developed by experience. Jindal-Snape notes that the dimensions whilst defined individually are complex and connect both directly as well as indirectly with each other. Transition resources can be generated via multiple approaches which offers

educators opportunities to identify and put in place supports that can assist children with transition potentially across the life span. From both MMT and the work on the 12 pillars we can see the complexity, also noted within the research, of school-based transitions and the need to build and sustain effective individualised supports is clear. However as noted MMT is one of the newer transition theories and will benefit from future research and development when applied in practice, particularly within education. The theory covers many complex areas which overlap and dis-entangling and intervening effectively in specific areas may prove difficult to do whilst confidently demonstrating impact. Further, it may be difficult to identify interventions and system level changes that are positive for all pupils due to the heterogeneity of the population.

4.4. Scottish Transition Guidance

A review of policies reveals a notable increase in guidance on transition in recent years. There are several key directives on transition which include legislation, policy guidance and position statements which have been generated by the SG. The Education Additional Support for Learning Act (2004) and the supplementary Additional Support for Learning Statutory Guidance (2017) place duties on LAs to prepare children for transitions and ensure that transitions arrangements are effective. The statutory guidance notes the need for strong collaboration to support transitions. The Act identifies appropriate timescales for planning processes as being no less than six months at nursery stage and no less than 12 months at secondary and post school stages. Furthermore, the following principles of good practice are identified:

- Transition planning should be embedded in the LA policies and procedures for ASN.
- External agencies should be involved in transition planning where required e.g., health, social work.
- The pupils' views should be sought and taken into account.
- Parents should be part of the planning process.

- Early consultation should take place with the receiving establishment.
- Schools should ensure that the necessary support is in place for pupils with ASN.
- Transitions should be co-ordinated by a relevant person known to the child and family.

Transitions are also a feature within Education Scotland's How Good is Our School 4 (2015) a self-evaluation tool for Scottish schools that sets out good practice indicators and challenge questions. Three indicators reference transition which mirror those identified within the legislation, being that schools make arrangements to support learners and families and collaborative planning and delivery. Continuity and progression in learning is added as an additional component.

The SG have also outlined seven principles of good transitions intended for children aged between 14 and 25 with ASN (Scottish Transitions Forum, 2019) making the transition to adult life. The guidance is aimed at improving professional support for young people transitioning from school and it further the good practice identified in the Act by including recommendations for:
- Person-centred planning and decision making
- Planning starting early and continuing to age 25.
- Young people, parents and carers having access to the information they need.
- Families and carer needing support.
- Calls for a continued focus on transitions across Scotland.

Furthermore, the Scottish Early Childhood and Families Transition Statement (2022) which was developed in partnership identifies six principles and includes eight recommendations for the early-years sector. This statement called for a strengths-based approach as well as direct support for educators. Whilst the noted directives contain similar messages, each directive has slight variations which could be considered to dilute some of the key messages across sectors or could be viewed as appropriately differentiated.

4.4 - The transition literature

Transition literature is an area that is still developing (Jindal-Snape & Cantali, 2019). With some arguing that it is a neglected area of research (Topping, 2011; Jindal-Snape, 2019, 2020; Stack, 2021). Within the transition literature there are several systematic literature reviews which support in clarifying the overall research landscape. In their systematic literature review, Jindal-Snape et al. (2021) cites only fourteen reviews of empirical research on primary to secondary transitions in the last two decades. They purport that these reviews provide a solid evidence base on which researchers can progress. Jindal Snape et al., (2019) conducted a systematic review of the literature on school transitions for young people moving from primary to secondary school, for the SG. Fourteen studies, within the review, particularly focused on the school related impact of transition to secondary, of which nine reported a decline in attainment (Benner et al., 2017; Danielle et al., 2018; Jindal-Snape et al., 2020; Stack et al., 2020; West et al., 2010), with other studies reporting a decline in pupil well-being (Evans et al., 2018; Hannah & Topping, 2012; Neal et al., 2016; Vaz et al., 2015). Some studies have reported a significant decline in school engagement, motivation, absence, dropping out, and attitudes towards some subjects, increased anxiety, and reduced school connectedness (West et al., 2010; Benner et al., 2017). Furthermore, some research has indicated (n=2) that transition strategies for young people were less effective for pupils with ASN (Neal et al., 2016; Hannah & Topping, 2012), which indicated that a more individualised approach was required in this area. The review concluded that children with ASD experienced more difficult transitions than their peers and that transitions for this group of young people was dependent on school level and system level factors, rather than child level factors (Makin et al., 2017). However, the review of ASN was based on a very small number of studies within the UK (N=5) due to limited research in this area and none of the studies identified were longitudinal.

Furthermore, the systematic review helpfully identified risk and protective factors, within the academic literature, related to pupils, peers, families, teachers as well as environmental and school-based factors (Jindal-Snape et al., 2019). Nine recommendations for school-based transitions were made which included:

- the importance of school belonging development within the transition process
- the provision of opportunities to develop peer relationships.
- support for developing relationships with professionals.
- development of effective collaboration across transitions ensuring pedagogical continuity
- a problem-based learning approach and input for young people on social and emotional skills
- the allocation of resources to school transition processes
- that parents be involved as equal partners.
- appropriately tailored ASN transition processes.

However, some studies within the review identified no negative impact of school transitions and some positive experiences (n=4). This indicates that transition may not universally be a negative experience for young people.

In further considering what a successful transition is within an educational context, Jindal-Snape (2023) notes the following factors:

- Academic adjustment including curricular continuity, adapting to new routines
- Attainment
- Engagement
- Regular attendance
- Social and emotional adjustment – including connectedness, a sense of belonging, enhanced self-esteem
- Positive and mutual respectful relationships

However, it is noted that the nature of a successful transition can vary depending on people's different perspectives. Jindal-Snape (2023) notes that it is pertinent to ask what each person's view is of a successful transition.

Research looking particularly at qualitative methodologies was further investigated by Mumford and Birchwood (2021) who carried out a systematic literature review of qualitative research exploring the views and lived experiences of pupils moving from primary to secondary in England. The authors reviewed 7 key papers which were thematically analysed. The most prominent theme noted by young people was that of relationships which was highlighted within 6 of the 7 papers identified. Examples of positive transition practices identified within the review included: preparation for changing expectations alongside practical strategies to support these and opportunities to discuss emotions around transitions. The researcher concluded that there is a complex interplay of factors that come into force in primary to secondary transition which include cognitive, social, and physical changes that can either support or hinder the transition relationships. The researchers encourage professionals to involve children fully in the transition processes. It is clear from a review of the literature that including children and young people's voices in transition planning, processes and practices is an area for development (Jindal-Snape, 2012; Lundqvist, 2014).

Further research from the perspectives of stakeholders such as the systematic review by Mumford and Birchwood (2021) has been helpful in identifying the impact of transitions on children, young people, and families. Bagnall et al. (2020) investigated the experiences of transition from staff, parents, and 'typically developing' pupils' points of view with the aim of identifying improvements to the transition processes. Forty-five children in year 7 (transition year), 8 parents and 16 teachers across 5 schools were recruited for the project (Bagnall et al., 2020). Peer affiliation was a strong concern and pupils identified that they would benefit from school support in this area. Pupils identified that they found it easier to seek support from teachers at primary school and parents identified concerns around developing supportive relationships at secondary

school. Parents and pupils described such feelings as anxiety, loss and expressed the need for open systems of communication. The study identified that an appropriate level of exposure and consistency is required to allow pupils an insight into what secondary school is like and how to navigate different situations, whilst allowing consistency to facilitate the learning. Notwithstanding, the small numbers involved in the study would present issues in transferring the results out with that research context, as noted above.

4.5 - Transitions for children with ASN

It has been argued that there is also a dearth of literature investigating effective transition practice for children and young people with ASN (Mays et al., 2020; Cantali, 2019). Cantali (2019) undertook a systematic review of the international literature on primary to secondary transitions for young people with ASN. The author identified that there is a limited body of literature that focuses on good practice for young people with ASN transferring to high school. The researcher identifies the following areas of good practice from the literature reviewed:

- Supported/ enhanced transitions are of benefit for children/ young people with ASN. A person-centred individualised approach is recommended.
- There are more likely to be obstacles to transition and that these required to be identified and overcome e.g., anxiety, bullying, peer isolation.
- The right kind of professionals are required to support effective transition e.g., kind, supportive, who have received additional training/ awareness e.g., autism. Teachers themselves also require support in implementing effective transition processes. Staff should be knowledgeable about the types of experiences young people have had.

The review is useful in summarising the current knowledge around good practice in supporting ASN transitions. However, the research was undertaken by a single researcher increasing the risk that studies were missed and the possibility of researcher bias. The studies investigated tended to offer small sample sizes and often relied on self-

report. Longitudinal studies were also limited. The Cantali review followed on from an earlier review by Hughes et al., (2013) which examined the psychosocial impact of the primary to secondary transition which found that children with a range of additional support needs are more likely to experience anxiety. However, this review only included an analysis of five papers making the results difficult to draw firm conclusions from (Hughes et al., 2013).

4.5.1 - School based transitions for autistic children and young people

Given the scale of the change within school-based transitions, and that difficulties with change are often a core deficit within the autistic spectrum (Stack et al.,2020; Mandy et al., 2016; Peters & Brooks, 2016; Yazici & Akman, 2020) it is highly likely that autistic children are at increased risk of having concerns throughout the transition process (Makin et al., 2017; Marsh et al., 2017). This is likely to be compounded by inherent difficulties with social communication, interaction and sometimes behaviour experienced pupils with ASD (Marsh et al., 2017). Indeed, teachers often rate social skills as more essential than academic skills for successful school transitions (Marsh et al., 2017).

4.5.2 - Transitions in the early years – nursery to primary

Fontil et al. (2019) undertook a systematic literature review investigating the impact of early school transitions on children with ASD and other developmental conditions. They undertook an analysis of both qualitative and quantitative research methodologies. From 1452 initial citations, a total of 39 studies were included within the review. The central findings of the review were around the importance of collaborative practices, multi-disciplinary transition meetings, the exchange of information across stakeholders, parental and child visits prior to starting, transition workshops, parent support groups and regular parent contact. The review concluded, like that of the generic transition literature, that teachers were lacking support and training in the facilitation of successful school transitions. This further supported previous research that staff training and

offering ASD specific services were related to increased transition supports (Rous et al., 2010). The researchers noted that:

""The implementation of evidence-based transition support practices can have a significant impact on children's early adaptation to school and their eventual integration into society" (Fontil, 2019, p.1878)

The researchers identified that the most useful strategies were found to be individualised transition supports, communication with parents and fostering communication between sending and receiving schools. In addition, the review identified several barriers to successful transition including a lack of time, divergent beliefs, or expectations towards transition processes and/ or children's abilities, the late generation of class lists, dissatisfaction with school services, less frequent contact with school staff. It is worth considering that it was difficult to identify the impact on children with ASD as compared with those with other developmental profiles, within this review. The review also only considered peer reviewed studies which tend to report statistically significant findings and not those that did not. The study did however offer some insight into potential areas of development within nursery to primary transitions. This review supported previous findings by Denkyirah and Agbeke (2010) and Yazici and Akman (2020) that collaboration with families was a critical step towards successful transition to kindergarten for children with ASD.

Some researchers have undertaken combined studies of pre-school and school transitions for children with ASD, to further the literature in this area. Nuske et al., (2019) undertook a systematic review of the transition literature for students with ASD, looking particularly at areas of concern and strategies for success. The review considered data from 443 children. The study identified numerous strategies for pupils, parents and teachers that supported positive transitions. For students, the strongest evidence was identified for the use of tailored transition supports, increasing exposure and predictability, social support, and coping strategies. For parents the strongest evidence

was for clarifying and clearly communicating the transition processes and for teachers the strongest evidence was found for inter-school and home communication, a transition facilitator and for student centred planning. Like other reviews, within this subject area, the reviewers themselves noted difficulties with limited studies investigating transitions for children with ASD and limitations around the studies including small sample sizes. In addition, there was often no control or comparator group and very few quantitative measures being included. Furthermore, the researchers raised concerns regarding the lack of training opportunities for staff, the lack of knowledge and attention to individual pupil's needs and the lack of collaboration between staff. The reviewers noted that:

"*Few studies have examined the support needs of transitioning students with ASD and intervention development has only recently begun.*" *(Nuske et al., 2019, p318).*

4.5.3 - Primary to secondary school

Many researchers have highlighted the difficulties school transitions pose for autistic children and young people (Hebron, 2018; Stack et al., 2020; Makin et al., 2017; Peters & Brooks, 2016; Richter et al., 2019; Stack et al., 2021). Richter et al. (2019) sought to identify the factors that enabled a successful primary to secondary transition experience for autistic pupils. The systematic literature review focused on 16 key studies. The authors considered the findings within the existing literature on effective transition practice for children without ASN (Evangelou et al., 2008). The results confirmed the Evangelou findings for students with ASD. They concluded that most of the issues for 'typically developing peers' were similar for autistic children, although some may not hold the same significance i.e., gender of pupils without ASN was significant in the Evangelou study but not for those with ASD, who are predominantly male. From their research Richter suggested a new criterion for successful transition which added the following to the original Evangelou review:

· The pupil is a respected member of the class
· Academic achievement continues at the same level or slightly lower

- · The pupil and teacher have a positive relationship
- · The pupil knows the new school building and the staff
- · Co-operation and teamwork within the organisation ensure continuity of learning
- · Teachers are content in their work and have self-efficacy
- · Parents know the school and its staff and are confident in their child's placement

Richer et al. also noted the importance of parental involvement whereby parents can liaise with the school directly and highlight the importance of transition planning. This has been identified within other literature in this area (Marsh et al., 2017). The researchers also note the importance of preparing teachers for their role within the transition process. The authors themselves recognise within their paper that there are many more stakeholders involved in the transition process than the ones considered. Due consideration also needs to be given to the small numbers of children involved in the studies reviewed, and therefore the generalisability of these findings.

Studies have also investigated the transitions of children with ASD from parents' perspectives (Peters & Brooks, 2016; Tso & Strnadova, 2017). Research has identified that there are several factors that impact on a young person's transition to secondary school including anxiety, bullying, additional transitional and educational support, and friendships at school (Peters & Brooks, 2016). The researchers highlighted those additional environmental stressors combined with limited additional support resulted in negative transition experiences for young people and parents. However, research by Tso & Strnadova (2017) noted that parents were positive about the home-school collaboration they had received. The study found that parents reported their children who struggled with the transition initially, gradually found the situation improved. These findings were later supported by Hebron (2018). The researchers noted that parent's knowledge can be used to improve existing transition practices (Tso & Strnadová, 2017). The authors found that research-based transition practices tended to be lacking in

the areas of student-centred planning, interagency collaboration, and programme structure. However, this research needs to be considered alongside the small numbers involved in the study, the absence of any control group measures, the issues raised earlier in this chapter around self-report questionnaires and self-selecting samples and the fact that participants were all from the one country. Notwithstanding that, several findings have been replicated within other studies (Richter et al., 2019) discussed earlier in this paper.

The importance of exploring the perceptions of autistic pupils and parents was further discussed in research by Stack et al. (2020; 2021) who explored their views around the environmental support when transitioning from primary to secondary school. Semi-structured interviews were used to explore six autistic pupils and parents' views. The study identified that overall, the participants held positive perspectives on the secondary school environments, indeed they were more positive than those of the primary school. The very small self-selecting participant numbers, which were predominantly male are however a significant limitation of this research. Stack et al. (2020) expressed concern around the 'one size fits all' approach to transition practices. The authors noted that individualised transition preparation was an essential factor in determining its success. This has also been supported in the findings from other research in this area (Larcombe, 2019; Richter et al., 2019).

Furthermore, Stack et al. (2021) extended her research by undertaking a systematic literature review investigating autistic children's perspectives on the transition between primary and secondary school. The researchers concluded that efficient transition planning was needed to reduce the negative narrative around the primary to secondary transitions and that autistic young people can experience positive school transitions. Some researchers have further suggested that planning should start two years prior to the transition (Deacy et al., (2015). Unsurprisingly, like studies of transition of typically developing pupil's, peer relationships (Bagnall et al., 2020; Jindal-Snape et al., 2020) were identified as a critical factor in influencing positive or negative transitions. In

addition, relationships with teachers were also a key area of concern for pupils. This systematic review furthered research within this area as it primarily focused on the views of autistic pupils in their perceptions of transitions. It is clear, by the small number of studies identified, that autistic children's perspectives are an area of future research. However, the small number of studies and very small number of participants within most of the studies does present issues around the transferability of those findings to other settings as well as the reliability and validity of this review.

Some studies have concluded that most of the negative experiences of children with ASD in primary to secondary school transition were accounted for by school- and system-level factors and that modifying the school environments would go some way to tackling school related barriers to successful transition (Makin et al., 2017). The study utilised questionnaires and interviews to explore parents and children's perspectives over a four-month period of transition. Within their sample of 15 autistic children transitioning to secondary school, they found that most participants reported negative experiences of transition regardless of whether the transition was to a mainstream or specialist school. The researchers concluded that applying interventions designed to modify the school environment to suit autistic children better would provide support by reducing the school-related barriers. The small sample size, with only two girls, and the period of assessment of four-months, are areas of consideration when analysing the results of this study. It may be considered that the short settling-in period of only four months accompanied by children with autism, who are likely to find change initially very difficult, made the study more likely to identify negative results. As noted, the research by Tso & Strnadova, (2017) identified that many pupils found their situations improved after the initial period.

Whilst studies with small participant sizes are common within the transition's literature, a larger-scale study that investigated the views of stakeholders on the transition supports (e.g., a transition plan or program, monitoring of progress) was employed in Australia. The study was undertaken by Bruck et al. (2021) with a total of 990 participants were

involved in the research, with the majority being parents (n=681). The results revealed that transition supports varied between school types with some indicating that no transition supports were provided. The authors themselves noted the limitations of this non-matched research. A potential further limitation within the study was that the researchers did not fully define what a transition support was when asking participant to provide a rating. Transition plans, programs and monitoring were asked within separate questions from the provision of transition supports which were not defined.

However, the research on primary to secondary transitions for autistic children does not universally predict difficulties. Whelan et al. (2021) demonstrated within their research, of 51 autistic primary pupils transitioning to secondary school in Australia, that children with higher autistic traits did not show a decline in academic progress, quality of life indicators, school belonging and mental health following the transition to high school (Whelan, 2021). They did indeed demonstrate improved quality of life and mental health post-transition to high school. The positive impact of primary to secondary transitions have been highlighted by other researchers in this field (Fortuna, 2014; Mandy et al., 2016).

Summary

In summary, transition research appears to be an area of research that would benefit from future development. There appears to be a need for further high-quality transition research. Recent policy development in Scotland mirrors much of the research and emphasises the importance of relationships and collaborative planning. In synthesising existing research, it indicates that the following elements in Table 2 are important when considering school-based transitions:

Table 4 - Synthesis on research om effective transitions

Area of transition support identified within research	Researchers	Area of transition support in ASN/ ASD research	Researchers
The importance of supporting school belonging/ connectedness	Hebron, 2018; Jindal-Snape & Cantali, 2019	The importance of exposure and consistency	Bagnall et al., 2020; Cantali, 2019; Fontil, 2020; Karen et al., 2020; Metzner et al., 2020; Nuske et al., 2019; Richter et al., 2019)
The provision of opportunities to develop peer relationships	Deacy et al., 2015; Jindal-Snape & Cantali, 2019; Karen et al., 2020; Stack et al., 2021	The importance of shared communication including that of transition processes	Bagnall et al., 2020; Nuske et al., 2019
Support for developing relationships with school staff and other professionals	Deacy et al., 2015; Jindal-Snape & Cantali, 2019; Stack et al., 2021	Supporting enhanced, person centred and individualised transition plans	Bagnall et al., 2020; Cantali, 2019; Fontil, 2020; Karen et al., 2020; Metzner et al., 2020; Nuske et al., 2019; Richter et al., 2019
Developing strong effective collaborative relationships	Fontil, 2020; Jindal-Snape & Cantali, 2019; Stack et al., 2021	The importance of planning early	Deacy et al., 2015
Pedagogical and curricular continuity	Denkyirah, 2010; Jindal-Snape & Cantali, 2019	The importance of considering environmental adaptations	Makin et al., 2017
The adoption of a problem-based learning approach	Jindal-Snape & Cantali, 2019		

The importance of input on social and emotional skills and the building of Transition Capital	Bagnall et al., 2020; Jindal-Snape & Cantali, 2019
The importance of allocating resources to the school transition process	Jindal-Snape & Cantali, 2019; Larcombe, 2019
Parents and young people being involved as equal partners	Fontil, 2020; Jindal-Snape & Cantali, 2019; Metzner et al., 2020; Nuske et al., 2019; Richter et al., 2019
The importance of supporting teachers in building skill to implement effective transitions	Denkyirah, 2010; Larcombe, 2019; Metzner et al., 2020; Nuske et al., 2019

Overall, the transition literature has a tendency towards small sample sizes, a lack of control groups or matched samples, single research designs and limited longitudinal research. Future areas of research include clarification of factors that support and impede effective inclusion, further research on stakeholders' perceptions and experiences and further longitudinal studies investigating the longer-term impact of school transition. MMT theory and Jindal-Snape's (2023) 12 pillars offer researchers a useful framework for developing research, policy, and practice within the area of transitions. The next chapter will discuss methodological and theoretical considerations for this research.

Chapter 5 – Methodological considerations

This chapter aims to outline some of the methodological and theoretical considerations that are pertinent to this research. This chapter will outline two helpful psychological theories namely Practical Participatory Evaluation Theory (PPET - Cousins & Earl, 1992) and Transformative Learning Theory (Mezirow, 1994). It will be considered how these theories might usefully be merged in evaluation and improvement research. This chapter will contemplate the nature of participatory evaluation research the use of participatory action research as a methodology for the main study and the use of focus groups will be discussed. This chapter acknowledge the implications of these methodologies.

5.1 - Participatory Evaluation (PE)

PE is an umbrella term used as a classification of evaluation approaches, whereby evaluators work alongside stakeholders to produce evaluative knowledge (Cousins, 2020). Engaging with stakeholders in the creation of evaluation knowledge is deemed highly beneficial to specific methodologies investigating sustainable change (Cousins et al., 2016; Suárez-Herrera et al., 2009). The transformative and practical elements of PE are often associated with such areas as social inclusion and utility to service users (Cousins et al., 2016). Further, researchers have argued that the goals of service problem solving and improvement and supporting program and policy decision making are strong justifications for a participatory approach (Cousins et al., 2016). PE provides a clear basis for connecting theory and practice. Cousins & Earl (1994) note that the literature on organisational learning provides a theoretical basis for participatory evaluation methodologies from the viewpoint that knowledge is often social constructed and can therefore be developed and co-created.

Cousins and Earl suggest that PE offered a powerful approach to the improvement of educational contexts, by creating learning systems that enhance learning and lead to better decision making. They stress the importance of organisations being committed to

organisational learning. Stakeholders are identified as decision-makers within the organisation who are willing to learn. Stakeholders are expected to participate in all aspects of the process including planning, the collection of data, data analysis, interpretation and in the formulation of judgements (Cousins & Earl, 1992). The model is deemed transformative in nature.

5.2 - Practical Participatory Evaluation Theory (PPET)

The goal of identifying evaluation theory models is to identify clear links between the activities undertaken and the intended evaluation outcomes (Luskin & Ho, 2013). One theory offered is that of PPET (Cousins & Earl, 1992). The theory claims that if the evaluation activities become integrated into the ongoing activities of the organisation, then the process of evaluation may become a learning system that supports the development of shared values among practitioners. Stakeholders will then use evaluation and research in future decision making to improve the service performance (Luskin & Ho, 2013). Ultimately the process leads to stakeholders developing and utilising skills of enquiry therefore developing the system of learning into future endeavours. In PPET the primary outcome is that of organisational learning for improved decision making.

Mark (2008) developed a framework for research on evaluation theory which makes recommendations on what and how researchers might approach evaluation research. Mark draws strong links between evaluation activities and empirical evaluation research. Mark acknowledges that a preliminary activity within this approach is in isolating the parts that make up a particular evaluation approach. He purports that researchers should examine the parts and investigate how those parts support effects independently and in conjunction with one another.

However, some researchers have suggested that the relationship between evaluation theory and practice is tenuous at best and that the model does not describe details of the evaluation procedure or a preference for the types of activities that might be useful

(Dillman, 2013). Other researchers have noted the importance of ensuring that the criterion for evaluation is able to be applied within the context and that the evaluation must be context dependent (Miller, 2010).

5.3 - Transformative Learning Theory

Adult learning theory has much to offer the area of service evaluation when linked with service improvement and the AOT as participant action researchers. Adult learning theories (ALT) have been traced back to Malcolm Knowles, an adult educator who developed the concept of 'andragogy'. Andragogy is the 'art and science of teaching adults' as opposed to pedagogy which is the practice of teaching children (Knowles, 1980). Knowles argued that teaching adults and teaching children are very different, as older people do not process, comprehend, or retain information in the same way that children do. Adults come with a wealth of knowledge, experience and habits that can be applied to new environments. ALT's highlight how the process of learning can support change, including changes in knowledge, skills, behaviours, and abilities (Steyn, 2017).

In Transformative Learning Theory (TLT), one identified ALT, the emphasis is on changing learner pre-conceptions, with a focus on critical reflections of assumptions (Mezirow, 1991). TLT is arguably one of the most researched and discussed theories in the field of adult education (Taylor, 2007; Christie et al., 2015). The facilitators' role is to foster critical reflection with the goal of student development of both thought and understanding (Biniecki, 2016). One of the aims of TLT is to change problematic or unhelpful frames of reference. Frames of reference are the structures of assumptions through which we understand our experiences (Bélanger, 2011). Frames of reference selectively shape and dispose expectations, cognitions, perceptions, and feelings. They often are a precursor to action and behaviour (Mezirow, 1997). In the process of change, and particularly changing behaviour, it would be pertinent that frames of reference be identified and where required, supportively challenged to support the process of change, and indeed critical learning.

"The issue is not only to acquire new knowledge, but to develop new glasses to look differently at reality and existing knowledge" Mezirow (1991, p.11).

Therefore, learning is not just concerned with acquiring new knowledge but viewing things differently. The transformation is in the new knowledge structure itself. An essential element of Mezirow's theory is the need to develop communicative skills so that internal and external conflicts can be resolved via rational discourse (Christie et al., 2015).

Mezirow identified that critical learning involves several sequential phases:
1. A disorienting dilemma
2. Self-examination
3. Critical assessment of personal assumptions
4. Recognition of shared experiences
5. Exploration of new options, relationships, actions
6. A new planned course of action
7. Acquiring knowledge and skills for implementing a plan
8. Initially trying out new roles
9. Renegotiating relationships or developing new ones
10. Building efficacy and self-confidence in new roles and relationships
11. a re-alliance into life based on conditions of the new perspective.

(Mezirow, 1994)

TLT is just one adult learning theory, and it has been argued that TLT does not account well for relationships, feelings, and cultural contexts. Some theorists have argued that there is a need for a more in-depth theoretical analysis of Mezirow's conceptual framework to include new and emerging concepts (Taylor & Hamdy, 2013). Furthermore, others have argued that it fails to emphasise the importance of collective

social action as a goal (Collard & Law, 1989) and fails to account for context (Clark & Wilson, 1991).

In their review of Mezirow's definition of TLT, Lundgren and Poell (2016) sought to identifying ways in which the operationalisation of critical reflection could be improved. The researchers focused on the approaches that had been used to operationalise critical reflection and how the levels of reflection had been assessed as well as their outcomes (Lundgren & Poell, 2016). Their review of the literature identified 12 studies of interest. The researchers identified four ways of improving critical reflection research moving forward, these were: for researchers to integrate different critical reflection traditions; use multiple data and collection pathways; use of thematic embedding and attending to the feelings and emotions of adult learners. Whilst this added to a potential way forward for Mezirow's adult learning theory it focused on only one tradition of critical reflection and involved studies with a reliance on self-report data.

Researchers have considered the link between TLT and participatory action research particularly in the field of educational improvement (Christie et al., 2015) and have described a natural affinity between the two fields. In this instance the disorienting dilemma for the ASD AOT would be the initiation of a formal evaluation of the service. However, it may be useful to take this a step further and consider the combining of PPET and TLT in a new proposed theoretical model for the evaluation of complex interventions. Both dispositions appear to have potential benefits to PE. Instead of the disorienting dilemma proposed by Mezirow (1994) by which transformative learning is initiated, it may be useful to consider building pro-active participatory evaluation from the initiation of a complex intervention. Table 3 below outlines a proposal of how PPET and TLT may be usefully merged in the evaluation and improvement of complex interventions.

Table 5 - Developing a new model of participatory evaluation and transformative learning.

PPET Areas considered	TLT Areas considered	Proposed model - Participatory Evaluation & Transformative Learning (PETL)
• Co-producing evaluative knowledge in partnership with the community & professionals in all aspects. • Evaluation activities are integrated into the ongoing activities of the organisation. • The process of evaluation becomes a learning system that supports the development of shared values. • Evaluation & research are used in future decision making to improve performance. • Skills of enquiry are developed and utilised. Learning systems are created. • Outcomes include improved decision making	• A disorienting dilemma • Self-examination • Critical assessment of personal assumptions • Recognition of shared experiences • Exploration of new options, relationships, actions • A new planned course of action • Acquiring knowledge and skills for implementing a plan • Initially trying out new roles • Renegotiating relationships or developing new ones • Building efficacy and self-confidence in new roles and relationships; and a re-alliance into life based on conditions of the new perspective	• Systems are built for stakeholders & professionals to work together regularly on evaluation activities. • Skills of enquiry are developed among all stakeholders and learning systems are created. • Regular service performance and outcome data is gathered and analysed by all parties. • The process of evaluation becomes a learning system that supports the recognition of shared experiences and the development of shared values. • New courses of action (improvements) are planned based on analysis of the data and over-arching aims of the intervention. Clear roles are identified for all stakeholders.

| | | • Efficacy is built in new roles and relationships are formed. |
| | | • Outcomes are monitored and evaluated feeding back into regular evaluation activities |

This suggested model will be utilised moving forward within this research, but it would also need future investigation within evaluation research to investigate its utility within this field.

5.4 - Evaluation research (ER)

A review of the literature might lead a researcher to the conclusion that there is a lack of consensus of what ER is (Wanzer, 2019). ER has been defined as:

Evaluation involves the systematic collection of data about a program, product or service and needs to address the question that requires to be answered within the context within which the program will be developed and implemented (Magyar, 2011 p.43).

This definition has been selected as it refers to a systematic collection of data which seek to answer RQs, in context. This approach appears methodical and transparent when working with a range of stakeholders.

Evaluation may be considered by some authors to be the 'poor relation' of academic research (Costley et al., 2014; Hennessy et al., 2022). It has been argued that evaluation research is less 'open ended', less exploratory, contributes fewer original data to a

substantive field, is considered to be less capable of extending the frontiers of knowledge and theory and is more limited in its empirical foundation than academic research (Cohen et al.,2018, Mark, 2008, Cousins, 2004). Further differences have been identified in terms of the origin and audience of the work (Cohen et al., 2018). ER will often originate with RQs derived from stakeholders of some description, as opposed to from scholars working in the field. The audience of ER is often those connected with the intervention or initiative as opposed to a wider public domain. ER could be argued to be less generalisable, and less outcome focused (Cohen et al., 2018).

Conversely, it could also be argued that ER is at its heart, applied research. It utilises similar tools and methodologies, can provide answers to RQs, can generates hypotheses, considers ethical implications, often involves the synthesising of data, and involves drawing conclusions. Many of these techniques are utilised within scientific academic research (Garcia et al., 2014). Indeed, it could be argued that research and evaluation are not mutually exclusive oppositions. Their boundaries are pervious, and similarities are often greater than differences. Both evaluation and research aim to produce information and promote explanation and understanding, both of which would usually contribute to decision making in some form i.e., research outcomes can inform decisions made about the practice of education as can the outcomes of ER.

A review of the literature reveals that service, or program evaluation to which it is often referred, is not an area that is prominent in academic research, particularly within education (Costley et al., 2014; Onyura, 2020; Shaw et al., 2006; Vo & Christie, 2015). Yet effective services (or programs) can positively impact on pupil's trajectory and future achievements, with autistic people themselves indicating that research on services is a priority for them moving forward (Pellicano et al., 2014). Effective program evaluation research can be utilised to identify areas requiring prioritisation within services or projects, areas of strength and areas requiring development (Onyura, 2020).

Within this research a further step will be added to identify a discrete area of improvement, which the AOT will be supported to positively address via participant action research. It is then hoped this will encourage the team to undertake more rigorous self-evaluation and self-improvements in future, as they will have a clear framework, they can use to support them.

5.5 - Evaluation supporting competence

The learning involved, by the AOT, within the evaluation process has the potential to lead to change and improvements in performance (Shaw, 2006). Within the process of learning participants can change their attitudes and behaviours at different levels (Das & Biwas, 2018). Indeed, raising skill and knowledge by engaging in a learning process such as a service evaluation can contribute positively to service improvement (Das & Biwas, 2018). Management trainer Martin Broadwell introduced the notion of four levels of competence, in which individuals and teams can operate (Broadwell, 1969). This concept was later discussed in an applied context by other researchers (Cutrer et al., 2013; Jai, 2020). The four stages, shown in figure 6, as described by Broadwell, range from unconscious incompetence to unconscious competence. Unconscious incompetence is where staff may not be sure what to do and are unaware that a skill or knowledge gap exists. Conscious incompetence is whereby the staff are aware that a skill or knowledge gap exists and understand the importance of acquiring the new skill, it is said that at this stage learning can begin (Das & Biwas, 2018). Conscious competence is where staff know how to use a skill or perform tasks, but that practice is required. Unconscious competence is described as the staff have enough experience with the skills that they can perform it easily and unconsciously. This model is useful in considering individual or group leaning, and that staff can be at different stages operationally and are likely to respond differently to change or learning.

Figure 5 - The four stages of competence

(Broadwell, 1969, p.2)

It should be noted that there are few studies on the four stages of competence, and these are often focused on training models (Ahdelghani, 2017). However, the model does appear to have utility when considering PE leading to service improvement. This model has been utilised in other domains to describe and explain the development of learning in adults (Anson, 2018; Edwards et al., 2003; Krugger & Dunning, 1999).

5.6 - Participatory action research (PAR)

PAR is described by some researchers as a specific subset of action research whilst others argue it is action research (Cohen, 2018). The term PAR has been distinctly chosen by the researcher as it explicitly names the three important aspects of the practice i.e., participation, action, and research, whilst it is acknowledged that other theorists may name this same practice differently e.g., action research, community-based research, participatory research (Stoecker et al., 2022). PAR was first developed in the 1940s by social psychologist Kurt Lewin who identified a practice whereby there was no significant distinction between participants and researchers in the contribution to social betterment (Bourgeault et al., 2010). PAR is increasingly used within evaluation and improvement research (Shaw et al., 2006). PAR is cyclical and evolves, it is often rigorous and takes a critical perspective to a process of planning change, acting,

reflecting, and evaluating (Shaw et al., 2006). Within the last 30 years PAR has been utilised increasingly in applied research and evaluation practices (Bourgeault et al., 2010). PAR can connect researchers with relevant communities to achieve shared goals. Where it works well, it has the potential to deliver outcomes that can have a positive impact on people's lives (Fletcher-Watson et al., 2019). Indeed, researchers in the field of autism have argued for growing participant involvement in research practices (Cascio et al., 2021; Danker et al., 2019; Fletcher-Watson et al., 2019; Jivraj et al., 2014; Kang, 2021; MacLeod, 2019; Pellicano et al., 2014; Pellicano, 2014; Pellicano et al., 2018; Roche et al., 2021; Strang, 2019; Sturm, 2019). PAR can be defined as:

"a form of engaged, human enquiry that orients the researcher towards action-centred practice, focusing on reflection and collaboration with participants to bring about meaningful change in the context of social justice" (Guy et al., 2020, p.142)

This definition of PAR has been chosen as it complements the definition, discussed earlier of PPET. PAR emphasises the importance of collaboration in planning action research, and it involves the systematic enquiry to improve practice (Robson, 2016). PAR is a research methodology intended to have a real-world effect and it is often guided by a question or topic that emerges from the community of interest (Walter, 2009).

PAR has been utilised recently by researchers within autism, looking to develop practice in many areas (Fletcher-Watson et al., 2019; Jivraj et al., 2014; Marc-André et al., 2022; Nicolaidis et al., 2019; Rosso, 2016; Strang, 2019; Thuy, 2021; Zhu, 2022). However, it could be argued that this is practice which is still early in its development (Nicolaidis et al., 2019). Cascio at al. (2021) completed a literature review on the empowerment of autistic people related to their decision-making in research. The investigators noted that research intersects with empowerment in complex ways. They noted that research as a knowledge-generating process can often provide the tools to promote growth and wellbeing (Cascio et al., 2021). However, the individual and social factors that autistic

individuals can experience, within that empowerment, need to be considered such as differences in executive function impacting on participants comprehension and communication differences then impact on effective communication (Cascio et al., 2021). The researchers concluded that empowerment of the autistic population is accomplished through research i.e., the outcomes of research and within research, by being participants. However, this paper focused namely on empowerment in terms of consent and participation in research as opposed to PAR.

Researchers have also investigated the use of PAR with children and young people (Kennan et al., 2019; Lundy, 2007; Shamrova & Cummings, 2017). The Lundy model of participation (2007) was initially developed to assist educational practitioners to implement children's rights meaningfully and effectively as identified in the UNCRC Article 12 (Lundy, 2007). Under Article 12 children and young people have the right to a definitive say in decisions that affect their lives in line with their age and level of maturity. The Lundy model comprises of four chronological steps that assist in the realisation of a child's right to participate, these being:

1. Space – children are provided with the opportunity to express themselves in a safe and inclusive space.
2. Voice – children are supported to express their views
3. Audience – views are listened to
4. Influence – the views are acted upon

Figure 6 shows the Lundy (2007) model of participation.

Figure 6 - The Lundy (2007) model of participation
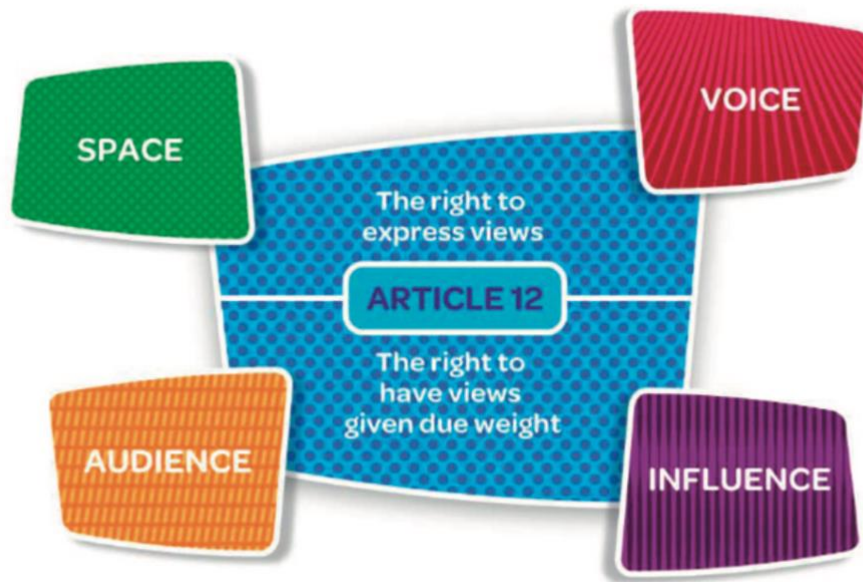
The Lundy model offers researchers a useful tool for considering the participation of children and young people and it has been widely welcomed by practitioners seeking to develop meaningful participation of pupils (Kennan et al., 2019). Further development of the Lundy model in future may include consideration of the importance of positive relationships between researchers and pupils and on its impact on participation. Situations whereby pupils feel comfortable with a key researcher may well enhance participation practice.

Whilst the benefits of PAR seem clear to modern practitioners, researchers Shamrova and Cummings (2017) sought to provide an overview of PAR with pupils via a review of the academic literature. An analysis of 45 relevant articles led to the authors concluding that PAR with pupils led to positive outcomes for children, organisations, and communities. However, it was noted that the use of PAR with children and young people still had many challenges including providing meaningful opportunities, addressing power differentials, and adapting to diverse cultural contexts (Shamrova & Cummings, 2017).

5.7 - An implementation science approach

Across the two studies an Implementation science model has been adopted. Implementation science is:

"*The scientific study of methods to promote the systematic uptake of research findings and other evidence- based practices into routine practice, and hence, to improve the quality and effectiveness of services" (Eccles & Mittman, 2006, p.1)*

Implementation research offers the opportunity to address factors that contribute to the gap between research and its application in practice (Boyd et al., 2021; Odom et al., 2011; Olswang, 2015; Warren et al., 2021). Researchers note that the gap between research and practice within the field of autism remains wide (Boyd et al., 2021; Odom, 2020). By taking account of contextual factors, barriers in the environment and localised solutions in the implementation of research findings and evidence-based practices, researchers can enhance practice in a multitude of areas including enhancing that of teachers, in the implementation of inclusion. An implementation science approach involves the engagement of stakeholders and the integration of research to specific goals related to the practice needs. Within this approach researchers seek to identify and understand the factors that will either positively or negatively impact on intervention success. These factors are then examined within the local and organisational structure with a view to supporting implementation success and sustainability (Olswang, 2015).

Within their paper Odom et al. (2011) recognised that the field of implementation science was an emerging area with significant potential to support the implementation of inclusive practices. The researchers note that for implementation science to be utilised effectively the vision and key features must be clearly articulated and high-quality related measures that relate specifically to the innovations, used effectively (Odom et al., 2011). In relation to inclusion, Fixsen et al., (2013, p.214) proposed the following formula:

Effective Innovations x Effective Implementation x Enabling Contexts = Positive Outcomes

Fixsen et al. (2013) proposed that within educational practices the three distinct components above were required to support successful intervention e.g., a tailored implementation science approach, and a context that will support and sustain innovation. The researchers concluded that this approach was likely to lead to positive outcomes.

Boyd et al. (2021) further discussed the growth of EBPs and focused interventions within the area of autism research. They noted that efforts to close the research-to-practice gap lie along a continuum from passive knowledge transfer to more active supports (Boyd et al., 2021). However, in working with the AOT it became clear that neither they nor the teachers they linked with, often received passive knowledge about the most up to date autism interventions. They would rarely have access to academic research, or have time to access systematic reviews of literature, nor to consider how that might be applied within their context. Boyd et al. (2021) notes that for autism practices to be implemented well, providers need a minimum level of knowledge about autism, managers need to allow time for training and coaching and parents or autistic individuals need to be fully involved. Many teachers and school personnel may not have received adequate training in ASD and may not recognise the characteristics (Magyar, 2011). In addition, even those with training in ASD and experience of working with pupils with ASD the wide variability in symptomology and constantly emerging EBPs can challenge teachers and support staff to maintain knowledge and skill in providing a wide range and appropriate intensity of interventions based on a student's needs which can change over time.

Further, Fixsen et al. (2013) describes the stages of exploration, installation, initial implementation, and full implementation (Fixsen et al., 2013). These identified stages

were further enhanced by Boyd et al. (2021) who described an implementation framework whereby:

1. The first identified stage is a *community-partnered exploration* whereby researchers are involved in the implementation efforts, engaging both parents of autistic children and young people and autistic children and young people.

2. The *planning and preparation phase* which involves assessing the organisations receptiveness and capacity to implement the chosen EBP.

3. The next stage is where the *resources are acquired that are needed for installation*

4. *Initial implementation* and then a (ii) *Larger scale implementation* which then leads to a final phase.

5. *Sustainment* whereby the intervention is continued without ongoing research support.

5.8 - Conceptual Framework

Figure 7 identifies the over-arching conceptual framework in which this research is based. Areas highlighted in orange are inputs that feed in to both the service evaluation and improvements. The boxes in blue are the aims of the research and the areas in yellow are potential outputs from both the evaluation and improvements.

Figure 7 - The conceptual framework

Research Question
How can an autism outreach team increase and improve inclusive practice in mainstream schools?
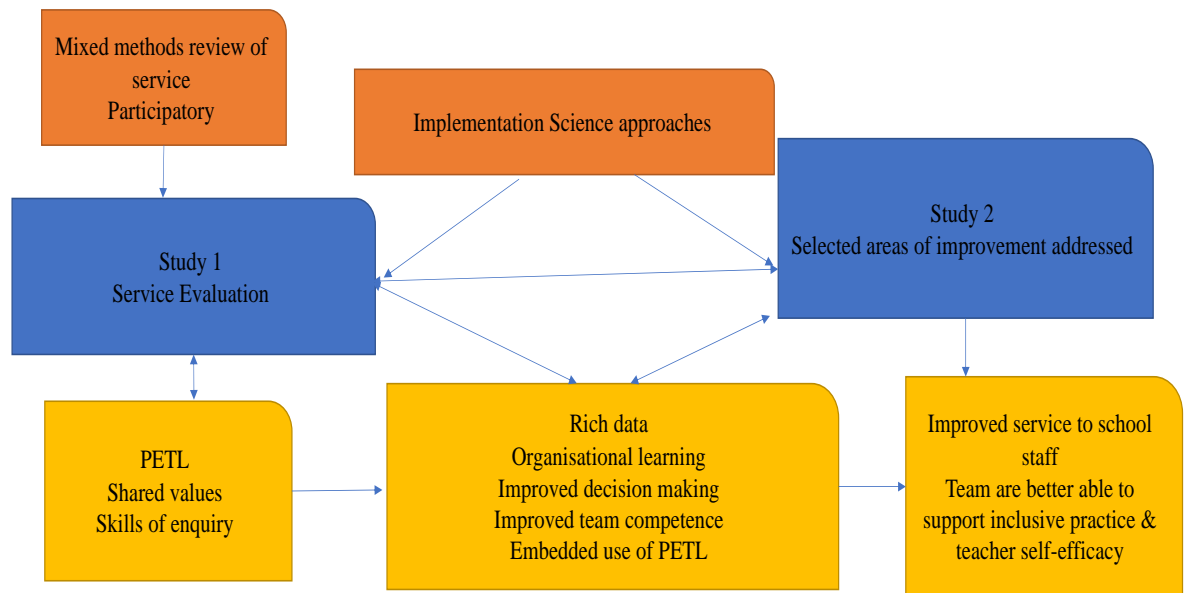
5.9 - Focus groups (FG)

For many years FG have been widely utilised by researchers looking to investigate a wide variety of topics within a wide range of disciplines (Bearss et al., 2016; Guest et al., 2017; Massey, 2011). FGs are a form of group interview or discussion, centred around a particular topic, which gathers data from several participants simultaneously. FG's allow researchers to gather information in a short period of time and can provide insight into complicated topics, opinions, or attitudes (Stuart, 2015). They are a well-established and valuable qualitative research tool which are used by researchers across

many areas of study (Woodyatt et al., 2016). Limitations of in-person focus groups have been identified as: limitations of the exploratory nature, use of small convenience samples and the influence of contextual cues of a group dynamic (Stewart & Shamdasani, 2016). Within focus group research there have been concerns regarding participant anonymity and confidentiality and about participants feeling confident about sharing information as part of a larger group. Furthermore, unfamiliar environmental factors and recording instruments could be considered as off-putting to some participants (Liamputtong, 2011).

It has been argued that until recently, focus group research was considered a long-standing methodology with few innovations, until the increased interest in extending the practice to an online forum (Stewart & Shamdasani, 2016). More recently researchers have been exploring the utility of online focus groups. Online focus groups can be delivered via a range of platforms which have become significantly more available to people during the pandemic. Online focus groups have been used in a wide variety of settings and some research has indicated that they perform just as well as in-person focus groups with respect to the information provided by participants (Galler et al., 2022; Richard et al., 2021; Woodyatt et al., 2016). Online focus groups can represent an easier and more cost-efficient alternative to in-person focus groups for researchers (Richard, 2021). Surveys of participants of online focus groups have found that participants can show preference for the convenience of online focus groups, can appreciate the greater anonymity and the greater ability to contribute without distractions. However, it has been noted that the conversation sometimes does not flow as well (Zwaswikjk & Van Dulmen, 2014).

In reviewing the research comparing in-person focus groups to those online, it appears to demonstrate the overall number of responses are similar as well as the number of themes generated (Galler et al., 2022; Richard, 2021; Stewart & Shamdasani, 2016; Synnot et al., 2014; Woodyatt et al., 2016). This research was initially undertaken throughout the Covid-19 global pandemic whereby governments limited in-person contacts and the

University Research Ehics Committee were not agreeing in-person studies. The service evaluation was conducted mostly online. The research presented and discussed indicates positive contributions from this method. However, within the main study many of the young people indicated to school staff that whilst they did wish to participate in the research, they did not wish to attend online focus groups and had a strong preference for smaller in-person groups. Two of the young people requested to input to the research individually. Indeed, one parent, who were themselves autistic, also requested to input to the research on a one-to-one basis with the researcher. Whist the level of concern of the young people was not surprising, it had not been expected on the scale of which it occurred. At that time the pandemic restrictions had latterly changed to allow in-person studies and ethical approval. It highlighted further to the researcher the difficulties experienced by autistic people in social interaction and social communication and the stress that social situations can cause for autistic people, like an online focus group. The autistic pupils involved in this study showed a strong preference for in-person research and identified personal difficulties with online focus groups with other young people they did not know. This is possibly an area that is under-researched that would warrant further research.

5.10 – Ethical considerations

This research has discussed some of the ethical implications of the practitioner-researcher role in Chapter 1 and issues related to the senior role of the researcher and the potential for coercion and a power imbalance. It is hoped that the participatory method adopted throughout would support all participants to feel empowered and safe to express their opinions and feel heard. Another key ethical consideration in working with participants with neurodiverse presentations is in ensuring that all communication and language is accessible and that participants understand what they are engaging in, and the potential consequences of that engagement. The issue of informed consent is a key consideration for researchers engaging in real-world research (Robson & McCartan, 2017). Participant information sheets (Appendix G1,G2 and G3) were created and all

children were deemed to have capacity due to being in mainstream secondary school. However parental consent was also sought from parents of the young people involved in the research. Participant information sheets also included a full disclosure of risks, benefits and activities. Continuous consent was supported by regular discussions with all participants as well as regular opportunities to ask questions of the researcher. The researcher is an experienced educational psychologist who has significant experience in working with young people and adults who are neurodiverse. The researcher is competent in adapting her language and communication style and her approach to the needs of others.

5.11 - Thematic analysis

To interpret the findings of the focus groups the results were thematically analysed. Braun & Clarke (2022) define thematic analysis as:

"*a method of developing, analysing and interpreting patterns across a qualitative dataset, which involves systematic process of data coding to develop themes- themes are your ultimate analytic purpose*." *Braun & Clarke, 2022, p.4.*

Thematic analysis is a family of qualitative methods that systemise the development of themes from data, allowing researchers to extract meaning. There is a variety of forms of thematic analysis, many of which overlap with each other, so in deciding on the most appropriate form the researcher considered what type of analysis might best support answering the RQs. In considering the different forms of thematic analysis the researcher considered potential benefits of several approaches (see Appendix D). The researcher was keen to utilise an inductive approach i.e., an approach that allowed the data to determine the themes. In consideration of the accessibility and feasibility of each approach and nature of the RQs the Braun & Clarke (2006) model of thematic analysis was selected for study 1 due to its inductive approach, accessible format, and its ability to offer answers to the RQs in a timely manner. It offers researchers a methodical but

rigorous method for analysing qualitative data which they can undertake themselves without the use of expensive equipment. Data can be analysed in a consistent, precise, and exhaustive process in enough detail that it can be replicated by others (Nowell et al., 2017). Appendix D outlines issues with accessibility and feasibility for each approach considered.

Summary

In summary, this chapter has discussed some of the areas related to the evaluation and improvement of complex interventions such as an AOT. It has considered two key theories and has suggested these theories may be combined in future to produce a new model that links evaluation with transformative learning which may be useful in developing the use of evaluation research within education. This chapter has considered evaluation research as a worthy form of applied research and has noted that it is an area that would benefit from future work within education. The utility of implementation science is discussed and provides a useful vehicle in undertaking both evaluation and improvement activities. Some ethical considerations have been discussed related to working with people who experience neurodiversity. Both focus groups and thematic analysis were discussed. The next chapter will outline the methodology and results of Study 1 the service evaluation.

Chapter 6 –Study 1 – Service Evaluation Methodology and Results

6.1 – Introduction and background

Service evaluation and service improvement are inextricably linked within this project. Initial anecdotal information received by the LA indicated that there were concerns from stakeholders about the practices of the AOT. Senior managers reported that schools had raised concerns about the team in terms of effective practices. With the assistance of the researcher, the LA sought to qualify the current practice of the team. The researcher did not seek to clarify the anecdotal concerns raised, but rather remained open minded pending the evaluation being undertaken.

The AOT have historically worked as two separate teams, a primary stage team (i.e., primary school stage p1-7), and a secondary team (i.e., secondary school stage s1-6). School staff refer pupils to the AOT when they are having difficulty managing within the mainstream classroom environment. Referrals to the AOT are sent, by schools, to a central screening group and if approved are passed to the primary or secondary AOTs. The primary and secondary teams had different line managers both of whom had other line management responsibilities. The primary team are physically based within a specialist unit, in a mainstream primary school, that supports children with ASD who are not otherwise able to manage a mainstream classroom environment. There are three part time members of staff, two of which have other roles which equate to a full-time position. One member of the team works part time. The team are regularly used for staff cover for the base and this had a significant impact on the outreach support offered.

The secondary AOT consists of two full time members of staff who are based within a peripatetic team at a base in a mainstream primary school. The teams rarely worked together. Further the teams indicated that they were not fully aware that a speech and

language therapist had been allocated a period to support each team. An organisational diagram can be seen in Figure 8.

Figure 8 - AOT composition

Primary outreach team lead	Secondary outreach team lead
3 x part time staff	2 x full time staff
Support on request from SALT	Support on request from SALT

A diagnosis is not required for referral to the AOT, but schools are asked to demonstrate assessment of the child or young persons' social communication which indicates difficulties. Notwithstanding that a diagnosis is not a requirement of outreach support, most children and young people referred to the AOT had either already received a diagnosis or are in the process of being assessed for one. Whilst it could be argued that this may impact on the homogeneity of the group that can potentially receive additional support, the diversity and heterogeneity of the ASD population is well documented (MacKay, et al., 2017; BPS, 2021). When considering the application of research to applied practice it is important to carefully consider the ecological context within which the situation arises (Boyd et al., 2019). To ensure a sample of young people with a diagnosis of ASD would be to exclude large numbers of children and young people from receiving potential additional support at the earliest opportunity. This would also exclude young people from potential additional support where they or their parents do not wish to undertake the process of assessment for ASD. The AOT therefore support children and young people with ASD and children and young people with social communication difficulties.

This study was undertaken during the Covid-19 pandemic which meant that the overall design of the study had to adapt to remote and online methodologies to manage the risk of transmission. The service evaluation section was therefore undertaken remotely via an online platform.

6.2 - Rationale for service evaluation

The rationale for the research project is to establish how a local AOT can be utilised, most effectively, to support teachers with the implementation of inclusion. A recent review of the literature identified that few studies have focused on how to transform the ideology of inclusion into practice (Buli-Holmberg et al., 2022). Within the academic literature there is cognisance of the need to develop individualised planning and support for children and young people with ASD (Clark et al., 2020; Lindsay, 2014). Tailored teaching methods have shown to impact positively on the inclusion of children and young people with ASD (Lindsay, 2014). Indeed, a lack of knowledge is most often cited by teachers as a pertinent factor in teachers' ability to include pupils on the spectrum within mainstream classrooms (Anglim et al., 2018; Roberts & Webster, 2020). An AOT are well placed to provide direct support to teaching staff both enhancing and promoting the implementation of inclusion.

The rationale for the service evaluation was to ensure that the service was as efficient as possible and complicit in improving outcomes for pupils who experience ASD/ SCD and are educated in mainstream classes. This would therefore assist in meeting local and national objectives. It is hoped that in providing effective direct support, that teachers can increase practices that support inclusion and reduce practices that impede it, therefore increasing the positive inclusive experiences of pupils who experience ASD or social communication difficulties.

6.3 - Aim of service evaluation

The aim of the service evaluation was to engage in a systematic collection of data about the purpose, activities, characteristics, and outcomes of the outreach service. This then allows the question of what the next steps are in terms of improvement for the service, to be explored. The researcher wanted to utilise both summative i.e., the effects and effectiveness of the service, and formative evaluation i.e., evaluation intended to help the development of the assessment process itself (Gullickson, 2020; Robson & McCartan, 2017; Shaw, 2006). It then follows that the results of the summative assessment will identify current strengths and areas of development to then inform improvements in practices, which will in turn inform formative evaluation. The evaluation was conducted under a systems approach with the emphasis on specifying the objectives of the evaluation, identifying outcomes, and providing feedback on those outcomes (Kelly, 2012; Onyura, 2020; Robson & McCartan, 2017).

6.4 – Ethical considerations

Whilst evaluation projects do not require to be formally submitted to the University ethics committee for approval, there are several ethical considerations worthy of note. These were discussed within the LA management leadership group involving senior leaders. The overall worthiness of the service evaluation and ensuring it is going to contribute to improvement that will benefit service users, is a key consideration. The evaluation itself has a strong improvement focus which when implemented has the potential to improve services for children, young people, and families. The researcher has the expertise to support a participatory evaluation due to previous experience in this area within her own service. As discussed in Chapter 1 the importance of the AOT and other participants giving informed consent, to participate voluntarily, and without coercion, when considering a perceived power imbalance cannot be understated.

Participant information sheets were created, and the researcher had regular dialogue and negotiations to support voluntary informed consent and decision-making. Discussions in relation to staff being able to withdraw without consequence at any point were undertaken and participants were reassured that all data gathered was confidential and was anonymised. The mutual benefit of the improvement of the service was discussed as well as the benefits to service users. The AOT were keen that their service be of benefit to service users. The implementation science approach adopted meant that the AOT and the researcher met fortnightly which provided a plethora of opportunities for staff to discuss any issues with the researcher. Alternatively, staff were encouraged to discuss any concerns they had with their line manager, the RA or with the researcher's manager.

6.5 - Epistemology

The underlying epistemological position of this research is that of a critical realism. Critical realism (CR) utilises components from both positivist and constructivist paradigms to provide a detailed account of both ontology and epistemology (Fletcher, 2017). CR originates from the work of Roy Bhasker and purports that how we perceive the world is subjective and depends on our beliefs and expectations (Bhasker, 1978; 1979). CR provides a theoretical framework and philosophy for analysing and intervening in the complexity that surrounds educational contexts (Kelly, 2017). It facilitates the study of values and beliefs and guides reasoned actions in supporting change. CR concludes that researchers should investigate causal tendencies and consider agency and structure. Indeed, critical realist approaches encourage that issues are considered in an interpretive, collaborative context alongside key stakeholders, that different types of data are gathered and that improvements are guided by theory and evidence (Kelly & Woolfson, 2017). CR functions as a general methodological framework for research (Fletcher, 2017) but has not been tightly associated to precise methodological approaches (Kozhevnikov & Vincent, 2019). It lends itself to a broad range of instruments and techniques.

Whilst CR places a significant emphasis on theory it also acknowledging that some theories can be closer to reality than other. CR notes that theories can support researchers in identifying causal mechanisms which are a strong feature within a critical realist approach (Wynn & Williams, 2020). Study 1 draws from PETL as discussed in the literature search (chapter 5).

6.6 - Research questions

The overall RQ is supported by the following supplementary RQs within the service evaluation:

- *What are the AOT currently delivering to support learners with ASD/ social communication difficulties in mainstream classrooms to support inclusion?*
- *To what extent is the service currently meeting users' needs?*
- *What are the outcomes for teachers, parents, and pupils because of the involvement of the AOT?*
- *What are the next steps for improving the services contribution to the implementation of inclusion, to improve pupils' experiences in mainstream?*

6.7 - Research approach

Study one utilises PE as outlined in chapter 5. Within the research the two AOTs are brought together so they can articulate and share their perceptions of the strengths of the service, the areas of development and a plan for improvement. In doing so the AOT are active participants in carrying out the evaluation and interpreting the results. It was hoped that by involving the AOT as active participants that the researcher would receive authentic accounts of how the team construct their social reality and thus this critical reflection become part of the research data.

The service evaluation utilises a user-centred design to develop a deeper understanding of the needs of teachers, parents, and children with ASD/SCD. User-centred design is an iterative design process where the needs of the service users are at the heart of the process at each stage of the design (Moser & Korstjens, 2022). The service evaluation sought to identify the views of all stakeholders and ensure that stakeholders views were central within the decision-making process.

6.8 - Methodology

A mixed-methods approach was utilised for the service evaluation. The analysis of previous referrals allowed the researcher to investigate the numbers of children that were previously referred to the service as well as patterns of referrals. The overall methodology was agreed with the AOT, and progress was monitored in fortnightly meetings utilising an implementation science approach (see chapter 5 literature search).

The first step of study one was to investigate what policies, procedures and evaluation data was already held by the primary and secondary AOT. Secondly, data was collected investigating the views of the AOT and associated stakeholders. This was undertaken via the following methods outlined in Table 4. While most of the data was collected via online methods, it was felt that accessing young people's views by hard-copy questionnaires issued by school staff would be the most efficient method of accessing young people's views.

Table 6 – Overview of service evaluation

Method	Activity details	For whom?
Analysis of service referral data – last two years Analysis of all service documentation	Review of paperwork Review of every referral over last two academic years	Undertaken by researcher
Online questionnaire Appendix A1	A 14 question self-developed survey · Seven around knowledge and understanding and skills across a 5-point Likert scale · Four questions on practices, processes, and procedures · A question on training · Two questions on supporting inclusion · A question on interactions with children and families · Four questions on perceived individual and team strengths and areas of development.	AOT Emailed to team (n=7)
2 x online focus groups	Self-developed focus group questions across 2 sessions · Two questions about the aims and intended outcomes of the team · Fourteen questions about practice and policies · Two questions about the primary and secondary team role · Two questions about key components and the strengths and areas of development of the team · Five questions about skills and training · A question about a case example and a successful day	AOT
Online questionnaire	A 16 question self-developed survey · 4 questions to identify the person and their role · A question to identify the nature of work with the team · Two questions on expectations and understanding of the team (5-point Likert scale) · Three questions on strengths and areas of improvement · A rating question on satisfaction – 5-point Likert scale · 4 questions on specific areas of work · An any other comments option	School staff who had made a referral in the last 2 years.
Paper questionnaire – given and collected by guidance staff	A 17 question, self-developed survey – answered anonymously. · Three questions regarding opinions on school – four-point scale · Eight questions on the child's experience of the team – four-point scale · Four questions around the strengths and areas of development of the team	Young people who had received outreach support in the last two years.

	· Any other comments question	
Online questionnaire	A 14 question self-developed survey · Four identifying questions of parent and child · Two rating questions about expectations and understanding of the service and satisfaction – 5-point scale · Three questions on strengths and areas of development · Two questions on inclusion and contact · Two questions about input · Any other comments	Parents whose children had been referred in last 2 years
Online questionnaire	A 16 question self-developed questionnaire · Four identifying questions – person, organisation, role, email · A question to identify the nature of work with the team · Three rating questions on expectations, confidence and satisfaction · Three questions on strengths and areas of development · Four further questions on specific areas · One question on any other comments	Associated professionals – Speech and language therapy, educational psychology and social work

6.9 – Instrumentation

All members of the AOT (n=7) completed the online questionnaire (Appendix A1) which aimed to find out more information about their role. This included three members of the secondary AOT (the two members of staff and their current line manager), three members from the primary AOT and the link speech and language therapist. The speech and language therapist and the line manager of the secondary AOTs' questionnaire responses were separated from the 5 practitioner questionnaires on the basis that neither the line manager of the speech therapist had directly worked with pupils within the AOT role. The line manager had line management responsibility for the secondary team but did not herself undertake outreach work and the speech therapist had not previously worked alongside the AOT. Colleagues from the primary team had on occasion submitted referrals to the speech therapist for advice but the advice had always been

related to specific speech concerns as opposed to the generic outreach role. The secondary team had not made any referrals to the speech therapist as they had not been aware the therapist was part of the team. It would be likely that the experience of the practitioners may be different from those with no direct practical experience of the role. The researcher felt that it was important to get a sense of the current practice by those undertaking the direct outreach role. The additional benefit of including the line manager and the speech therapist in the needs analysis, focus group and ongoing development discussions was in building the sense of team and teamwork as this appeared to be something that would benefit the team moving forward.

Within the questionnaire items ranged from open ended questions to Likert questions (Likert, 1932). Likert scale is an ordinal psychometric measurement used to measure opinions, attitudes, and beliefs (Joshi et al., 2015). They generally consist of statements or questions across four, five or seven statement answers (Joshi et al., 2015). Participants decide which option best relates to how they feel about the question or statement. Likert scale questions are highly versatile, easy to implement, are quantifiable and are simple to draw conclusions from. Five-point Likert scales have been shown to have reasonable reliability and validity when measuring attitudes (Joshi et al., 2015) however as this is a self -developed scale the reliability and validity would need to be treated with caution. Furthermore, they are quick, efficient, and inexpensive methods of gathering information. However, it has been noted that Likert scales are unidimensional in giving restricted choices and that the spaces between choices are often rarely equidistant and may then not measure the true attitudes of respondents (Joshi et al., 2015). In addition, despite their ease and convenience when interpreting responses researchers should consider acquiescence bias (a tendency to agree with declarative statements) as well as central tendency bias which is the desire to avoid extreme positions and social desirability bias which can result from people wishing to display themselves in a positive light (Gracyalny, 2018). These factors need to be considered alongside the reliability and validity of the measure and statements included.

6.l0 – Researchers' assumptions

Within this research the researcher is looking to illuminate the nature of the relationships between different variables within the service evaluation. This is based on the premise that a relationship exists and can be discovered. This has been termed the 'researchers' assumptions' and this is a formulation of some of the researchers' initial thoughts in approaching the research. Within a reflexive system it is important that researchers examine their own assumptions and judgements as well as identifying personal beliefs which may impact on the research (Boyle and King, 2021). The researchers' assumptions for this first study are:

- The input by the AOT is individually driven and variable at present.
- The outreach staff have not had consistent training.
- The primary and secondary AOT operate differently in practice, and they do not work together. The role of the outreach teacher is not clearly identified.
- There are little/ no policies or procedures within the team and little evaluation of impact and outcome.
- Evaluation does not inform practice.
- There are few evidence-based practices being used by the team.
- Parents and young people are rarely involved in planning between the AOT and school staff.
- The impact of involvement of the AOT is unknown.
- Class teachers referring to the AOT report low confidence in supporting children and young people with ASD in the classroom.
- Pupils are not tracked for progress by the AOT.
- Parents and Pupils are not active participants in the planning of the AOT.

6.11 – Results

The primary AOT held no policy documents, process guidance or evaluation data. The secondary AOT had no policy document or process guidance but had begun to collect evaluation data from the period of August 2019- June 2020. The team leader had developed school, parent and pupil questionnaires and had trialled their use with a small number of service users (N=7 pupils, N= 4 parents, and N=4 schools). A ten item, questionnaire using a 5-point Likert scale (Likert, 1932), with 5 being strongly agree and 1 being strongly disagree, enquired about the following areas: enjoyment of working with the team, being treated fairly, pupils being more confident, pupils having their views taken on board, feeling of comfort, feelings of pupils being respected and updates of progress. The secondary staff were asked to give the questionnaire to appropriate parents, pupils and schools and returns were made to the team leader. Results of the evaluation indicated a high level of satisfaction with the service with no identified areas for improvement. The results of the survey are shown in table 5.

Table 7 – Existing secondary sector evaluation data

Question	Average rating - Pupils (N=7)	Average rating - Parents (N=4) _	Average rating – Schools (N=4)
Views on pupil enjoyment of working with team	4.7	5	5
Views of child being treated fairly and with respect	4.7	5	5
Views on child being more confident	4.5	5	4.5
Your views being taken on board (pupils only)	4.5	-	-

Feelings of comfort approaching the team and being respected	4.4	5	5
Received updates on the progress the child has made	4.6	5	5

6.11.1 – Analysis of case referrals to the AOT

An analysis was undertaken of referrals to the AOT over the previous two-year period. The analysis covered the academic years from August 2019 until June 2021. The period covered included two periods of national lockdown from March until June 2020 and January until April 2021. The AOT received a total of 96 referrals within the two-year period. Of these referrals 77 were for boys (80%) and 19 (20%) were for girls. The team received applications from 6 of the 8 (75%) secondary schools, 24 of the 41 (44%) primary schools and 13 of the possible 51 (25%) early learning centres. It is worth noting that 2 secondary schools, 17 primary schools and 38 early years centres made no referrals to the AOT in this two-year period. The breakdown in school stages can be seen in table 6. From table 6, it is evident that referrals peaked significantly at both the pre-school and primary 7 stage. Both stages are transition points whereby children change schools.

Table 8 – Referrals to the AOT per school stage

Stages			
2-year-olds	1	P6	2
Ante pre	6	P7	20
Pre school	17	S1	3
P1	9	S2	8
P2	8	S3	2
P3	4	S4	3
P4	8	S5	2
P5	3		

Table 7 outlines reasons for referrals given within the referral paperwork. In many cases more than one reason for referral was noted. In the instance that more than one reason for referral was noted the researcher counted each reason for referral separately. This allowed the researcher to develop an overall picture of the difficulties being experienced by the pupils being referred. From the reasons for referral being cited by school-based staff, transition was named most often as the reason for referral. Other areas identified included increasing awareness and understanding autism, supporting peer relationships, and supporting self-regulation, among others. It is worth noting that the reason for referral section within the paperwork is a blank box and does not offer staff suggestions for the reason for referral therefore ensuring that staff give qualitative responses to this question.

Table 9 – Reason for referral

Reason for referral			
Support around language/ communication	9	Support with self-regulation or managing emotions/ behaviour	17
Transition	36	Support with anxiety	12
Engaging with learning or support for learning needs (dyslexia/ attention)	11	Increase awareness and understanding of autism in pupils and classmates	19
Support at school and home (inc. support for parents)	13	Supporting peer relationships/ interactions with peers	18
Adapting curriculum	5	Generic request for advice/ strategies	14
Request for a different service	3	Support for sensory needs	2

Within the referral paperwork staff were asked to indicate the needs of the pupils being referred. Like the reason for referral question, staff were asked to provide their own qualitative response to this question within the form. Their responses were then grouped according to similarities of type by the researcher. A review of the 96 referrals indicated a variety of issues. These issues are summarised in table 8. Whereby more than one need was cited again these were listed separately to give an indication of the overall picture of support requested from the AOT. It is acknowledged that the areas cited in the table below can overlap with each other e.g., language and communication need and difficulties with social interactions, or anxiety and distressed behaviour. These were themed according to how they were described within the referral forms. As can be seen in table 8 the largest need identified with which support was being sought was difficulties with peer relationships, followed by issues related to language and communication needs and distressed behaviour and needs stereotypically associated with traits of autism.

Table 10 – Issues noted within referral forms

Needs and numbers of times noted			
Language/ communication needs	36	Needs 1:1 support to engage or be safe	19
Difficulty concentrating	18	Sensory needs	26
Anxiety	29	Low mood or suicidal thoughts/ self-harm	8
Distressed and/ or aggressive behaviour	36	Difficulty attending or engaging with school	23
Difficulties with social interactions/ peer relationships	57	Difficulties self-regulating and frustration	29
Learning needs	11	Dyslexia	6
Stereotypical autistic traits (e.g., obsessive behaviours, disliking eye contact, disliking changes to routine, repetitive play, inflexibility of thought, poor working memory)	34	Other (PICE, PDA, FASD, low self-esteem, poor sleep, or developmental delay)	23

This was the first time that the AOT referral data had been analysed within the LA. Neither the AOT nor the team leaders were aware of the overall picture of referral. The service data did not feed into service plans or towards a plan for staff training or development.

6.11.2 – AOT questionnaire

A summary of the responses can be found in Appendix A2. Figure 9 details the answers provided by the AOT, to the Likert scale questions around knowledge, skills and understanding. The axis on the left shows number of staff providing the responses. All the AOT (n=5) rated their knowledge and understanding and skills in implementing inclusive practices as ''high' or 'very high'. The team all rated the importance of inclusion as ''high or 'very high' and their knowledge of interventions to support autistic children/ young people as high or very high. One member of staff indicated that they were unsure of strategies to support inclusion with three rating this as high and one

member of staff rating this as very high. This indicated varying levels of confidence in the teams' perceptions of how inclusion was currently supported. One member of staff rated their awareness of assessment strategies to assess specific needs as neutral with the other four rating this as high. This again indicated that one member of the team was unsure around assessment strategies.

Figure 9 – AOT responses to knowledge, skills and understanding questions
(Frequencies and 95% Confidence Intervals)
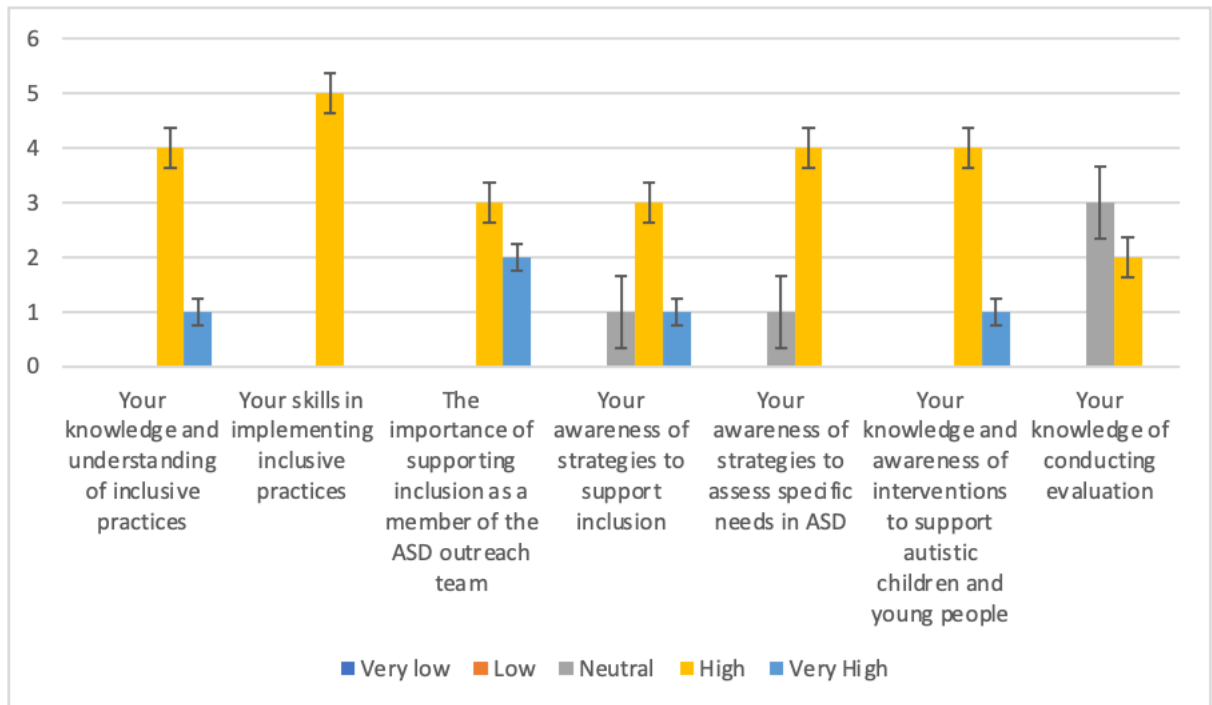
It was clear from the questionnaire responses that while the team had undertaken a variety of training there was no common training input that all staff had received. The team identified that they had received the following training in table 9.

Table 11 – Training received by AOT

Training identified by staff	Number of staff trained
Post graduate training	2
TEACHH approach (Mesibov et al., 2005) A structured approach to teaching individual children with ASD	3
PECS (Bondy & Frost, 2001) A pictorial exchange information system. Allows individuals to communicate without speech	2 (one SALT)
SCERTS (Prizant at al., 2006) An assessment and intervention approach based around different levels of language acquisition. Includes communication friendly environments	1 (SALT)
ELKLAN (https://www.elklan.co.uk/OurWork/) Speech and language communication training developing speech and listening skills	2
Boardmaker – pictorial symbol making system for communication, PDA – pathological demand avoidance, Autism Toolbox, inclusion, use of visuals, communication and language model	1 each

Observation was identified by most staff (n=4) as the main method of assessment, with discussion with parents and colleagues (n=3) and data gathering from parents and schools (n=2) as other methods. None of the staff indicated that they had received training in observation as a form of assessment. Two members of the AOT referred to looking at sensory issues and autistic traits. The survey indicated the AOT did not have a standardised approach to assessment.

When invited to expand on their knowledge of intervention strategies to support children/ young people with autism and their implementation, the most identified strategy was the use of social stories (n=3) with members of staff naming a variety of interventions individually that was not identified by other members of the team. Staff

did not indicate that they had received any training in social stories. Staff did not offer any comments on implementation within their answers. Evaluation was identified as an area of development (n=3). The results indicated that moving forward intervention and evaluation were areas for development.

The AOT identified empathy, relationships, and communication as strengths of the team (n=3) as well as their own individual varied experiences (n=3). There was little consensus within the team when specifically asked about areas of development i.e., singular responses given in a variety of areas.

The AOT questionnaire responses from SALT and the line manager can be found in Appendix A3. All ratings given for: knowledge, understanding and skills in implementing inclusion, the importance of inclusion, awareness of strategies and interventions and knowledge of conducting evaluation were high or very high. The exception was skills in implementing inclusive practices which was not rated by the line manager. When asked about processes for assessment the speech and language therapist noted that work had been undertaken with the primary team but was not currently being utilised. This further indicated that assessment and skills in implementing inclusive practices may benefit from a future focus.

6.11.3 - AOT focus groups

Focus groups (FG) were utilised to identify the key constructs of the outreach service as well as to drill down further in relation to some of the findings from the AOT questionnaire. The aim of the focus group, with the AOT, was to gain the range of perspectives about the current service delivery and evaluation whilst triangulating the information received in the survey. The FG also provided opportunities to clarify the similarities and differences between the opinions and values held by the participants (Gray, 2018).

Two FG were undertaken three weeks apart. The timing between groups was to suit participants other work commitments. It was not felt that the timing between sessions had a negative impact on the outcomes of the group as each session had a slightly different focus. The FG were undertaken online via the digital platform Zoom with the AOT, the research assistant, and the researcher. The FG were attended by most of the AOT with only one member of the primary team missing one session (session 1) and another member of the team missing the second session. A list of FG questions can be found in Appendix B1and B2. The FG were audio recorded by the online platform and then transcribed verbatim by the online provision (Appendix B3 and B4). The transcription was then checked for errors and single-word or phrase errors that interfered with understanding, within the transcription, were corrected. The names recognised by the online system, from staff logging in, were also anonymised.

Focus group 1 was heavily dominated by the secondary outreach teachers' responses, so the second focus group was chaired more closely asking questions of both teams to try and draw out the primary team voices. The primary team appeared far less confident in their responses and tended to sit back allowing the secondary team to respond. This is one of the drawbacks of a focus group as a method of collecting information, in that the group dynamics can lead to dominance of some members and non-compliance by others (Cohen, Manion & Morrison, 2018). It was not considered that the more active chairing of the second session negatively impacted on the results but instead encouraged the primary team to come forward with their views.

The focus group transcriptions were thematically analysed independently by the researcher and a research assistant (RA) using Braun and Clarke's (2021) reflexive thematic analysis. Both researchers investigated the focus group data independently initially and latterly came together to discuss codes that had been generated. Both researchers approached the data from a critical realism position which acknowledges the subjectivity of the researcher but also promotes the investigation of causal mechanisms. The role of the RA was to provide a level of challenge to the researcher on assumptions

that were being made, when coding the data, as well as providing an independent view on the data. Under a reflexive approach, investigators are encouraged to consider their unarticulated assumptions and consider how their training, experience, and research values impact on analysing data sets. As a senior manager of the LA and an educational psychologist this was a key consideration. The RA was not a senior manager nor a qualified educational psychologist but was experienced in qualitative methodologies and so added an additional perspective to the process. The researchers had worked together previously on projects, and the RA had both the confidence and experience to provide a level of challenge to the researcher. Both investigators interrogated the data using the six steps outlined by Braun & Clarke (2006, P87).

1. Data familiarisation
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

The researcher and RA came together at stage 5 to discuss their themes. Only minimal differences were found in the themes generated which mostly centred around what the individual had named the theme. Differences were discussed and final themes agreed between the researchers. As both investigators had worked together previously this may have contributed to the level of agreement found, in that each knew how the other may approach such a task. However, within a reflexive approach a level of subjectivity is expected and offered due consideration (Braun & Clarke, 2021).

Figure *Error! Unknown switch argument.* *- Results of thematic analysis*

Relationships & Collaborative working

- Relationships key across the board with everyone
- Questions around how partnership working works best
- People skills key for outreach team members
- Within & between schools
- Linking with key staff - information sharing, building service awareness
- Developing work with parents
- Once relationships formed service delivery can be flexible
- Importance of team around the child

Capacity building

- Building capacity in schools key role - whole school approach
- Area of development for the team
- ASD champions moving forward
- Usefulness of disseminating knowledge rather than just direct input
- Building capacity within the outreach team itself - bridging gap in outreach staff's own knowledge
- Gap in staff knowlede - too specific/ too general - opportunities for own growth
- Lack of knowledge of outreach team in some areas -evaluation, evidence based practices, training, assessment
- Limited capacity of outreach team

The varied role and individualised approaches

- Experience and involvement in mainstream & ASN
- Heavy direct work load
- Progression of role & development of the team
- Service delivery model and timing of input
- Team currently take an individualised approach
- Need to take individual/ needs based approach - heterogeneous nature of autism
- Need for flexibility

Answering the 'so what' question

- Development of assessment information & processes (often very informal currently)
- Assessment the starting point and then interventions
- Identified area of development for the team
- When evaluating need to focus on impact of the child

Transitions

- Differences between primary and secondary, setting & pupils
- Relationships key around transitions
- Differing supports for primary and secondary
- Mindset shift needed of secondary teachers in their role in supporting children with ASD
- Modelling and training less valued in the secondary sector

The thematic analysis triangulated the researchers' findings in terms of the outcomes of the school staff questionnaires (figure 10). Relationships and collaborative working were seen as strengths by both the AOT and school staff. The varied role, individualised approaches, capacity building – including staff's understanding and answering the 'so what' question and opportunities for growth were current challenges. Transitions were a strong focus within the role of the AOT. It appeared this was further complicated by the presence of a separate primary and secondary AOT.

The results of the focus group indicated, as in the case of the questionnaires, that the AOT's approach to practice tended to be individualistic. The overarching aims of the service were not defined and the service did not have any policy or procedural documentation. The outcomes of the service were not identified or reported at the service level. There was consensus that the request for assistance form and observation were used by all, as forms of assessment, but the team found it difficult to articulate how that assessment was linked effectively to interventions. The team had difficulty explaining how interventions were selected and then evaluated. The team did not have a system for identifying evidence-based interventions. Furthermore, the team did not have a strategy for building the capacity of school staff. The team identified training (both their own and that of others), building capacity, standardised tools, and evaluation as areas of development for the AOT.

6.11.4 - Questionnaire for education staff

A copy of the questionnaire for education staff can be found in Appendix C1 with a full summary of responses found in Appendix C4. The survey was completed by 30 members of school staff representing a response rate of 31%. Six from the early years sector, eighteen from the primary sector and six from the secondary sector.

Table 12 - Summary of school staff survey

Question area	Responses	Potential conclusions
Expectation of service prior to referral	Average – neutral to high expectation	Staff referring to the service have medium to high expectations
Understanding of role	Average – High to very high	Staff feel they understand the role
Confidence in including children with ASD/SCD	Pre – Low to start of very high Post – Very high	Staff feel the outreach team do support them to include children with ASD/SCD
How to the team support inclusion	Themes: · Support at school level · Social and emotional support · Support around inclusion – most noted transition · No impact/ limited impact	Most staff report feeling supported. Support around inclusion has a strong sub theme of transition
Strengths	· Communication · Relationship building · Professional skills · Improvement in staff knowledge & understanding · Changes for pupils	Communication and relationship building are key strengths of the team. Improvements in staff knowledge & changes for pupils were noticed
Areas of improvement	· Time & capacity · More information, guidance, awareness · Contact with parents · Negative impact of Covid noted · No strengths or skills were gained	More time with teachers, parents & pupils noted

The survey results can be found in table 10 and they indicated that most staff had high expectations of the AOT (n=23) on initiation of the referral and most staff (n=22) felt that they had a good understanding of the role of the AOT. Staff reported increased confidence in including children and young people following the AOT involvement (N=27). Relationships were noted as a strength of the AOT as was the upskilling of school staff. Improvements in school staff's knowledge and understanding and changes for pupils were noted by staff as positive impacts because of the AOT involvement.

More than half of the respondents (n= 17) rated their confidence as high or very high in including children with communication difficulties prior to the AOT's involvement as compared to 27 respondents rating their confidence as high or very high after the AOT's involvement. When asked to describe what could have gone better education staff often referred to higher levels of direct work/ involvement with pupils as being a preference as

well as more guidance, information and awareness raising. Nearly half of those who responded (n=13) selected not applicable for training delivered.

The survey from education staff notably contained several contradictory elements within it for example, some staff indicated high levels of satisfaction at the levels of family contact (n=7) with other indicating that they did not have awareness of the AOT linking with families (n=2) or that the AOT did not work with families (n=1). This could have been a direct result of the AOT working from an independently directed approach or that the primary and secondary were offering different levels of service due to the primary team being used regularly as cover for the autism base. Furthermore, some staff indicated that advice and strategies given were a strength of the team (n= 6) whilst other indicated that there was a level of uncertainty with the advice and strategies given (n = 2). It is also worth considering that questionnaires were only sent out to schools that had referred children or young people in the last two years and not to all schools within the local's authority. This was to ensure that people were answering the questionnaire from a position of experience. However, this would then mean that schools that did not refer to the service did not have their views captured.

6.11.5 - Questionnaire for associated professionals

A copy of the questionnaire for associated professionals can be found in Appendix C3 with a summary of the data found in Appendix C4. An evaluation form was sent to the following partners who also work with children and young people with ASD: the Speech and Language Therapy department, the Occupational Therapy department, and Psychological Services. Staff were encouraged to circulate the questionnaire among their colleagues who worked with children and young people within the LA. The questionnaire was completed seven individuals, two from occupational therapy and five from psychological services.

Table 12 - Summary of associated professionals survey

Question area	Responses	Potential conclusions
Expectation of service prior to referral	Range low to high Most respondents gave a neutral rating (n=5)	Indicating other professionals had neutral expectations of team
Understanding of role	Range neutral to high Most respondents gave a neutral rating (n=4)	Indicating respondents had some but perhaps not detailed understanding of the team
Confidence in including children with ASD/SCD	Pre – neutral to high Post neutral to high	Indicating little change in confidence after involvement
Strengths	· Collaborative working · Worked well with class teachers	Collaborative working a strength
Areas of improvement	· Hadn't worked with outreach team · Working well together · Communication · Areas of practice · Training & systemic work · Professional knowledge of outreach team work as indicated by high numbers of N/A in areas of satisfaction	Indicating some level of concern with the practice of the outreach team

The results for the associated professional's questionnaire can be found in table 11. Most professionals gave neutral responses to questions around expectations of the team (n=4) and their understanding of the AOTs role (n=5). A small decline of confidence in supporting the inclusion of children and young people was noted after the AOT involvement (n=1). From the questionnaire responses it was clear that joint working had been limited between the services. The provision of practical support strategies was noted as a strength of the team. Areas of improvement identified included communication, SMART targets, a framework for evaluation, upskilling education staff on evidence -based practices and coaching and modelling strategies.

6.11.6 – Questionnaire for parents

A copy of the questionnaire for parents can be found in Appendix C3 with a summary of the data found in Appendix C4. The parent's survey was completed by 12 parents whose

child or young person had received the outreach service in the last two years. From those parents, two were parents of a secondary aged pupil, eight were parents of a primary aged pupil, one a parent of an early years' pupil and one parent had a child in both primary and secondary.

Table 13 - Summary of parent survey

Question area	Responses	Potential conclusions
Expectation of service prior to referral	Pre – Neutral - high	Parents had average to high expectations at the start
Understanding of role	Pre – low - high	There was some variability in the understanding of the role
Prior awareness of strategies to support your child	Pre – neutral to high	Parents feel they do have some strategies to support their child
Strengths	• School support • Relationships • Social & emotional support • Practical support • Speech & language support	Parents can see strengths including supporting schools and relationships. Practical supports were noted
Areas of development	• Role confusion • No interaction with team • Communication • Areas being supported • Delays in reaching the service	Communication generally and on the role were noted as an issue. Some parents reported no contact

It was apparent from the survey responses that the parents surveyed did not have a clear understanding of the AOT role and this was demonstrated from the greater percentage of neutral responses given within the ratings of the survey (table 12). Over half of the parents gave neutral or negative responses to the expectations of the service prior to the input (n= 7) and their understanding of the role of the AOT (n= 7). Half of parents gave

a negative or neutral response (n=6) to the question asking them to rate their own awareness of strategies to support their child.

Parents noted that school support and relationships were strengths of the service, but some parents appeared to confuse the AOT members with other professionals that linked with their child. Areas of improvement identified by parents included communication (n=3), further development of areas of support i.e., to include parents (n=2) and in the accessibility of the service. Parents did not identify ways in which the AOT had supported the inclusion for their child.

6.11.7 - Questionnaire for young people

Questionnaires (Appendix C7) were sent to children who had received the outreach service in the last year. The questionnaires were sent to school depute heads with a remit for additional support needs. The school was asked to provide appropriate support to the children and young people in completing the survey and accessing their views. The depute heads were asked to identify someone in the school to return the questionnaire to a research assistant. It was understood that it may be difficult for children and young people to ask them to reflect on a service they had received longer than one year ago. The numbers of children receiving outreach services in the last year had been impacted significantly by two extended lockdowns due to the pandemic. The latter lockdown had been for four months. This had led to a reduction in school visits by the team and a reduced number of sessions across the schools. The AOT were asked to identify children who had received a direct service in the last year from the upper primary/ secondary sector. This age range was selected due to the timescales they were being asked to reflect on (i.e., the last year) and due to the method of collecting the data i.e., questionnaire.

Table 14 - Summary of young people's responses

Question area	Responses	Potential conclusions
Explained their role	Range from disagree to agree	Variance in how role is explained or understood
Helped them understand themselves	Range from disagree to strongly agree	Variance in how much children feel helped
Put a plan in place	Range from disagree to agree	Variance in children's understanding of plans being put in place
Interested in their views	Range from agree to strongly agree	Young people feel their views are listened to
Strengths	• Sharing thoughts and opinions • Support coping with school • Support expressing feelings • Don't know	Young people feel listened to and supported
Areas of development	• Don't know • No reply • Too many questions • Coming out of class	Young people weren't clear on areas of development

A summary of the responses can be found in Appendix C8 and are summarised in table 13. 13 young people from 6 secondary schools completed the evaluation questionnaire. It is unclear what the overall response rate was as Depute Headteachers did not inform the researcher of young people who did not wish to complete the questionnaire. All the children were in secondary school. Children and young people were asked about their school experience in general and then specifically about how the AOT had supported them. Most children identified that they enjoyed school (n=8) and that their school was a good school (n=10). Interestingly half of the children (n=7) did not agree that they knew how well they were getting on in school. 11 of the 13 children understood that they had been referred to the AOT and 8 felt that the AOT had helped them to understand themselves better. 9 young people were aware that a plan had been put in place to help them. 9 children learned some new strategies and 10 felt supported to share their thoughts.7 of the young people identified that being taken out of class, the volume of

information, finding somewhere to work and starting something new and talking were difficult.

It was clear that the young people who responded to the survey had a positive view of the AOT and that the AOTs' input was recognised as valuable.

6.11.8 - Analysis of evaluation results

An analysis of the results can be found in table 14 From the service evaluation several positives were noted by stakeholders of the autism outreach service. Respondents of the education staff questionnaire indicated a positive level of satisfaction with the service and identified that staff and pupils benefitted from the service. Positive relationships and collaborative working were identified as a strength of the service by the AOT and by service users. Social and emotional support was noted by parents and young people as an area of strength.

Table 15 - Synthesis of survey responses

Area	Outreach survey	Focus groups	Staff survey	Other prof survey	Parent survey	Young person's survey
Identified strengths	Knowledge and understanding of inclusion Awareness of strategies for assessment and interventions Empathy, relationships and communication Members individual experiences	Relationships Collaborative working Experience and involvement of team	Communi-cation Relationship building Professional skills Improvement in staff knowledge and understand-ing Changes for pupils	Collaborative working Worked well with class teachers	School support Relationships Social and emotional support Practical support Speech and language support	Sharing thoughts and opinions Support coping with school Support express-ing feelings
Areas of development	Consistency of training (team) Standardised approach to assessment Knowledge of implementation of intervention Evaluation	Capacity building Gaps in staff knowledge Limited capacity of team Individualised approach Approaches to assessment, intervention and evaluation Transitions and their impact	Time and capacity More information, guidance, awareness Contact with parents Negative impact of Covid noted No strengths or skills were gained	Collaborative working Communica-tion Areas of practice Training and systemic work Professional knowledge of AOT work	Role confusion No interaction with team Communication Areas being supported Delays in reaching the service	Too many questions Coming out of class

Areas of development for the service, identified from the service evaluation, included the following:

· The AOT do not have identified aims or an overarching vision of what it would like to achieve. The goals of the service are not well formed or clear.

· The outreach service does not have documentation outlining policies, practices, or developments.

· Communication with others was noted by some stakeholders as an area for development.

· The primary and secondary AOTs work independently of each other and rarely collaborate with each other or other professionals

· Approaches to assessment and intervention are individualistic and not well linked. Assessment was identified as an area of development.

· Interventions are often limited, not evidence based and applied in a generalisable way.

· The AOT did not have access to research

· The AOT did not have an agreed focus on building capacity in school staff

· Evaluation is an area development and would benefit from being linked to assessment and intervention.

· Parents and other associated professionals do not have a clear understanding of the role of the outreach teacher

Figure 11 shows a fishbone diagram outlining a synthesis of the issues identified within study one. The fishbone diagram organises the problem dimension in to issues around: policy, practice, assessment, intervention, evaluation, and referrals. It could be argued that these areas relate directly to the strategic planning and leadership of the team. The team did not appear to link their practices to national or local operational plans and had not identified their role within those wider systems. There was no one person with an overview of all staff or work practices undertaken and as a result staff developed their own working practices.

Strategic planning is a widely used management approach in both public and private sectors (George, 2019) and there is evidence from research that strategic planning has a positive impact on organisational performance (Bryson, 2018; George, 2019). Effective leaders can use strategy to focus attention and efforts on desirable priorities and can therefore provide a consistent framework to guide decisions and actions therefore defining the purpose of the department or team (Poister et al., 2010). Strategic management can also be adaptable and used to support LAs in the ever-evolving processes of change with which they regularly face (Poister, 2010). Furthermore, effective strategic planning can support in the quality assurance of LA practices. From the original researchers' assumptions presented:

Table 16 - Study 1 researchers' assumptions results

Assumption	Confirmed or not
The input by the AOT is individually driven and variable at present	Confirmed
The outreach staff have not had consistent training	Confirmed
The primary & secondary AOT operate differently in practice, and they do not work together. The role of the outreach teacher is not clearly identified	Confirmed
There are little/ no policies or procedures within the team and little evaluation of impact & outcome	Confirmed
Evaluation does not inform practice	Confirmed
There are few evidence-based practices being used by the team	Confirmed
Parents & young people are rarely involved in planning between the AOT and school staff	Confirmed
The impact of involvement of the AOT is unknown	Partially confirmed – the secondary AOT had some limited evaluation data (table 5)
Class teachers referring to the AOT report low confidence in supporting children & young people with ASD in the classroom	Not confirmed – over 50% of teachers reported high confidence prior to referral
Pupils are not tracked for progress by the AOT	Confirmed

Parents & Pupils are not active participants in the planning of the AOT	Confirmed

6.12- Moving forward

The results of the service evaluation were fed back to service managers within the LA by the researcher and the AOT. Moving forward the decision was made that the AOT would become one team who worked closely together to improve outcomes for children and young people. The identified issues with strategic management were addressed by the appointment of a new line manager and by the teams being jointly located. The three part-time primary stage team members did not opt to be part of the new AOT (due to commitments in other areas i.e., one got a new post, one reduced their hours, the third got a temporary promotion) and were replaced by two new fulltime members of staff. The new team were no longer stage specific and were allocated to clusters of schools supporting all stages.

As a result of the service evaluation a working group was formed which included: the AOT, speech and language therapist, the team lead, five parents of autistic children, the researcher and research assistant and four autistic young people to draw together a service development plan. The working group co-produced a three-year development plan to identify the aims, visions and values of the service moving forwards, based on the results of the needs analysis, and the development actions to address the problem dimensions identified within the evaluation. Furthermore, the AOT all received training in The Scerts Approach (Prizant et al., 2006), The Circle approach (Scottish Government, 2022b), assessment methodologies, identifying evidence-based interventions, transitions, and Goal Attainment Scaling. The additional training was arranged to address some of the issues raised within the evaluation around assessment, intervention and evaluation. Most of the training, excluding the Scerts training, was provided by the researcher to all members of the AOT and the team leader. These areas

of improvement were completed by the researcher and the AOT outside of this doctoral thesis but prior to study two.

In discussion with the AOT, it was agreed that the team would move forward from the evaluation by focusing on a specific area of service improvement. The aim was that the team would therefore address some of the target areas identified within the service evaluation in a practical format, therefore further developing the teams learning. The team identified that transition was a significant area requiring progression that if addressed effectively could support large numbers of children, young people, staff, and parents. Indeed, this was the greatest area of need identified within the service evaluation with over one third of referrals for children and young people undertaking a school transition. It was agreed that the team would co-produce good practice transition guidance for children and young people with ASD/ social communication difficulties. The document would ultimately be for school staff to guide practice, but it would be co-produced alongside staff, parents of children/ young people with ASD/ social communication difficulties and young people themselves.

Figure 11 - Fishbone diagram - synthesis of service evaluation
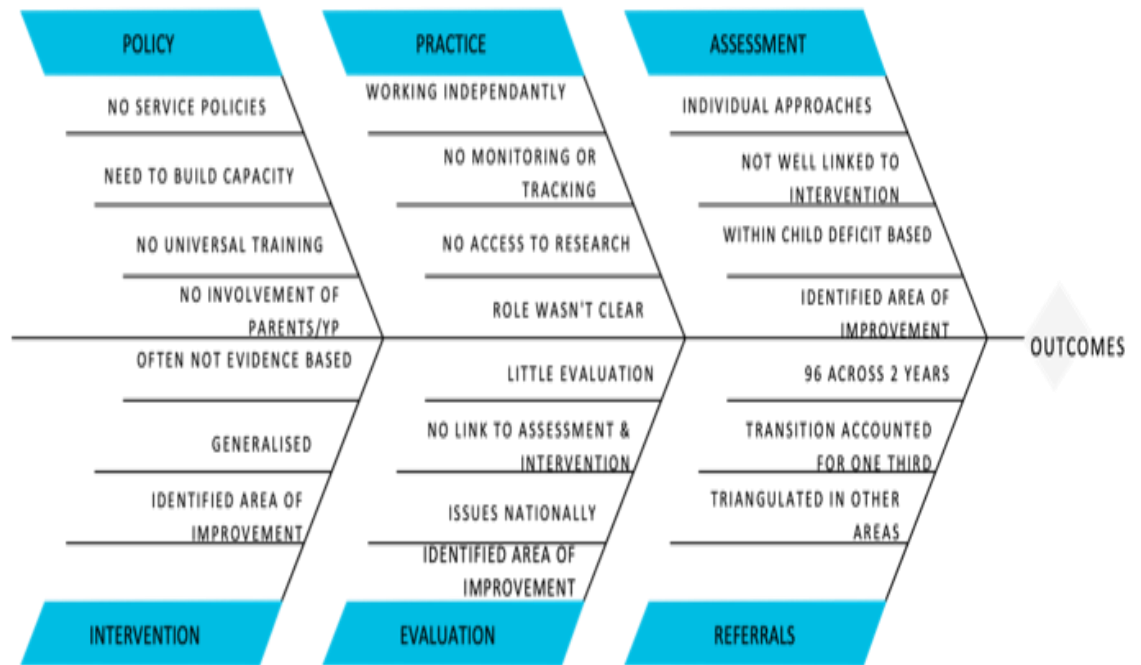
6.13 - Study Limitations

The service evaluation has several limitations. The sample sizes for all groups were small and cannot be generalised. The questionnaires were designed by the researcher and are based on participant self-report. In terms of the reflexivity of the researcher within the evaluation process, the researcher was motivated to make a positive difference to the operational working of the AOT. The researcher approached the evaluation from a CR perspective which opposes forms of empiricism and positivism by viewing science as concerned with identifying causal mechanisms (Fletcher, 2017). The researcher is a qualified educational psychologist and a senior manager within the LA. The dual role may have inadvertently created a power imbalance within a participatory approach with the social and decision-making interactions with the AOT being shaped by the senior role held by the researcher as well as the survey responses from participants. This can

easily be perceived by others and indeed the researcher themselves as operating from a point of advantage. The researcher tried to compensate for this by undertaking a participatory evaluation, asking the research assistant to send out and gather in survey responses and encouraging others to feel empowered within the process. This could however have led to a dominance of the researchers views within the process.

In addition, the researcher holds positive beliefs about the benefits of inclusion for pupils and that schools and services should adapt to meet pupil need. This may have contrasted with some of the participants beliefs. Further, the researcher is positive about the role of evaluation in service improvement and has years of experience in applying this at a service level. Due to their previous experience, they may have had pre-conceived ideas of how evaluation should be undertaken. The researcher also has a strong drive towards assisting in supporting equality for marginalised groups although has not had direct experience of being part of a marginalised group. It is likely that this will have impacted on the interpretation of the data and on the participants experience.

Within the first focus group the secondary outreach team dominated discussion with the primary team contributing less. The researcher consequently posed direct questions to the outreach team in the second focus group. This will have directed the discussion more poignantly and may have impacted on the data received. The researcher attempted to overcome this issue by discussing and evaluating responses to the evaluation with the research assistant and with the AOT. Furthermore, there was background knowledge of the AOT prior to undertaking the evaluation which may have influenced the thinking of the researcher. The limitations will be discussed further in chapter 8. The next chapter will outline the study 2 methodology and results of an identified area of improvement for the AOT.

Chapter 7 – Study 2 – Methodology and Results

7.1 - Introduction and background

The AOT intervening pro-actively with school staff, may support the implementation of inclusion, at a critical time point, in the following ways:

- · Good practice can be shared at the LA level, building capacity in school-based staff. Effective practices can also be identified from literature and built into the guidance documentation.
- · The AOT are supported to develop a guidance policy and can therefore take this learning forward in other areas identified as requiring development.
- · By undertaking and co-producing policy guidance for the LA, the AOT will move forward in addressing some of the issues identified within the service evaluation.
- · The availability of good practice guidance for school staff could have the potential to increase teacher confidence in supporting pupils with ASD (Sheppard, 2000) and SCD, therefore potentially reducing the need for referral.

The significant increase in referrals to the AOT at key transition points reported in study 1 may indicate that staff are concerned about transition processes and how pupils would cope with transitions. The researchers review of the literature would suggest that the concerns around transition practices for pupils with ASD/ SCD are indeed wider issues both nationally and internationally (Fontil, 2020; Nuske et al., 2019). The aim of the second part of this study was to co-produce good practice transition guidance for pupils with ASD/SCD, with young people, parents, and teachers. This was undertaken in the form of online focus groups. The guidance will be for school-based staff to utilise within their schools.

7.2 - Epistemology

The epistemological position is that of CR as in study 1.

7.3 - Theoretical underpinnings

This study draws from various theoretical positions. It draws from the new PETL model suggested which combines Practical Participatory Evaluation Theory (Cousins and Earl, 1991) and Adult Learning Theory (Mezirow, 2003. This study draws from MMT Theory (Jindal-Snape, 2016) and Self-Efficacy Theory (Bandura, 1977). MMT Theory (Jindal-Snape, 2016) which acknowledges the complex nature of transitions is discussed in chapter 4. Furthermore, Self-Efficacy Theory (Bandura, 1977) which considers how the AOT can support inclusion by developing teacher self-efficacy (discussed in chapter 3), an area deemed to be an important factor in supporting teachers' positive behaviour and behavioural change (Eliophotou Menon & Lefteri, 2021). A conceptual framework of this research is outlined in chapter 5.

This study adopts an implementation science approach which involves utilising methods and strategies that will facilitate the uptake of EBPs and research into the practice (Odom, 2011). This includes consideration of the context within which stakeholders operate as well as potential supports in trying to reduce the research to practice gap (Boyd et al., 2021; Odom et al., 2011; Olswang, 2015; Warren et al., 2021).

7.4 - Research questions, method, and researchers' assumptions

Across the LA anecdotal evidence has suggested that there are large inconsistencies between establishments in both general transition support and transition support for pupils with ASN. This had been evident through informal concerns raised by schools to senior managers and psychologists, discussions at Headteachers meetings, information from the resource allocation group provided by schools, and from discussion with

peripatetic services within the LA. To date, there has not been whole authority work in this area. In addition, analysis of service data (i.e., Psychological Services and the HomeLink Service referrals) indicated, a significant peak of referrals at transition stages.

The aim of Study 2 is to co-produce transition practice guidelines for school staff, for pupils with ASD/SCD. This will support in answering the RQ cited in chapter 1.Table 16 outlines the four supplementary RQ that will assist in answering the main RQ, the methods that will be undertaken, and the researchers' assumptions for study 2.

Table 17 - Overview of study 2 RQs, methods and researchers' assumptions

No.	Research question	Methodological approach	Assumption
1	What transition practices are currently used with children with ASD/SCD within the LA?	A **content analysis** of a sample of school transition policies to further understand LA practices **Grounded techniques** on uncoded data to ensure important data is not missed A **review of the transition literature** to identify effective practices	There are a wide range of transition practices used within the LA due to schools developing their own practices School transition policies contain limited reference to effective or evidence-based practices
2	How well do stakeholders perceive that transitions are undertaken by the LA?	**Online focus groups** with staff and parents **In-person focus groups** with young people **Template analysis** of focus group discussions	Stakeholders will identify that changes are needed to existing transition processes
3	What do stakeholders believe will assist in a more positive transition process?	**Online focus groups** for staff and parents **In person focus groups** for young people **Template analysis** of focus group discussions	Stakeholders will identify that positive developments are required, for more effective school transition practices for pupils with ASD/ SCD, for example supports tailored to individual needs
4	What guidance do stakeholders believe school staff need to implement more effective transitions and provide better support?	**Online focus groups** for staff and parents **In person focus groups** for young people **Template analysis** of focus group discussions **Co-production** of transition good practice guidance An **evaluation of the co-production** process A **review of the transition literature** to identify effective practices	Stakeholders will identify positive developments Stakeholders will rate the co-production process positively

Within this research, various forms of thematic analysis have been undertaken on different sets of data. The researcher has attempted to select the most suitable approach that will allow the most direct route to answering the RQ. A number of candidate approaches to thematic analysis were considered and these can be found in Appendix D. The specific approaches selected are summarised in table 16.

7.5 – Ethics

Ethical approval for this research was granted by Strathclyde University Ethics committee and the LA Children's Services Governance Group. Ethical considerations informed consent, coercion, confidentiality, use of data and collaboration have been discussed in Chapter 1, 5 and 6. The importance of informed consent with people who experience neurodiversity has also been discussed in Chapter 5.

7.6 - Review of effective practices for transition

The researcher sought to identify effective transition practices from the academic literature that positively support school transitions. To develop an overall picture of effective practices in school transitions pupils with ASD/SCD the researcher reviewed the generic transition literature as well as that specific to pupils with ASD/SCD. The researcher was supported by a research assistant who independently undertook a review of the literature.

The term effective practices were used to describe practices that high-quality research has deemed as efficient. The researchers conducted a review of the academic literature via access to the three following online databases, ERIC, APA Psycinfo, and the British Education Index. The search terms used were:

1. Autism* and school transition
2. ASD* and school transition
3. Social communication and school transition

4. Good practice and school transition
5. Nursery to primary and school transition
6. Primary to secondary and school transition

A twenty-year time period covering studies published between 2002-2022 was selected which focused on school transition interventions. This data would allow a comparison with practices deemed as effective from school transition policies. It was also felt that this information could also inform transition guidance later.

7.6.1- Review of effective practices for transition – results

The titles of 1578 articles identified by the search strategy were reviewed for their suitability. Duplicates were removed alongside articles looking at post-school transitions or other types of transition other than nursery to primary of primary to secondary. Table 17 indicates the findings across the three databases of the separate search terms.

Table 18 - Initial search results for transitions

Search Term	Results yielded across 3 databases
1. Autism* and school transition	581
2. ASD* and school transition	260
3. Social communication and school transition	82
4. Good practice and school transition	50
5. Nursery to primary and school transition	8
6. Primary to secondary and school transition	597
Total:	1578

A review was then undertaken of the remaining abstracts for references to transition interventions. The researchers agreed upon 55 papers which fully-met the criteria for inclusion in the review. The inclusion criteria included:

- From a peer reviewed journal and written in English
- References to primary or secondary research on school transition interventions that had been shown to be effective.
- Quantitative, qualitative, mixed methods and review papers were considered.

Studies that did not consider transitions between schools or post-school transitions were not included. From those articles the researchers scrutinised the articles and noted identified practices. The researcher and the research assistant met to agree the overall practices and then independently thematically analysed the identified effective practices for transition into initial themes. The researchers then came together to agree the themes

i.e., where practices were similar or had a level of commonality, they were then grouped into themes via a thematic analysis as described in study 1 (Braun & Clarke, 2006), for example, collaborative processes as a theme to identify practices whereby different groups of people worked together e.g., meetings, discussions, planning groups. It is worth noting that collaborative working was the most cited effective transition noted within the literature reviewed. The following practice themes were agreed by the researchers through discussion, from the literature search, as being identified as useful in supporting effective transitions, there were no sub-themes attached to the identified themes:

a) Collaborative processes involving all relevant professionals

b) Collaborative processes involving parents – e.g., parents attending meetings, parent visits

c) The promotion of relationships – peer to teacher and peer to peer

d) Effective planning e.g., pupil centred planning, individual plans, planning meetings

e) The identification of key personnel to ensure appropriate processes/ supports are in place e.g., a key transition support person

f) The availability of information for parents, pupils, and staff to access

g) Staff knowledge – e.g., transition processes, support, training, ASD/ social communication knowledge

h) Environmental supports e.g., visits, maps, identified safe spaces

i) Student centred planning – e.g., the development of a clear student profile, a continuous curriculum and opportunities for children and young people to share their views.

j) Self-regulation supports and strategies e.g., nurture groups, check-ins

k) A nurturing approach that includes considerations of young people's mental health and well-being.

l) Engagement and motivation support

m) Adaptations for Covid

These themes were utilised within a codebook (Appendix E1). A thematic analysis code book shares a list of codes and identifies how the codes will be utilised in practice. Supplementary coding forms for the content analysis of the school transition policies were also created to support in investigating the presence of effective practices in current school transition plans (Appendix E2). The content analysis codebook for this research (Appendix E3) was created collaboratively outlining the variables, clarifying how they would be measured and the coding rules before the content analysis began.

7.7 - Content analysis of school transition policies

A review of current practice within the LA revealed that there was no overarching LA guidance or policy around mainstream or ASN school transitions. Some schools had developed localised transition policies. The researcher sent three emails (an initial email and two follow up emails) to all headteachers within the LA (n= 52) as well as to headteachers of partnership nurseries (n=5) requesting that nurseries, primary schools, and secondary schools email copies of their transition policies. The researcher requested that where schools did not have a transition policy to send the researcher a nil return. A stratified random sample of seven school transition policies, across the nursery, primary and secondary sector were then reviewed separately by three researchers using a content analysis approach. The number seven was chosen to make the sample manageable, within the timescales, as a full content analysis was completed for each document.

Content analysis (CA) is known as a method to identify and describe themes or other aspects of communication (Drisko, 2015). CA assists researchers in examining data in a systematic way allowing them to identify areas of interest. CA can be defined as:
"a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use".

Krippendorff (2013, p.24)

The term 'basic content analyses' has been used to describe the most common form of quantitative content analysis found in multi-disciplinary literature (Drisko, 2015). Basic content analysis is often deductive and involves the development of codes, often created prior to data analysis (Neuendorf, 2017). Basic CA relies on a frequency count of information that often does not require the researcher to make extensive interpretative judgements in coding and data analysis (Drisko, 2015). This approach has been used to reduce data, within existing texts, to investigate many areas of research concern (Drisko, 2015) with the central aim being that texts are reduced to much fewer categories.

7.7.1 - Content Analysis – method

CA of 7 school's current transition policies was used to provide further information to assist in answering the first supplementary RQ.

CA was used as a deductive approach as the researcher was using existing themes which had been identified from the thematic analysis of the literature. The unit of analysis used was a sentence. The researcher is particularly interested in evidence-based activities that are undertaken already in schools. The purpose of the activity therefore was to identify a quantitative count of the most and least used effective practices, as identified in the review of the literature, with a selection of LA schools. It is therefore assumed that the more effective practices adopted by schools within their transition processes, the greater the likelihood that the transitions will be effective. The CA analysis was undertaken separately by three researchers. The main researcher, the RA and a Trainee educational psychologist with experience in CA. The researchers read through the policies several times, analysing one policy at a time, noting each time an effective practice was referenced.

It is acknowledged that only a small sample of policies have been identified, based on schools that were happy to share their transition documents. Whilst this is a crude analysis of a small sample, of self-selecting schools, it will give some information as to

the potential current practices within those individual schools. As children and young people with ASD/SCD would commonly participate in both the schools generic transition practices and any enhanced transition practices for children with ASN, both generic transitions policies and ASN specific policies were requested from schools.

7.7.2- Interpreting 'uncoded data' within the content analysis

Within the CA where information was not one of the 13 effective practices and was not a title or quotation, it was placed in a section named 'uncoded data'. Uncoded data included all sentences that did not fall into the identified themes. A grounded theory approach analysis, referenced as 'grounded techniques' by some researchers (Al-Eisawi, 2022) was undertaken with the 'uncoded' data. This involved using an emergent approach to ensure that additional information, could be analysed in terms of providing further information to the overall study.

Grounded Theory (GT) methodology is an inductive approach (i.e., where the researcher starts with the data and moves from that to a more general set of propositions) whereby the aim is to discover information from an analysis of the data (Strauss, 1990). However, theory extraction is not the main purpose of the current analysis within this research, rather to categorise 'uncoded' sentences that schools discuss in their transition policies that do not fall under any of the 13 identified effective practices. Coding this data means that the researcher can ensure that important data is not missed in the CA of the transition policies. Furthermore, this will support the researcher in answering the RQ around existing practices in schools. The literature has indicated that GT techniques can be used to build a systematic understanding of data whilst not essentially extracting theory (Al-Eisawi, 2022; Corbin & Strauss, 1990) as is the case in the 'full' grounded theory approach.

The researchers used GT as a comprehensive research methodology. Qualitative coding refers to a process whereby data is reduced without changing its meaning. Researchers

will often start with a larger amount of data and end with a small abstraction view of that data (Al-Eisawi, 2022). Reducing the size is achieved by assigning a word or phrase to represent or label an aspect of the data. GT describes three stages of coding namely open coding, axial coding, and selective coding. Within grounded techniques two stages of coding will be undertaken, open coding i.e., an initial stage of coding, the development of coding categories, and axial coding the emergent stage whereby commonalities, themes or patterns can be extracted. This process involves researchers being 'open-minded' about the data and setting aside pre-conceived notions or ideas.

A code within grounded techniques is often a specific indication of the main issue or phenomenon being described in the data. The researchers underwent the following process:

- · Initial coding and axial coding
- · Categories, relational model, core categories and story lines
- · Qualitative data validation and bias reduction

Figure 12 shows the content analysis process agreed and followed by the three researchers.

Figure 12 - Content analysis process

1. Theory & rationale

Coding of 7 transition policies – to establish a quantitative count of the effective practices as identified in the literature. This will give an indication within a small sample of schools to the practices used currently by schools and an indication of the effectiveness.
- **Research question** - *What transition practices are currently used with children with social communication difficulties including ASD within the local authority?*

Hypothesis *1. There are a wide range of transition practices used within the local authority due to schools developing their own practices.*
2. School transition policies contain limited references to effective or evidence- based practices.

2. Conceptualisation

- The variables used are the 13 effective practice themes identified in the literature review thematic analysis. A deductive approach will be utilised to analyse both explicit and implicit reference to the 13 effective practices.

Operationalisations (measures)

- Each sentence will be coded for both explicit and implicit references to any of the 13 identified effective practices from the literature review (see previous section)

4. Human coding

- Will be undertaken by three researchers individually who will come together regularly to discuss issues, concerns and patterns. The coding will occur in line with the codebook developed by the three researchers together. The co-created coding form will be used by all researchers

5. Sampling

- Considering whether the content is possible & desirable

6. Training & piloting reliability

- Coders work together to agree coding variables
- An independent pilot test is undertaken
- Inter-coder reliability is assessed

7. Coding

- The three coders code each policy independently

8. Reliability & reporting

- A final inter-coder reliability check is undertaken. Reliability of coding is calculated.
- 9. Results are reported

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The coding was undertaken by each researcher individually in a process by which each unit of analysis (i.e., a sentence) was quantitively coded in accordance with the agreed identified themes. Where an effective practice was cited within the unit of analysis it was counted within that theme. Where more than one theme was present within the unit, the second theme was coded as an additional unit. The researchers aimed for an 80% inter-rater reliability (Neuendorf, 2017), policies coming under that threshold were discussed and further analysed. The researcher's goal was to identify a quantitative count of school's use of effective practices within their transitions and identify the most/ least commonly used practices across a sample of school transition policies.

7.7.3 - Content analysis- results

Content analysis of a sample of seven school transition policies

Table 18 identifies the responses received from nursery, primary and secondary schools. In total the researcher received 16 transition policies from schools with 10 schools replying that they did not have a formal written policy. The breakdown per sector can be seen within Table 18 with the overall and sector response rate. The response rate was highest from secondary schools of which there are significantly less than primary or nursery schools. The response rate was poorest from nursery schools. It should be noted that most nursery schools (n=31) are situated within mainstream primary schools. The policies received were all generic school transition policies and no schools submitted an ASN transition policy or a policy for children and young people with ASD. Some policies referred to additional supports for children and young people with ASN e.g., "Staff are provided with a data sheet for all pupils with ASN – a copy is passed to Guidance for placement in PPR".

Table 19 - Responses from schools to request for transition policies

Sector	Number of possible schools	Number of replies	Policy sent	Nil return – confirmed no policy in place	Response rate
Nursery	5 – stand alone 31 school based 5 partnership nurseries	4	4	0	10%
Primary	41	16	7	9	39%
Secondary	8	5	4	1	63%
Specialist	2	1	1	0	50%
Total	92	26	16	10	28%

7 of the 16 submitted policies were selected for content analysis. Two policies from each sector were sampled by stratified random sampling (Robson & McCartan, 2017) in that the policies were separated into sectors and then randomly selected i.e., 2 policies from early years, 2 from primary, 2 from secondary and 1 special school. It was important to consider each sector. It was not possible within the timescales to analyse all policies submitted.
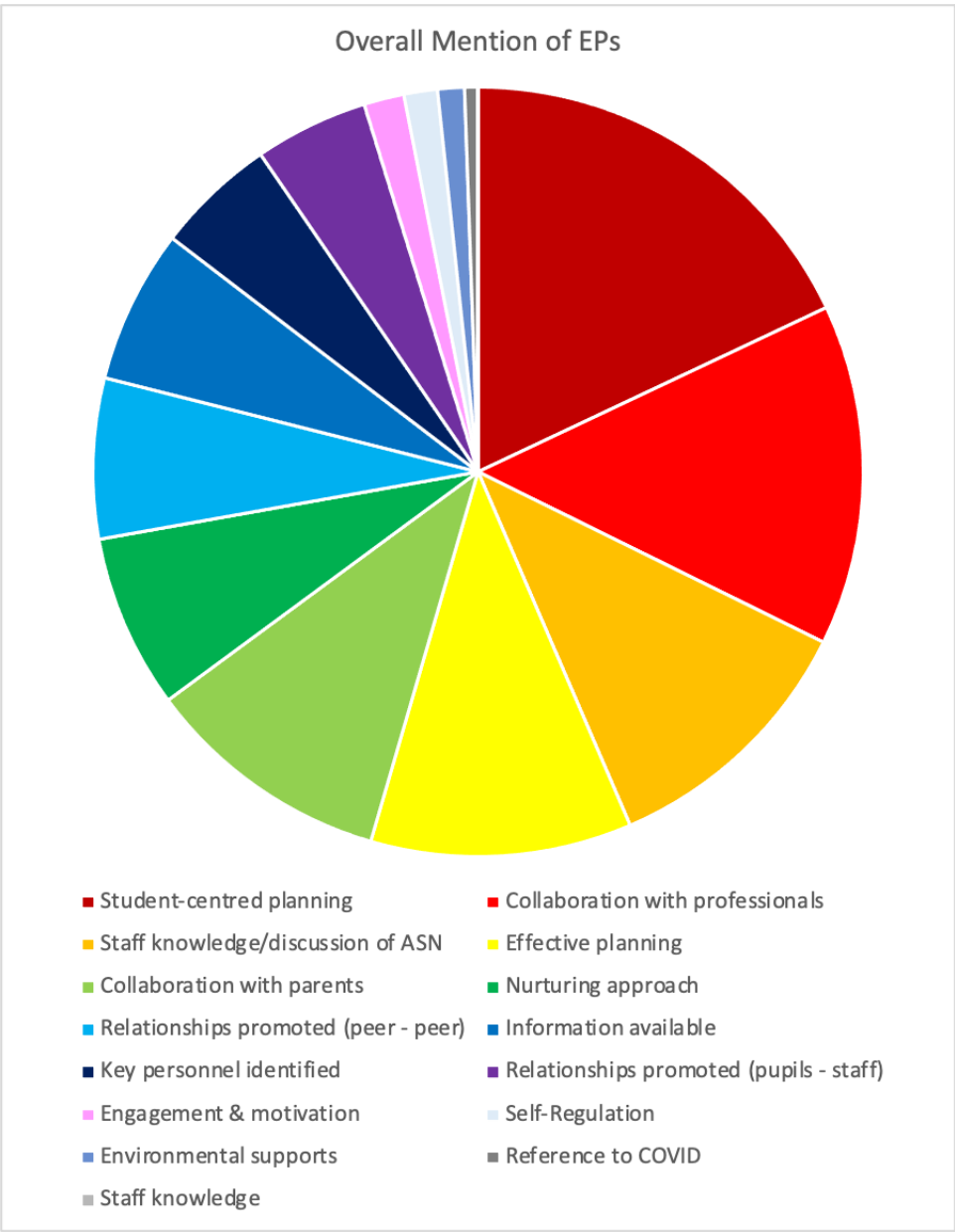
Table 19 outlines the final agreed results of the content analyses of all seven policies. Inter-rater reliability varied between policies with an overall inter-rater reliability of 88%. Differences were discussed in coding after both the pilot policies and at the end of the coding process. The individual combined analysis for each policy agreed by the researchers can be found in Appendix E2.

Table 20 - Results of the content analysis of school transition policies

Effective Practices	Secondary		Primary		Early Years Centres		Specialist	Total
	Secondary school 1	Secondary school 2	Primary school 1	Primary school 2	EYC 1	EYC 2	Specialist 1	
Collaboration involving relevant professionals	12	11	5	0	4	6	13	51
Collaborative process involving parents	6	3	7	0	2	12	7	37
Relationships are promoted (e.g., between pupils and staff)	3	4	5	1	1	3	0	17
Relationships are promoted (between peers)	4	12	4	2	1	1	0	24
Effective, proactive planning	7	4	9	0	9	7	3	39
Key personnel identified (to ensure appropriate processes and communication)	2	7	1	2	1	2	3	18
Information available for staff, parents and pupils	2	7	1	0	4	7	2	23
Staff knowledge (of transition processes)	0	0	0	0	1	0	0	1
Staff knowledge (of ASN)/ discussion of support for ASNs	14	16	2	0	6	1	1	40
Environmental supports	0	0	1	1	1	1	0	4
Student-centred planning	10	11	7	4	4	18	10	64
Self-regulation supports and strategies	1	0	3	0	1	0	0	5
Nurturing approach	6	6	6	1	3	3	1	26
Engagement and motivation	0	1	0	1	0	1	3	6
Mention of COVID	0	0	0	1	0	1	0	2
Items not coded according to any of the above	5	17	16	13	2	3	10	66

From table 19 and figure 13 the most referenced supports by the sample of transition policies were student centred planning (18%) and references to collaborative working (14%). Staff knowledge and discussions around ASN (11%), effective planning (11%) and collaboration with parents (10%) featured within the seven policies. Only two policies had been adapted considering the pandemic and only one policy referenced staff knowledge of transition processes. These were the least referred to effective practice themes. Environmental support, self-regulation support, strategies and engagement, and motivation strategies were not regularly referenced within the transition policies. This will be further discussed in section 7.7.

Figure 13 - Combined results for overall effective practices (EPs) from 7 transition policies

Overall Mention of EPs

- Student-centred planning
- Collaboration with professionals
- Staff knowledge/discussion of ASN
- Effective planning
- Collaboration with parents
- Nurturing approach
- Relationships promoted (peer - peer)
- Information available
- Key personnel identified
- Relationships promoted (pupils - staff)
- Engagement & motivation
- Self-Regulation
- Environmental supports
- Reference to COVID
- Staff knowledge

7.6.4 - Results from uncoded data – grounded techniques

The 66 uncoded items with reviewed utilising a GT approach (Al-Eisawi, 2022). The
uncoded data form with the agreed initial codes, axial codes and categories can be found
in Appendix E3. The results revealed four categories of 'uncoded data'. These were data
relating to:

·   Definitions

·   Processes (e.g., class allocation, forms, PSE curriculum)

·   Other support (e.g., self-care, storytelling), and

·   Aims (of the document or transitions)

It was concluded by both researchers that significant amounts of relevant data had not
been missed by the researchers within the content analysis. The content analysis areas,
provided by the literature, provided sufficient breadth to allow an analysis of transition
policies and practices without missing significant information about those processes.

7.7 - Summary of research findings – review of the literature and CA

The aim of the review of the transitions research was to provide a representative of
research over the last 20 years in terms of practices that are deemed effective. A review
was undertaken of both the general and ASD literature. The effective practices identified
by two researchers were then themed into categories and utilised as priori themes for a
content analysis of a sample of nursery and school transition policies. The analysis of the
policies revealed that student centred planning and staff knowledge and discussions
around ASN were the most cited effective practices. Adaptations or references to Covid,
environmental supports, self-regulation supports, and strategies as well as engagement
and motivation strategies were the least referenced. From the small sample of seven
transition policies there was a significant variability between policies. Some schools
appeared to have created their own policies based on local need as they perceived it.
Other schools had not formalised a policy. This may be because there had not been any

local authority co-ordination in this area and that the impact of school transitions was not fully understood. The impact of school transitions on referrals to support services had not previously been shared with Headteachers at an authority level. In relation to the researchers' assumptions in study 1 and 2, there are a range of practices within the LA with many schools not having any written transition policy. The sampled policies described a variety of practices with little consistency. The school transition policies made a moderate reference to some effective practices, but this was not consistent across policies. Whilst the references were moderate, for some, there was a lack of overall consistency. Hypothesis one is confirmed proven whilst hypothesis two is deemed to be partially confirmed due to the moderate references made e.g., student centred planning and collaborative working.

7.8 - Co-production of good practice transition guidance

At the planning stage, which was during the pandemic, it was agreed that there would be three co-production groups, each who met on three occasions. The meetings would be online via the digital platform Zoom. Staff participants were invited to be part of the research via an email, with participant information sheet attached, emailed by the researcher all schools. No incentives or compensation was offered. Interested parties were asked to attend a short session to give further information about the research and to ask schools for support in the recruitment of parents and young people.

A short half hour session was held online which gave an overview of the research project and its aims and a short presentation about approaching potential participants whilst considering the issue of coercion (Appendix F). The staff, pupil and parent participant information sheets were shared with all staff that attended (Appendix G1, G2 and G3). Staff were asked to consider parents or pupils who they believe may wish to be involved in the research. Staff were asked to share the participant information sheet with potential participants and gather consent forms from participants who wished to be

involved int the research. Staff were encouraged to contact the researcher with any questions or concerns. 18 members of school staff attended the initial session.

Table 22 below outlines the participants recruited to the study. All participants who noted interest were able to be part of the study. The number of young people or parents who declined to be part of the research was not known or recorded.

Table 21 - Focus group participant overview

Group	Young people	Parents	Staff
Number (total)	13	8	16
Stage/ sector	S1 = 7 S2 = 5 S3 = 1 Number of schools represented = 5	Of children in stage Secondary = 5 Primary = 2 Early years & secondary (both) = 1 Number of schools represented = 7	Secondary = 7 Primary = 3 Early years = 2 Outreach team = 3 Other (Homelink officer) = 1 Number of schools/ nurseries represented = 14
Sex	12 Male 1 Female	7 Female	3 Male 13 female

The study created three separate online focus groups all of which met on three separate occasions. The focus groups consisted of:

· Teaching staff focus group
· Parents focus group
· Young person's focus group

An overview of participants can be found in table 20. In separating the focus groups into homogenous groups i.e., young people, staff and parents, the researcher hoped to avoid a

power differential and encourage open communication about each group's unique experiences. A first draft of the guidance was then shared for comment by email with all groups.

The three sessions for each group followed a similar format:

Session 1 – An introductory session outlining the aims of the project (i.e., to produce good practice guidance for school staff for children who experience ASD/SCD) and the nature of co-production. All groups were asked about their lived experiences of school-to-school transition (RQ 1 and 2). These were recorded anonymously by two members of staff and summarised at the end to ensure accuracy. The questions outlined in Appendix H1, H2 and H3.

Session 2 – All groups were asked to reflect on what they feel needs to be included within a good practice guidance for children and young people with ASD/SCD (RQs 3 and 4). All groups were asked about how a child's/ young person's profile might best be assessed/ gathered/ presented for transitions and what they feel the timeline for transition should look like. How could the process of transition be evaluated moving forward? An infographic summary of the latest research was shared by the researcher for discussion. The researcher created the infographic based on the research reviewed.

Session 3 – A feedback session – A summary was provided to all three groups of each groups input. A potential framework for the guidance was shared with all three groups and discussed. A method of writing and sharing the first draft of the guidance was agreed (suggested by email by researcher).

All groups were then asked to evaluate the co-production process. The staff and parent groups were emailed a google form link to the evaluation of the co-production process straight after the third session (Appendix K1). The questions were adapted for adults from the Lundy model of participation (Lundy, 2007). A deadline of two weeks was set

for responses. Participants did not need to identify themselves within the evaluation but did need to indicate which group they are from i.e., staff, young people, or parent (partially anonymised). A reminder was emailed out within the week to encourage completion of the evaluation form. The evaluation data was used to establish the impact of the digital focus group and how involved participants felt within the co-production process. Further the feedback from participants will be used in future by the researcher within their role as an educational psychologist to improve future co-production processes within the LA.

Several school staff (n=4) contacted the researcher after the introductory session to let them know that they had young people who had expressed an interest in being part of the research, but that the young people had expressed concern about attending an online focus group. Each reported that the young person's preference was to meet the researcher in person. The researcher contacted the remaining participants, via members of school staff, to ask them their preference for the focus groups. All young people (n=13) indicated a preference for an in-person focus group (as reported by key school personnel). As the Covid restrictions had changed to allow in-person research, and the researcher had outlined that research approaches may require to be adapted in line with participant preferences, the young people's focus group was amended to two separate young people's in-person focus groups, for three sessions each, to accommodate the participants requests. The process of co-production with young people was evaluated via a paper questionnaire given to key school personnel and returned to the researcher by the same school personnel. The young person's groups were run during the school day. The researcher and the research assistant kept notes of each session (See Appendix J1, J2, J3).

All teachers who volunteered for the research participated in the sessions. The teacher groups were all online. All parents who agreed to be part of the research were included. The parent sessions were undertaken online in the evenings. One parent, who identified that she was autistic, requested to be interviewed on the telephone by the researcher

instead of joining the online focus group. The same questions were asked to that parent on the phone as were asked in the focus groups. Sessions 1 and 2 were combined into one telephone interview and the infographic was emailed with a follow up telephone call. One parent could not attend the final session and was contacted by telephone call to ascertain her views. These parent responses were collated to an overall set of notes.

7.8.1- Template analysis

Template analysis is a qualitative thematic analysis approach which involves the development of a coding template, which summarises themes identified by researchers as having importance within a set of data and organises that data in a meaningful and useful way (Brooks et al., 2015). Template analysis is a flexible technique that can be adapted to the needs of the research (Brooks & King, 2017). Template analysis is not tied to any theoretical or philosophical position (Brooks & King, 2017) and can be used on different forms of qualitative data (Cassell, 2019). This form of analysis was selected from the overview of thematic techniques created by the researcher (Appendix D) due to its ability to provide specific qualitative information, related to specific RQs and allowing the information for the good practice guidance to be prioritised. Template analysis allows the opportunity to include some a-priori themes (i.e., themes identified in advance). Furthermore, template analysis also provides flexibility in the coding structure to allow different depths of coding for different aspects of the data. Whilst it is appreciated that this is the third different type of qualitative analysis used within this research (the Braun & Clark thematic analysis and then content analysis) template analysis appears one of the most suitable and feasible methods to directly answer the RQs from the focus group data and provide the information required to create the good practice guidance (GPG).

Conducting template analysis involves undertaking the following steps which can often involve moving back and for the between stages due to the iterative nature of the process:

- · Familiarisation with the data
- · Preliminary coding
- · Clustering
- · Producing an initial template
- · Applying and developing the template
- · Final interpretation

(Brooks & King, 2017)

Within template analysis the use of hierarchical coding is commonplace, and the development of a coding template based on a subset of the data is applied to further data, revised, refined, and reapplied (Brooks et al., 2015). The researcher and the RA both independently undertook the template analysis. Both researchers familiarised themselves with the notes from each group session by reading the notes from all sessions. The notes were not verbatim accounts, rather two researchers took notes of the discussion, compared notes, and agreed a final set of notes from each of the two focus groups (with staff, parents, and young people). This meant there were six sets of notes to consider, as the analysis occurred after the second session. This allowed the third session to be a feedback and final agreement session. The young people's focus group notes were combined. The researchers then selected initial codes that were going to be helpful in answering the research question. Both researchers independently found that the identification of activities that the stakeholders deemed as good practice, and aspects of relationships, were key across all groups in the initial analysis and that these were going to be particularly helpful in developing an effective guidance document. However, in discussion, when considering the data across the three groups and the different perspectives and experience brought by each group, it was quickly decided that it would be appropriate to have different additional codes for each group (with good practice and relationships as a standard baseline code/ theme). Once each groups notes were coded, each researcher sought to identify common patterns within the data by 'clustering' the initial codes into initial themes. This was done by considering how the codes related to

each other. From the clustering the codes were organised into initial themes for each group and a template was developed. The researchers then came together to discuss the template with the goal of agreeing a final template. Through discussion and reflection, a final template was agreed for each stakeholder group. The template was then applied to the focus group minutes. The researcher agreed to meet midway through the process and some adaptations were made to the template e.g., the relationship theme to include understanding and empathy or understanding and connection. The researchers met again at the end of the application of the template for discussion which led to the creation of a new theme for the staff group and the combining of two themes in the parent group. The final template was then applied across the data set by the researchers. The researcher met at the end to agree the application of codes to the template.

7.8.2 - Template analysis of focus groups – results - Staff

Figure 14 shows the final template analysis of the staff group. Four main themes were identified, relationships, good practice, importance of timing and child's voice. All staff agreed that transition processes within the LA could be improved, and various themes emerged citing what those changes should be. The importance of relationships was a strong theme from all three groups.

Figure 14 - Staff focus group themes

Relationships	Good practice	Importance of timing	Child's voice
o key member of staff o Enhanced transition visits o Build relationships early o Support peer relationships o Importance of partnership working o Awareness of needs	o Transition being bespoke o Systems for sharing information o Effective preparation o Strategies for support o Visits o Sharing good practice o Environmental adaptations incl, soft starts o Support anxiety o Consistent supports o Training & building capacity in all staff	o Early as possible o Negative impact of long summer break o An identified timeline o Professionals involved as early as possible	o Sharing information about children in their own voice o Listening to children's worries/concerns & addressing them o Post-transition check ins o A considered approach to accessing autistic pupil's voice.

Staff were able to reflect on the importance of relationships within a 'holistic' transition process which included relationships between staff and pupils, staff and other professionals, staff and parents and peer to peer relationships. Staff identified activities within the transition process that support in building relationships.

Staff were able to discuss current practices within their own establishments, much of which could easily be deemed good practice, but the lack of consistency of strategies and approaches were apparent not only across schools but also between sectors.

"Have to make it [guidance] compulsory, transitions are massive for everyone, if we're looking at autism or neurodiversity, all schools have to take it on board, schools are all dyslexia friendly, why aren't they all neurodiversity friendly. "

Staff were able to identify many developments that could be made within the transition processes including the importance of preparation and systems for sharing information,

the importance of providing consistent supports supporting children and young people with anxiety.

Staff in schools identified that transitions require to be more 'pupil focused' than system focused and recognised the need to listen to children's views and feedback more closely. Staff were able to identify that accessing the voice of autistic pupils may require more thought.

"Pupil voice comes up frequently for the right reason – are autistic pupils always able to voice their likes and dislikes, is there an argument for advocacy to help these young people express themselves when they might not ordinarily feel capable of doing so, passing on experience and knowledge from an expert.'

Understanding pupils' needs was raised as a key theme within the research. Staff were able to identify the importance of all staff understanding the needs of children and young people on transition. A variety of systems and methods were discussed that were currently used and that also that needed developing, including training, and building capacity in staff.

"Finding big problems arise because a teacher doesn't understand the needs of a particular pupil".

Timing and collaborative working was raised by staff as important, however staff did not discuss current good practice in this area, suggesting it was variable and that strong systems may not yet have been developed.

7.8.3 - Parents

The main themes arising from the parent focus groups were relationships – empathy and understanding, good practice and difficulties (figure 15). Most parents, with one exception, indicated a dis-satisfaction with current transition processes. Parents were keen to stress that they wished schools to communicate more effectively and be more flexible within their approach. Parents reported that they were acutely aware of the difficulties that inadequate transitions could cause for them and their young people.

Figure 15 - Parent focus group themes

Relationships – understanding & empathy	Good practice	Difficulties

o Communication key
o Importance of being adaptable
o Gradual transitions
o Consistency of supports
o Importance of building familiarity
o Empathy
o Teachers understanding pupils needs
o Understanding needs – children & peers
o Importance of parental involvement
	o Importance of visits & preparation pre-transition
	o Soft start & safe space
	o Importance of sharing good practice
	   o Importance of sharing information
	   o Right support at the right time
	o Staff training for all staff
	   o Differentiated transitions
	   o Support from other professionals
	   o Peer support
	   o Flexibility
		o Anxiety & stress
		o Mental health
		o Negative experiences of transition
		o Attendance
		o Friendships

"Similar experiences of previous parents, child came home from XXXX upset, trying to understand triggers, finally have first TAC meeting since he moved to Y XXXX, son left

sitting in an open class at lunch alone because the ICE hub isn't open at break/lunchtime, so the safe place isn't available at those times."

Parents reflected on the anxiety experienced by their children on transition which for some (n=2) had led to non-attendance at school.

"Daughter's transition from primary to secondary was a really bad experience for her and us as a family, upsetting. Was a 'guessing game', school initially thinking she's autistic but waiting on formal assessment, wasn't anything in place for her, she finds it difficult. Her safe space in Primary was the toilets, in S1 she was running out of class and had nowhere to go so secondary school set up a HWB room, had a wee card she could hand over and go to that room when she felt overwhelmed."

Parents also reflected on the need for all staff to receive training and for the need for collaborative support from other professionals. Parents were keen for staff to utilise differentiation effectively within the process of arranging transitions.

"Need to plan for additional staff training around neurodiversity. Feel neurodiversity and autism should be in the curriculum from preschool up."

One parent reported that she felt her child had a positive transition into nursery and from nursery to primary school.

"Recent transition to P1, it was kind of okay, kids went to the nursery of the school that they're now at, early years teacher/depute very experienced, it's been a good experience. Teacher highlighted autism in daughter where [parents] only noticed in son, highlighting the difficulty with girls in getting diagnosed."

7.8.4 - Young people

Figure 16 - Young people's focus group themes

Relationships – understanding & empathy	Good practice	Difficulties
o Understand every child's needs o Solid understanding of supports o Build awareness of ASD/ASNs in teachers & pupils o A supportive person key o Understanding individuality o Value of familiarity - peers & with the physical building o Parents as partners	o Multiple opportunities to visit school o Visit a variety of classes o Have a sensory room / safe place to calm down o Practicing secondary-length periods in P7 o Differentiate learning o Flexibility & soft start o Seek & listen to young people o Use of a buddy for an extended period	o Logistical difficulties of secondary school o Support regardless of diagnosis o Fear of the unknown o Dislike Shouting/ punishment o Negative impact of COVID o Differences between primary & secondary o New classes/subjects exciting

Young people's feedback in the focus group was similar in nature to that provided by parents (figure 16). Three main themes emerged being relationships – understanding and empathy, good practice, and difficulties.

Like parents, young people were keen that teachers understand them and the supports they need. They were keen to have a key person with which to link and were keen for teachers to work closely with their parents. Young people were keen that teachers differentiate learning effectively.

"Teachers need to adapt their teaching better for children with additional support needs. Teachers need to learn to explain in different ways and give more explanations i.e., explain again after. If someone has additional support needs, they need to know what that child is like as a person. The child needs to know what to expect in all classes. No information is passed on. Young people do things very differently, they are not all the same."

Young people were keen that peer relationships be considered on transition and expressed the importance of familiar peers on transition. Young people were keen for there to be a safe space available to them to allow them to reduce anxiety on occasions they were having difficulty.

"Introducing kids to someone who is similar, have a room they can go to calm down [sensory room]. Taking on board a kids needs and continuing it in secondary. Asking me what I think and listening. Consider my self-esteem when you go over and over things. Makes me think you don't know me. A named teacher that I can go too. All teachers need to know how I work, and all follow it. They don't get it or believe it. Decision making is very hard. Know I don't want to choose. Be straight forward."

Young people expressed the importance of relationships in the transition process as well as flexibility in the approach. This was similarly shared by parents. Both indicated this was an area of improvement.

"Ease in and get to know pupils, understand".

Young people, like parents and staff expressed the need for staff to seek out and listen to their views within the transition process.

"The teachers are good, and teachers are important. Guidance teachers know more about how to help you, they are a good support checking on you. Emailing teachers about pupils on its own doesn't work. I have been moved class which has helped me'

Young people also reflected on difficulties with the transition process and the changes experienced including logistical concerns and difficulties with the differences between primary and secondary school. Both parents and young people raised concerns about support not being contingent on diagnosis.

7.8.5 – Feedback from participants

All participants were invited to contribute directly to writing the first draft of the transition guidance. No participants volunteered to support in writing the first draft. The possible reasons for this are considered in the discussion section. The researcher wrote an initial draft of the guidance (Appendix L) and shared it by email with participants. Participants were asked to review the document and provide feedback within a three-week period. A prompt email was issued a few days before the identified deadline. Feedback was received from 14 participants in total. The results are shown below in Table 21.

Table 22 - Feedback from participants for GPG

Participant group	Feedback received	Changes put forward
Staff (n=12)	· This is very good. The ASL code of practice has further information on effective transitions. Could we also maybe reference HGIOS quality indicators for transition?	Further information added to ASL section in Appendix HGIOS section added
	· What an amazing piece of work. You have every detail in here and I found it easy to read. It is very lengthy but has everything in it. I loved the rubric cube analogy and that autism passports are included and that you have highlighted that supports are not dependant on diagnosis. You have taken everything on board, and I think parents will see how much you have listened to them. Next job to engage schools. What about an abbreviated guide for parents?	Consider how to condense Creation of an abbreviated guide for parents
	· This looks amazing	
	· X and I have taken some time to look over this together. Can we draw out the placing request situation for schools, this is a current area of ongoing difficulty. Are Health Visitors being made aware of these processes? They don't tend to organise meetings and so children can fall through the loop. Can we maybe add that sometimes a phased entry to the EYC is required as sometimes children turn up and we do not know the needs of the child.	Reflect on legislation around placing requests Meet with Health visiting team re guidance Agree additional guidance around placing requests with LA and develop a section to support staff.
	· This is looking great, really helpful. Are you happy for me to discuss with my staff and get feedback?	
	· This is awesome. Having just gone through the enhanced transition process with my son I have seen what a difference it can make. If everyone as following the guidance it would have a huge impact. It is also really easy to make sense of and explain the 'why' really well.	All staff asked to have wider consultations re document with their staff and to feedback.
	· I think this is a really good document, but I wonder if we should start thinking about the language of differentiation as I think this sounds limiting – and a bit like we're making the curriculum easier for them.	Review language around differentiation although it needs to be clear to staff what is being referred to and the staff role within it. A change of wording may not be suitable as it may lead to confusion.
	· This looks fab, and I love the boxes of good practice, transition capital and strategies – it makes it easy to read and summarises things nicely.	
	· This document looks really good. I can't think of any improvements.	
	· I think this is amazing, very precise and great that it captures all viewpoints, good that there are visual diagrams which make everything clear. This will benefit so many pupils and families.	
	· Just finished going through this and it looks great. I think having the boxes in each section with the	

	strategies and transition capital will be a really helpful summary for staff to focus on.	
Parents (n=2)	· Thanks for sharing this document, it looks good to me! Thanks to you and your colleagues for your time and effort in gathering opinions and experienced from parents for this. · This is a fantastic document and I know it will make a big difference for children, their families and staff alike. Thank you for letting me be part of it. Might the next steps be to improve experiences for children with ASN needs?	Consider how document can be utilised for wider ASN. Consider next stages for AOT in building capacity in schools/ staff.
Young people (N=0)	No feedback received	

No young people provided feedback on the guidance, which highlighted that the method of communication (by email) did not perhaps suit the task requirements. The researcher had possibly been ambitious expecting young people to read and provide feedback, on a long-detailed document, by email. The researcher then visited the young people in groups to show them the document to gain feedback. Young people were asked to give their feedback verbally to the researcher. The researcher summarised the document and highlighted key aspects of the document e.g., nursery to primary transitions, primary to secondary transitions. The young people all reported that they felt the document was good and would help staff moving forward. No constructive feedback was received. The researcher concluded that the level of detail and document length had hindered feedback from young people and perhaps the task assigned had been overly complex for young people at that stage. On refection a pupil friendly document that was shorter in length and detail may overcome some of the difficulties experienced.

Overall, the feedback from the first draft of the GPG was positive. The actions identified in Figure 9 will be taken forward by the researcher and the AOT alongside an implementation pilot. Schools will be asked to volunteer (in their cluster) to pilot the GPG. The results will then be analysed, and feedback sought which will allow further adaptations of the GPG. The GPG will then be rolled out across the authority.

7.8.6 - Focus groups summary of findings

It could be concluded that staff, parents, and young people's contributions bore more similarities than differences. There was consensus that the transition process would benefit from improvements and a high level of consensus on the types of areas that would benefit from being improved. Furthermore, some of this linked to the effective practices identified within the review of the literature in particular the importance of relationships, student centred planning, and collaborative working. Parents and young people provided insight into the difficulties that resulted from current transition processes and teachers were able to reflect on the need to incorporate children's voices into the transition process and consider current timelines further. All agreed that a relationship-based approach was the most effective way to proceed, and all were able to identify elements of good practice that should be considered within the guidance.

7.9 - Co-production evaluation

The researcher-aimed to explore staff, parents, and young people's experiences of the co-production process to establish stakeholders' views on its effectiveness in the development of LA policies. The questions asked of staff and parents can be found in Appendix K1 and the young person's questionnaire in Appendix K2.

7.9.1 - Staff

Twelve members of staff responded to an online evaluation of the co-production sessions, this represented 75% of the staff involved in the co-production sessions.

Figure 17 a-l - Staff evaluation responses (Frequencies and 95% Confidence Intervals)
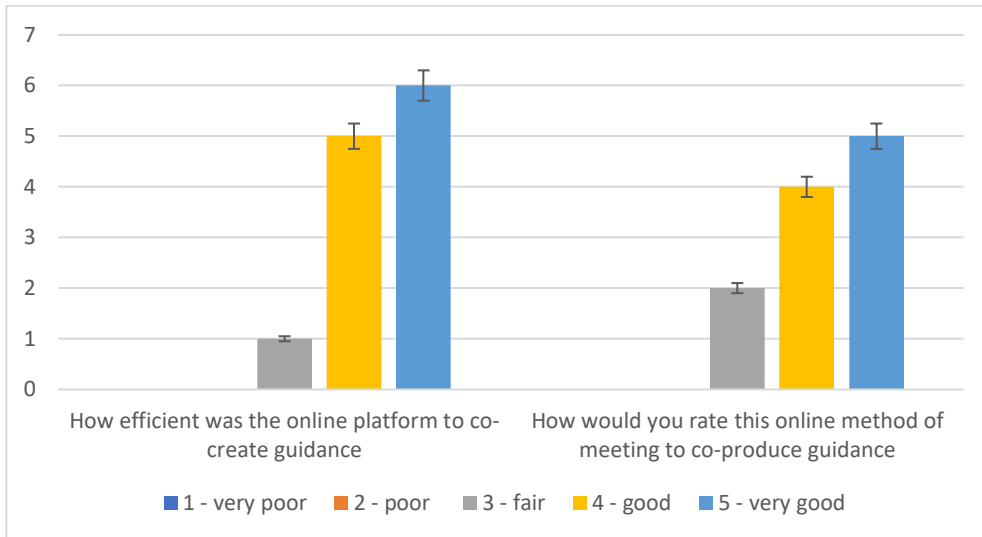

From Figure 17a and b, 11 out of 12 staff members rated the efficiency of the online platform as good or very good for co-creating guidance (1 rated it as fair), and 10 out of 12 staff members rated the method of meeting as good or very good (2 rated it as fair and 1 did not respond). The 95% confidence intervals are noted on the bar chart.

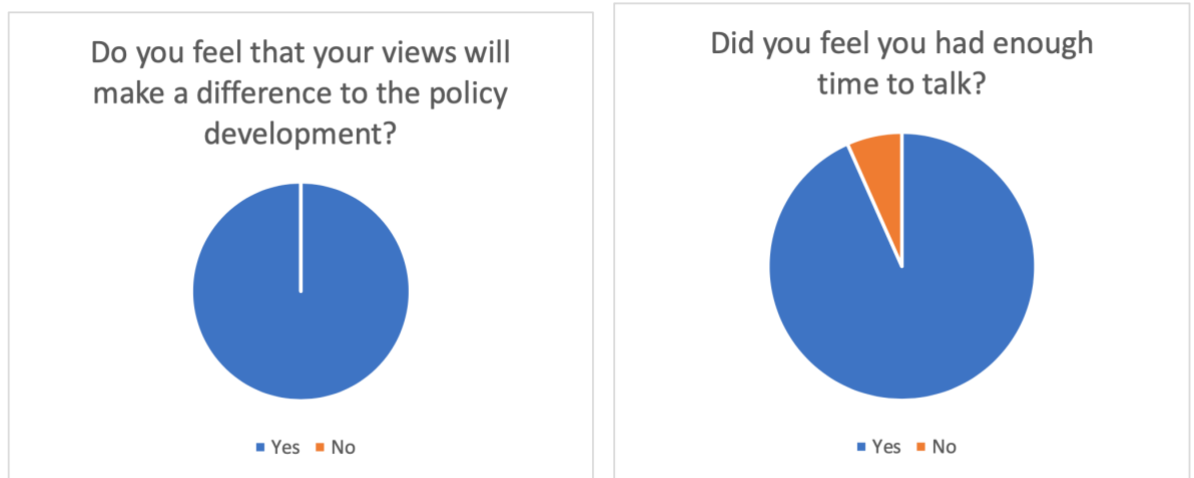*Figure 17b – staff evaluation responses*

Figure 17b shows that 100% (N=12) of staff members felt listened to during this process. 11 out of 12 staff members felt comfortable saying everything they wanted to. The one individual who shared that they didn't feel comfortable saying everything they wanted to elaborate, saying that sometimes the conversation would move on before they could make a point and that it might have been better face to face.

Figure 17c – Staff evaluation responses
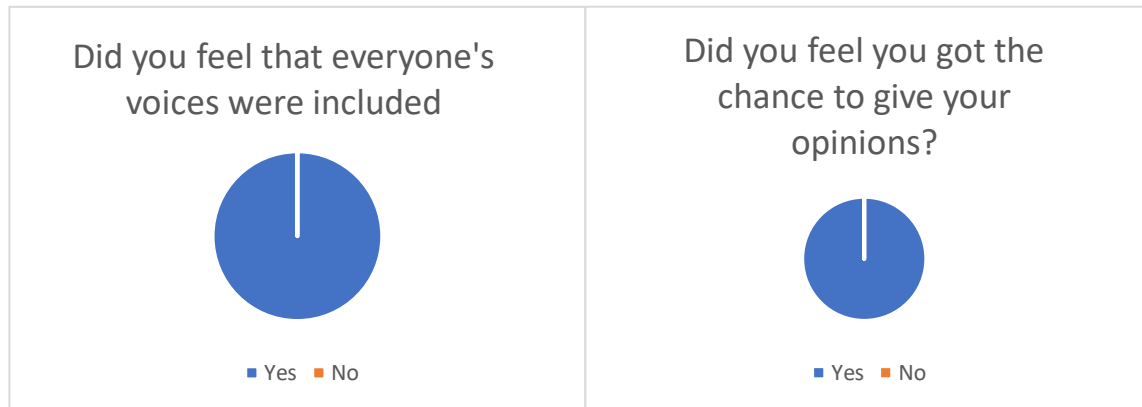
From figure 17c, 100% of surveyed staff felt that everyone's voices were included, and that they all got the chance to give their opinions.

Figure 17d – Staff evaluation responses

Do you feel that your views will make a difference to the policy development?

Yes ■ No ■

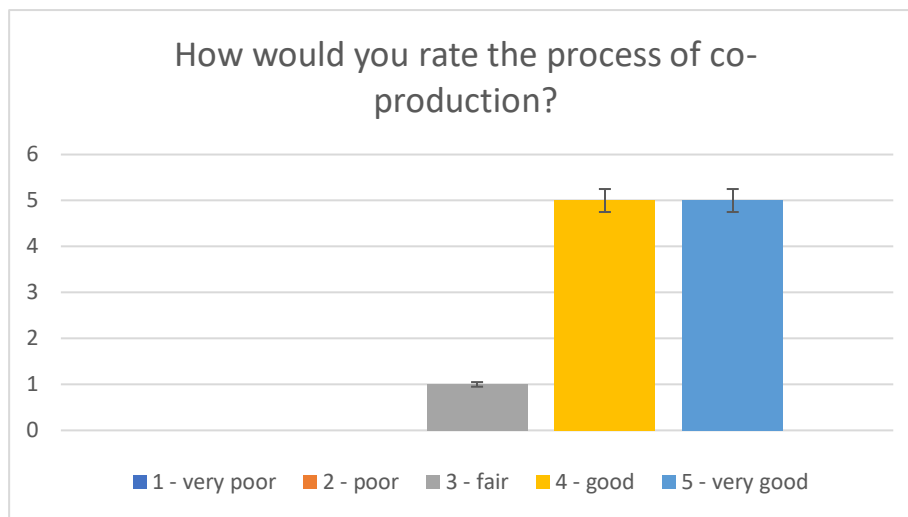**Did you feel you had enough time to talk?**

Yes ■ No ■

From figure 17d it can be concluded that all participating staff felt their views would make a difference to policy development, and 11 out of 12 staff members reported that they felt they had enough time to talk – 1 said they did not. All participating staff members felt both that their views would be taken seriously and that they were clear about what would happen next (figure 17e below).

Figure 17e – staff evaluation responses

Do you feel that your views will be taken seriously?

Yes ■ No ■

Do you feel you are clear about what will happen next?

Yes ■ No ■

Participants were asked to rate the overall process of co-production; 10 out of 12 staff members rated it as good or very good, 1 rated it as fair and 1 did not respond (figure 17f).

Individuals were asked 'what do you think went well about the co-production?' – the following is a word cloud (Depaolo &Wilkinson, 2014) representing prominent views. One individual shared that:

"*The opportunity to share practice and experiences was invaluable*".

Figure 17g – Word cloud demonstrating staff evaluation responses

Individuals were also asked to share 'What do you feel would improve it?' – Figure 17g shows a word cloud, which has been used to synthesise the findings (Depaolo & Wilkinson, 2014). The most common suggestion was meeting in person.

Figure 17h – Staff evaluation responses

Figure 17h shows that 100% of participating staff felt that the new guidance materials would be helpful, and that they would support inclusion.

Figure 17i – Word cloud demonstrating staff evaluation responses

Figure 17i shows a word cloud (Depaolo & Wilkinson, 2014) which was used to synthesise the findings. It was identified that 100% of participating staff felt that the new guidance materials would be helpful, and that they would support inclusion. When asked to elaborate on the ways in which this guidance might support inclusion, both staff also mentioned the following (shown in figure 17j):

Figure 17j – Word cloud demonstrating staff evaluation responses

Figure 17k– staff evaluation responses

Are there any benefits or drawbacks resulting from the production of good practice guidance?
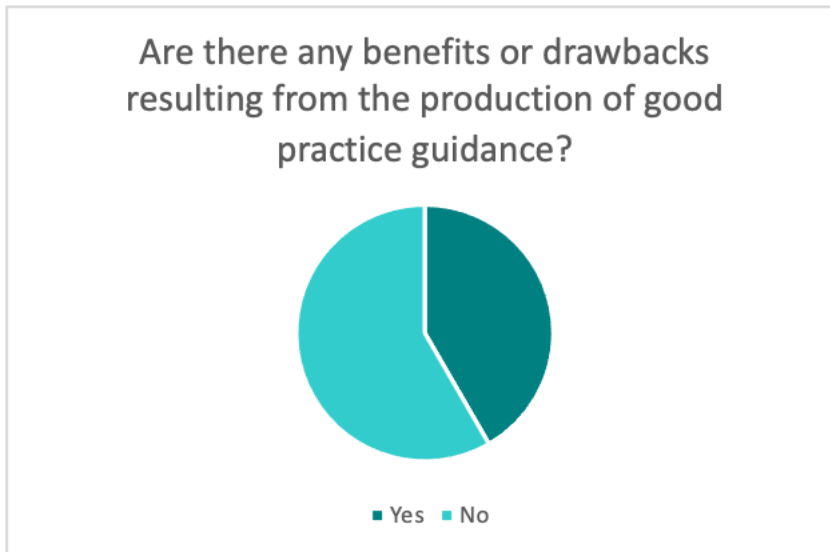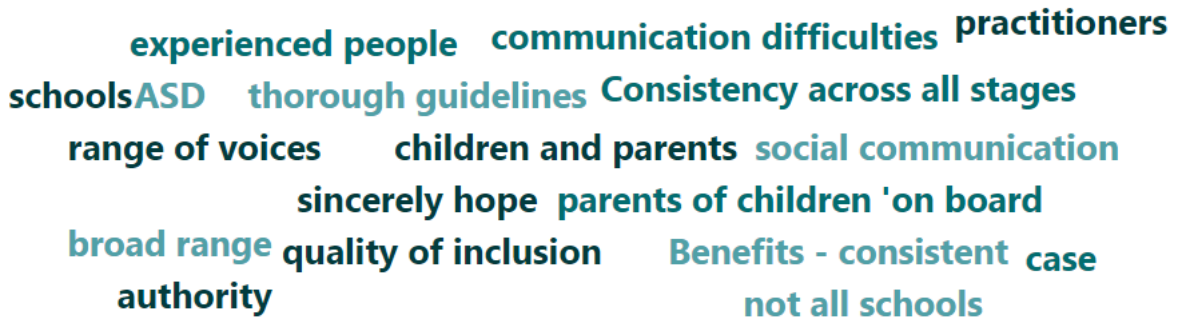
■ Yes ■ No

Figure 17k shows the responses received when asked whether there were any benefits or drawbacks resulting from the production of good practice guidance, as above, 5 of 12 staff members said yes and 7 said no. Based on their further comments about what these might be, it seems most were alluding to benefits (rather than drawbacks – Figure 17l).

Figure 17l shows the responses received from asking staff for any further comments. Staff shared the following:

Figure 17l– Word cloud demonstrating staff evaluation responses

experienced people communication difficulties practitioners
schoolsASD thorough guidelines Consistency across all stages
range of voices children and parents social communication
sincerely hope parents of children 'on board
broad range quality of inclusion Benefits - consistent case
authority not all schools

7.9.2- Parents

Three parents responded to the online evaluation of the co-production process which represented 38% of the parents that took part in the sessions.

Figure 18 a-l - Parent evaluation responses – 18a (without confidence intervals due to n=3)
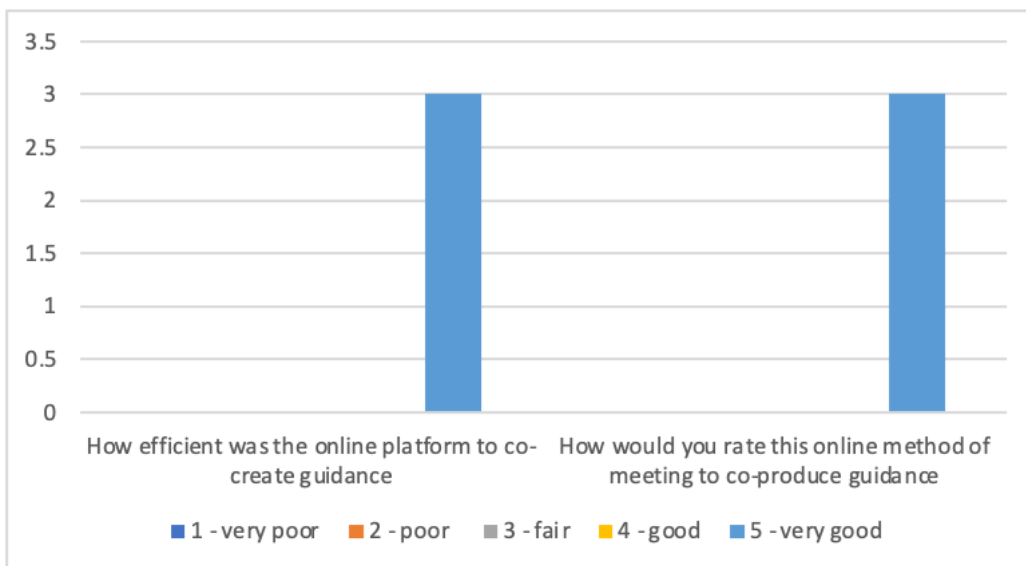
From figure 18a, all 3 parents rated the efficiency of the online platform as very good for co-creating guidance, and all 3 parents rated the method of meeting as very good.

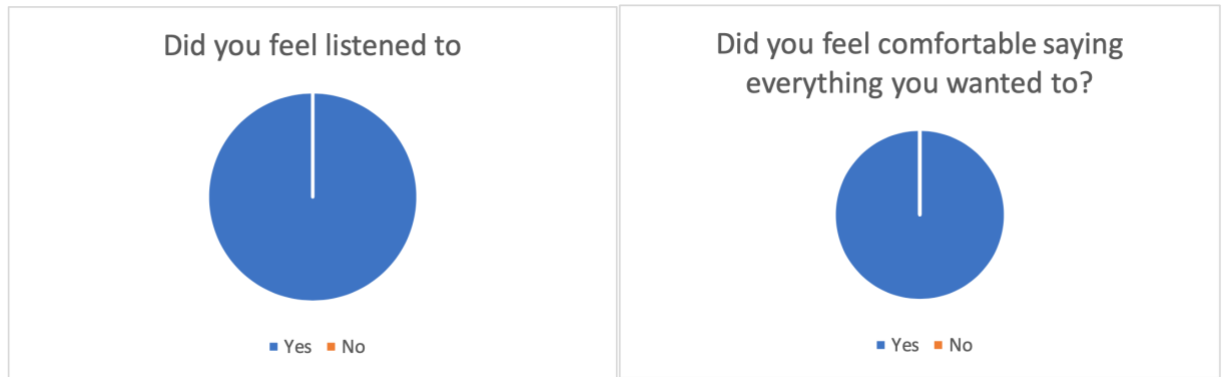*Figure 18b – Parent evaluation responses*

Figure 18b shoes that 100% (N=3) of parents felt listened to during this process, and all 3 parents felt comfortable saying everything they wanted to.

Figure 18c – Parent evaluation responses

Figure 18c reveals that 100% of surveyed parents felt that everyone's voices were included, and that they got the chance to give their opinions.
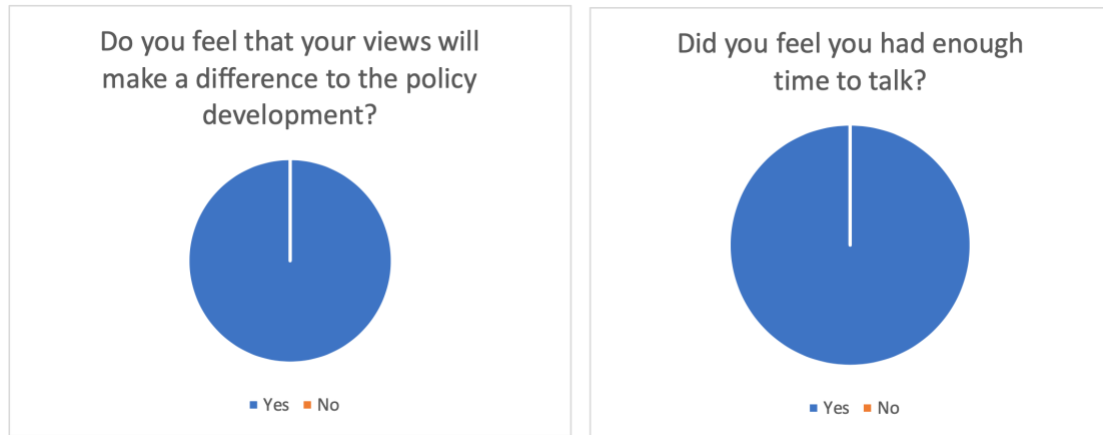
Figure 18d – Parent evaluation responses

Figure 18d shows that all participating parents felt their views would make a difference to policy development, and all 3 parents reported that they felt they had enough time to talk.

Figure 18e – Parent evaluation responses

All three parents reported that they felt that their views had been taken seriously and that they were clear what would happen next (figure 18e).

Figure 18f – Parent evaluation responses
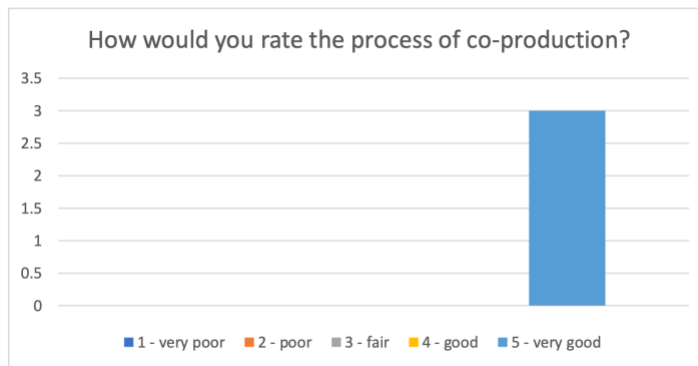
Participants were asked to rate the overall process of co-production; 3 out of 3 parents rated it as very good (figure 18f).

Individuals were asked 'what do you think went well about the co-production?' – the following was shared:

"*The fact that everyone's voices were listened to was just amazing. Carole in particular was so easy to talk to and very understanding.*"

"*It was great to be listened to and to hear the experiences of others, and I felt that everybody's experience was valued and will be used to improve / continue good practice in* future".

Individuals were also asked to share 'What do you feel would improve it? Parents added the following:

"*Notes being issued after the meetings so that if there was anything the parents/ carers wanted to add they could do so.*"

"It would be good to have it face to face."

*"Nothing!"*

Figure 18g – Parent Evaluation Responses

Figure 18g shows that all parents felt that the guidance would be helpful to school staff and would support inclusion. When asked to elaborate on the ways in which this guidance might support inclusion parents commented:

"Having a safe space and adult is going to change the lives for so many children. Education and learning will not reach full potential if the child's wellbeing is not met first so feeling safe is paramount. This is the beginning to lots of changes required in mainstream education for children with ASD."

"Having a clear set of guidelines for all schools is a great idea, and including all the voices of young people and parents is very important."

When asked whether there were any benefits or drawbacks resulting from the production of good practice guidance (figure 18h), 2 of 3 parents said yes and 1 said no. Based on their further comments about what these might be, it seems most were alluding to benefits (rather than drawbacks) as per the 2 previous comments.

Figure 18h – Parent evaluation responses
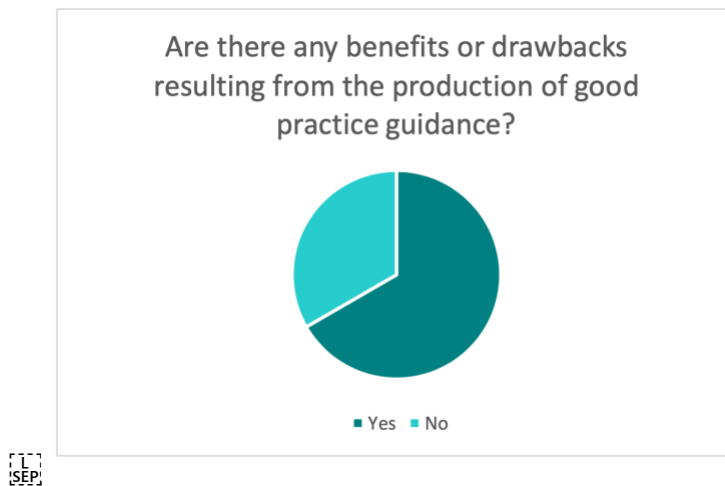
"*Benefits as above. I do feel though that what is being put in place should be made available to all so that there is more inclusion and children don't feel singled out to others.*"

And

"*Lots of benefits for all parties, sharing experiences is so important.*"

When asked for additional comment the responses were:

"*I want to thank Carole and Clara for allowing me to be involved in such an important piece of guidance that is close to my heart.*"

"Great development and hopefully the start to make huge changes needed in the education system."

"Thanks so much for organising this focus group, it's great to know you want to achieve the best possible support for our kids. Thank you for all your hard work."
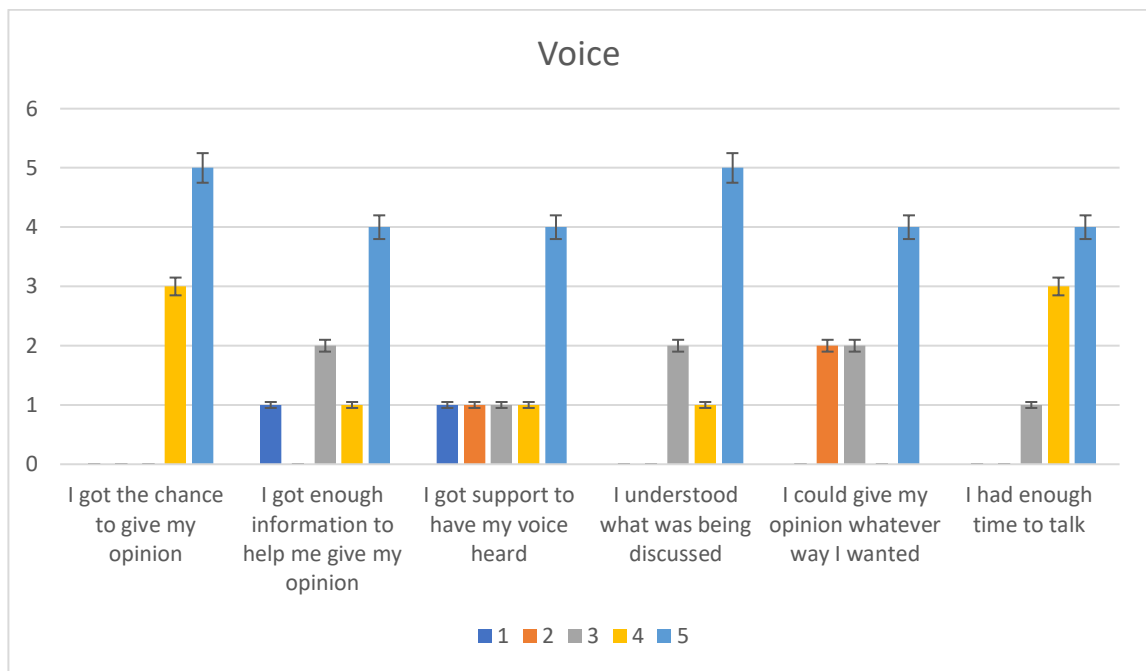
7.9.3 - Young people

Evaluation responses were received from 8 young people (7 male and 1 female) this represented a 62% response rate from those involved in the co-production sessions. Young people were asked 16 items related to their experiences, within the Lundy (2007) model, of space, voice, audience, and influence. The items were rated from 1 - 5 stars with 1 being the worst and 5 being the best. Young people were asked to tick the box that most applied to the question i.e. I felt safe giving my opinion. The Lundy form was designed to evaluate online co-production sessions however the young person's groups were in-person due to the preference of young people. Staff were asked to let young people know they did not need to complete the sections at the bottom as they applied to online only (Appendix K2). The responses are shown alongside the 95% confidence intervals.

Figure 19 a-d - Young people's evaluation responses – 19a (Frequencies and 95% Confidence Intervals)
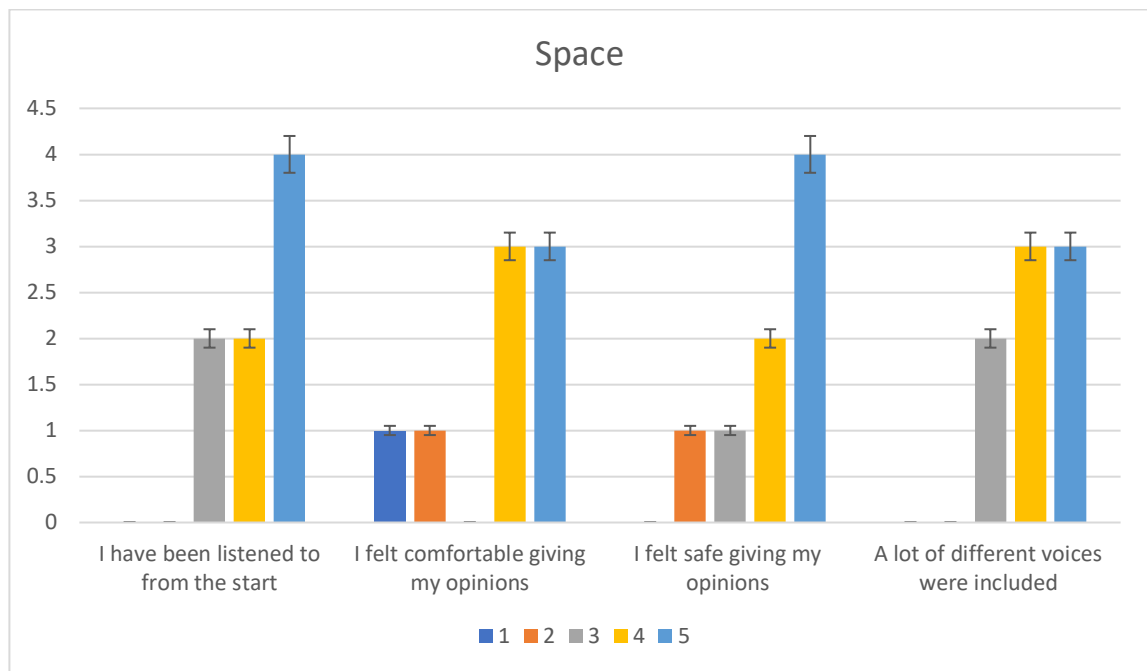
Within the section of space within the Lundy model, it asks young people questions about the creation of a safe and inclusive space for young people to express their views. Lundy (2007) deemed this an essential pre-requisite to children expressing their authentic views. 6 young people rated 4 or 5 stars to feel listened to from the start (figure 19a), with two young people giving that question three stars. 6 children also gave 4 and 5 stars for feeling comfortable in giving their opinion, with 2 young people rating these 1 or 2 stars. 6 young people rated 4 or 5 stars for feeling safe giving their opinion with 2 young people rating it 2 or 3 stars. 6 young people rated 4 or 5 stars for a lot of different voices were included, with one person rating it two stars. Overall, it could be concluded that young people did feel that a safe and inclusive space was provided however this did not automatically mean that they all felt comfortable giving their views.

Figure 19b – *Young people's evaluation responses – voice (Frequencies and 95% Confidence Intervals)*

Within the section on voice, the Lundy (2007) questionnaire investigates how children and young people are supported to express their views. Figure 19b shows that all children that responded to the evaluation rated 4 or 5 stars for being given the chance to express their views.1 young person rated only 1 star for feeling that they had enough information to give their opinion, 5 rated 4 or 5 stars and 2 people rated 3 stars. The results on receiving support to give their opinion were very mixed. 5 young people rated 5 stars, with1 person each rating 1 to 4. As no qualitative information was asked for it was not clear why this question received such a wide variety of responses. This was a limitation of this questionnaire. 6 young people gave 4 of 5 stars for understanding what was being discussed with 2 people rating 3 stars. 4 people rated 5 stars that they could give their opinion whatever way they wanted with 2 people rating these 2 and 3 stars. 7 young people rated 4 and 5 starts for feeling they had enough time to talk with 1 person rating 3 stars. Overall, it could be concluded that the young people who responded to the

questionnaire felt they had the chance to give their opinion, had enough information, understood what was discussed and had enough time to talk. However, there was more variance in responses concerning having enough information and support to giving their opinion.

Figure 19c – Young people's evaluation responses – audience (Frequencies and 95% Confidence Intervals)
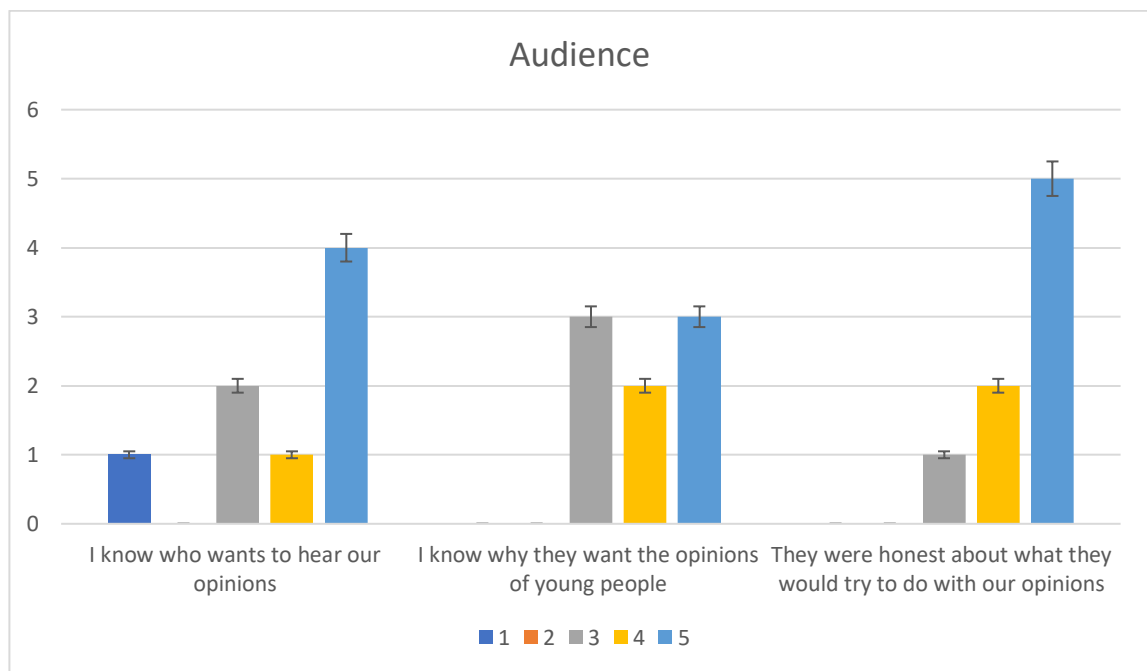
Figure 19c show the responses to the audience section of the Lundy model the framework considers whether young people feel that their views are being listened to (Lundy, 2007). 5 young people rated 4 or 5 stars for knowing who wants to hear their opinions with 2 young people rating 3 stars and 1 person rating 1. 5 young people rated 4 and 5 stars for knowing why their opinions were wanted and 3 people rated these3 stars. 7 young people rated 4 or 5 stars to the question relating to honesty regarding what would be done with their opinion and 1 person rated that as 3 stars. Overall, it could be

concluded that young people felt comfortable that their views were listened to with one person not clear on who wanted to hear their opinion.

Figure 19d – Young people's evaluation responses – influence (Frequencies and 95% Confidence Intervals)

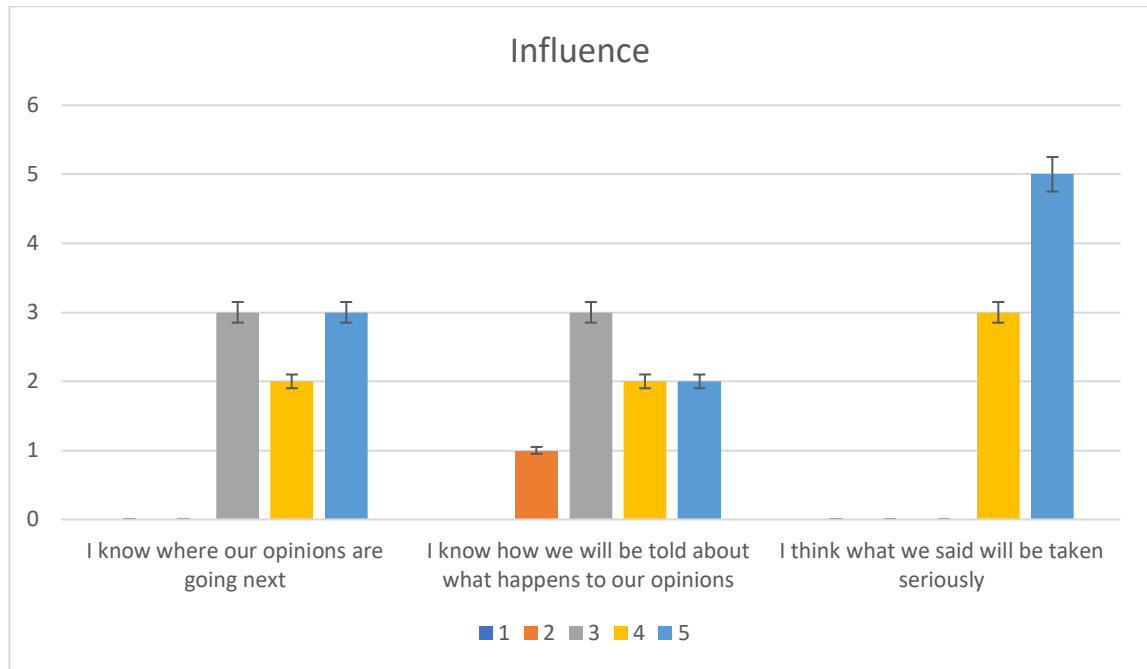The influence section of the model refers to young people's views being acted on as appropriate. From the evaluation form, figure 19d shows that, 5 of the 8 young people rated 4 or 5 stars for knowing where their opinions were going next with 3 rating it 3 stars. 4 young people rated 4 and 5 stars for knowing how they will be told about what happens with their opinions. With 3 young people rating these 3 stars and one person only 2. Lastly all 8 children rated 4 or 5 stars for feeling that what they have said will be taken seriously. Overall, it could be concluded that young people do feel their views will influence the transition processes moving forward, although there seemed to be a level of uncertainty among the young people that responded how they will be told what happens next.

7.8.4 - Summary of co-production evaluation

Staff, parents, and young people were very positive about the co-production process and the difference that co-production could make to a good practice transition guidance for staff. Staff and parents indicated that they believed the co-production and the document had the potential to improve inclusive practices within the LA. All three groups reported that they felt listened to. A preference was indicated by staff and parents for in-person sessions which young people identified initially.

Summary of overall research findings in this study

In reference to the initial RQs, this study identified that there were a variety of transition practices currently used within the LA including those used for children with ASD/ SCD. The most utilised strategies within the small sample of transition policies were student centred planning, collaboration, and staff knowledge/ discussion of ASN. This appears to be the areas that staff utilised most frequently as they appear to be common strategies used within schools. Surprisingly nearly 20% of schools confirmed that they did not have a written transition policy.

Within the focus groups, all groups indicated consensus that the processes of transition would benefit from being improved. All stakeholders were able to identify improvements to current practices many of which aligned with the effective practices identified within the review of the literature e.g., the promotion of relationships, the importance of visits/ engagement. In co-producing the guidance each stakeholder group identified similar themes with parents and young people focusing more on current areas of difficulty.

Table 24 outlines the results of the initial researchers' assumptions of the main study.

Table 23 - Study 2 researchers' assumptions table results

Hypothesis	Proven/ not proven
There are a wide range of transition practices used within the local authority due to schools developing their own practices	Proven
School transition policies contain limited references to effective or evidence- based practices	*partially proven* – there were some references to effective practices but they were not uniform across schools.
Stakeholders will identify that positive developments are required, for more effective school transition practices for pupils with ASD/ social communication difficulties	Proven
Stakeholders will report positive aspects of the co-production process and being involved in policy development	Proven

7.9 - Limitations of study 2

Study 2 has several limitations. The review of the literature undertaken was not systematic and did not meet the rigour of such an approach. This may mean that research was missed. Unpublished literature was not considered within this review. Only a small number of transition policies (n=7) were analysed by the three researchers. This could not be considered representative of the whole LA. Furthermore, those schools forwarding their policies were self-selecting which may mean that the sample was skewed to schools that had confidence in sharing their policies. Only small numbers of staff, parents and young people were involved in the focus groups which would present limitations in the data received being generalised. The recruitment methods used to enlist participants i.e., the AOT and schools, may have led to bias within the sample in that staff may have selected participants likely to be positive. Furthermore, there may have been potential participants that were not approached by staff. The online nature of the staff and parent focus groups may have limited participants from giving detailed information (Woodyatt et al., 2016). The researcher solely writing the GPG is a

limitation within a co-production process, ideally a small mixed group of participants would have collaborated on the document.

Furthermore, very small numbers of parents fed back on the co-production process and on the GPG and it may be that the timing i.e., just before the summer holidays and just after, may have had a negative impact. It should also be considered that the parents who volunteered to be part of the process may have had a level of bias in terms of positivity towards the process and indeed the task. However, within the focus groups parents did not display a positive disposition toward current transition processes. The task of reviewing the GPG was not differentiated sufficiently to allow for pupils to engage appropriately which led to very limited feedback from pupils. The young person's evaluation form did not allow for any qualitative responses which limited the data. In future the researcher would adapt the form to include further qualitative detail.

In terms of reflexivity the research assistant provided direct support in analysing data to increase the reliability of the process. However, as the researcher and the research assistant worked together, they may have inadvertently fallen into a pattern of anticipating what each other may do within a given situation e.g., coding. The methods selected to theme the qualitative data have their own limitations including a commonality of thematic analysis, in that data can be missed within the theming process. The impact of the researcher being a senior member of staff within the LA may mean that a power imbalance or lack of security was created, for participants, limiting what they were willing to discuss (McDermid et al., 2014). Whilst this was not evident, and the researcher is experienced in building rapport with colleagues, it is still worthy of due consideration. All staff were made aware of coercion via a presentation and were aware that they could seek advice from the research assistant or researcher's manager if they had concerns. Furthermore, as the researcher is a qualified educational psychologist and trained to consider data ecologically this may have meant that some of the finer nuances of information presented were not given due consideration. Furthermore, the researcher holds certain beliefs and values such as the significant importance of education in young

people's lives and that schools should adapt to meet the needs of its population and would always adopt a child-centred approach. This is likely to have influenced the research design and analysis throughout. The researcher attempted to mitigate the presuppositions through the collaborative, non-expert led approach whereby each participant was given equal voice and the researcher adopted a co-ordination role.

Chapter 8 will discuss the findings of this research and note potential future work in this area.

Chapter 8 - Discussion and Conclusions

The numbers of children and young people with ASD/SCD educated within mainstream schools has continued to grow rapidly over the years, alongside the numbers of children with ASN (Frith, 2012; Happé & Frith, 2020; Joon et al., 2021; Magyar, 2011, Scottish Government, 2020b). Aggregate estimates of prevalence over a 20-year period indicate that 1.035% of the population are impacted with ASD (MacKay et al., 2017). Furthermore, the widening of the diagnostic criteria and the nature of the condition has led to a high level of heterogeneity within the condition itself (Chown & Leatherland, 2020). It is therefore imperative that school staff are supported to be competent and confident, in how to support children with ASD/SCD within the mainstream environment, as the likelihood of them being required to do so, continues to be high. There is clear evidence that the implementation of inclusion has not effectively paralleled the trajectory of educational policy (Scottish Government, 2020a) in relation to the 'how to' question. Research has indicated significant difficulties including a lack of consensus as to how it is defined (Nilholm & Göransson, 2017) and difficulties in consistently understanding how it can be implemented in practice (Boyd et al., 2021; Odom et al., 2011) which can vary at the level of the child, the class and school, the community, nationally and indeed internationally.

Within Scottish LAs, it is the LAs that decide on the nature and provision of supports for inclusion. This appears to have led to a variety of practices. With consistent reductions in LA funding, it is imperative that LA services are as effective as possible. However, a review of the literature reveals that evaluation research, within education, of complex interventions such as an AOT are not well developed. Researchers have noted that the processes of change and development in education have not mirrored changes in wider society, with a culture of doing what we have always done (Craft & Chappell, 2016). Evaluation research can identify areas of strength within existing services and areas requiring development (Onyura, 2020). Generating information about performance that

is both timely and relevant, addressing the difficulty that people can have taking in information that does not match their implicit assumptions, or that underpins habitual behaviour, is often required when combining evaluation and improvement activities (Luskin & Ho, 2013).

The data presented has indicated that an AOT are well placed to offer direct support to stakeholders, in the implementation of inclusion, thereby building capacity in implementing inclusion more effectively. It may be argued that this has the potential to ultimately improve outcomes for children and young people with ASD/SCD. Two studies presented in chapters 6 and 7 were undertaken to investigate how an AOT could increase and improve inclusive practices in mainstream classrooms. The aim of the first study of the service evaluation was to engage in a systematic collection of evaluation data about the purpose, activities, characteristics, and outcomes of the outreach service. This was undertaken in order that next steps, in terms of improvement, could then be explored. The first study involved a mixed methods approach within a CR epistemological stance. The results indicated that there was a level of satisfaction from stakeholders, with the service, and that relationships were highlighted as a strength. However, the AOT did not have an overall vision or goals for the service, they did not have service documentation and the primary and secondary teams worked entirely independently of each other. The approaches to assessment and intervention tended to be limited, lacked an evidence-base, and appeared to demonstrate a tenuous link to each other. The AOT did not have a plan to enhance the capacity of LA staff and did not undertake a robust process of self-evaluation. Other professionals and parents did not have a clear understanding of the role of the AOT, and strategic planning was not in place. Service referral data had not been analysed previously but indicated that over one third of referrals were for children at the point of school transition suggesting wider systemic issues in this area. In considering the perception of the AOT, at this time in relation to the four stages of competence (Broadwell, 1969), it appeared that the AOT may have been operating at a level whereby they were unconsciously incompetent. It could be suggested that the process of the evaluation itself led the AOT to the next stage

of competence, being consciously incompetent, which then allowed service improvement to be taken forward. It could be suggested that this is evidenced by the fact that the AOT rated themselves highly within the initial questionnaire, yet at the focus groups struggled to identify common approaches to assessment, intervention and evaluation, as well as how they supported inclusive practices. The process of evaluation allowed the AOT to progress in their learning and understanding of their role and how they complimented the overall continuum of support within the LA, with which they had not been previously well-linked.

The service evaluation drew upon two theoretical perspectives PPET (Cousins & Earl, 1992) and TLT (Mezirow, 1994). The researcher suggested that it may be useful to combine the theories in instances whereby evaluation and improvement are being considered of a transformative nature. A new postulated model for the evaluation and improvement of complex interventions, such as an AOT, is proposed and that this could usefully be referred to as Participatory Evaluation and Transformative Learning Theory (PETL). This would require further development and evidence-base to take forward in future. However, it is hoped that this might, once developed offer support in undertaking evaluation research by suggesting a potential participatory model of undertaking evaluation research and improvement at a local level.

8.1 - Synthesising findings within a critical realist (CR) framework

Within a CR approach, researchers are encouraged to consider both structure and agency within their understanding of social issues. This involves consideration of individual agents' characteristics and structurally related characteristics, such as norms and team goals (Price, 2018). Structural approaches place emphasis on the social worlds and the organisations within which individuals are embedded, as well as the discursive practices through which power relations are mediated (de Souza, 2013). In contrast, agential approaches place much greater emphasis on the way that human agents respond creatively to the circumstances in which they find themselves, based on the meanings

that they give to things or events (Edwards et al., 2014). The interplay between social structures and human agency were investigated via both quantitative and qualitative methods to gain an understanding of the current practice and outcomes of the AOT. Critical realists emphasise the interdependence of structure and agency. Social structures provide resources that enable individuals to act, as well as placing limits on individual behaviour (De Souza, 2016). However, the behaviour or human agents is not exclusively determined by social structures, as agents are also able to transform social structures by responding creatively to their circumstances. The structure of the AOT was not well developed, there was no overarching vision or goals or plan through which targets would be realised. Inclusion did not appear to be at the forefront of practice. This in turn led the team to respond with individual practices with which they had confidence, as opposed to recognised evidence-based practices linked to holistic detailed assessment. These were implemented at a 'within child' level with little consideration of the 'bigger picture' or with consideration of the overall context this child was working within.

It has been argued that evaluation research is a form of applied research that seeks to identify effective solutions to social problems. CR provides a coherent framework for evaluation research (McEvoy & Richards, 2003). The experience of the evaluation prompted transformative learning by facilitating a reassessment of prior assumptions and a significant shift in outlook. Indeed, by the end of the second focus group the AOT were openly discussing areas requiring significant improvement not evident within the original questionnaires.

The service evaluation supported in answering the original RQ by assisting the AOT to know themselves better as a collective and in identifying the next steps of improvement. Supporting the team to understand their unique contribution and how they fit in to the overall continuum of support with the education system, they were then able to identify their 'value added' and plan to build on that knowledge. In understanding what they do well i.e., relationships and what they need to improve i.e., processes of assessment, evidence-based practices, and ongoing evaluation the team are then able to plan for

improvement. Furthermore, setting this service within the context within which they operate i.e., supporting the application of inclusion, and what that might then involve, supported the prioritisation of tasks moving forward. It is acknowledged that it is not within the scope of this research to prove that at the AOT have increased inclusive practices. However, it is put forward that by undertaking the evaluation and improvement studies they are in a much stronger position to moving forward. In future the evaluation processes embedded within the service will be used in a cyclical process to measure the performance of the team in line with the clearly articulated goals. A process of continual improvement has been established and will be continued by the team themselves and reported to the LA. Other LA's may wish to consider if the identified process, outlined in study 1, meets the needs of their research questions and evaluation requirements. They may wish to consider implementing a service evaluation alongside consideration of how PETL can be applied within their context.

It has been documented that school transition can be a difficult time for children and young people particularly those with ASN (Hopwood et al., 2016; Jindal-Snape & Cantali, 2019; Neal et al., 2015). Research indicates that school transitions can be particularly challenging for children with ASD (Makin et al., 2017; Peters & Brooks, 2016; Yazici & Akman, 2020). The service evaluation found that one third of referrals to the AOT, over a two-year period, were for pupils at the point of transition. This had been a finding of the service evaluation and had not been understood previously. Study 2 therefore aimed to find out more about the transition processes within the LA and plan for improvement. In addition, Study 2 aimed to bring academic research into practice. A review of school transition policies revealed that many schools did not have a written transition policy, with no schools having a policy for children with ASN or ASD. Furthermore, nationally only a small number of LAs had transition policies with only one LA identifying itself as having a transition policy for children with ASN. The sampled policies had only limited references to recognised effective practices. It was agreed that co-producing good-practice guidance for the transition of pupils with ASD/SCD would support in building capacity, as well as enhancing consistency of

practice across the LA. Furthermore, this would allow the AOT to investigate evidence-based practices in this area, and support in their implementation moving forward.

Groups of staff, parents and young people were brought together in FG to discuss their experiences and recommendations for change with all agreeing that the current transition practices required improvement, further indicating a wider issue in this area. Many of the improvements discussed within the groups were strategies that were identified in the literature as effective transition practices. The researcher drew from the information from stakeholders and the academic literature together, in a first draft of a good practice transition document for children with ASD and SCD. Stakeholders then provided feedback on the draft document. Almost all participants rated the co-production process highly, indicating it was a useful methodology to produce policy guidance within LAs. This finding is in line with previous research which indicated that co-production can be an empowering and useful process for service users (Boswell et al., 2021; Heron & Steckley, 2020; Honingh et al., 2020; Liabo et al., 2018; Norton, 2021; Osborne et al., 2016; Smillie & Newton, 2020; Smithson et al., 2021; Tisdall, 2017).

Study 2 drew from MMT theory (Jindal-Snape, 2016) in considering the ecological, holistic nature and impact of school transitions. It aimed to raise awareness with LA staff of this theory. The GPG explored Jindal-Snape's (2023) concepts of 12 pillars which furthered research in this area by identifying, how school-based staff might support pupils at various school transition points. Thus, providing suggestions on how this theory might be brought to practice.

Both Study 1 and Study 2 adopted an implementation science approach to support the transfer of research to practice (Boyd et al., 2021; Odom et al., 2011; Olswang, 2015; Warren et al., 2021). The gap between research and practice is noted to be wide within the field of autism research (Boyd et al., 2021; Odom et al., 2021). Implementation science allowed contextual factors and potential barriers to be identified and overcome to allow for the development of local solutions. The implementation science approach

will also allow the effective engagement of stakeholders to be built on and utilised in the process of implementation of the practice guidance. The aim of the implementation science approach was to provide active support to the AOT, who will then provide active support to stakeholders. The strength of the implementation science approach adopted was that the researcher and the team met fortnightly which allowed progress to be monitored and tracked. It allowed for detailed discussions concerning implementation and prompt identification and responses whereby adaptations were required based on contextual factors. The AOT fed back that the regular meetings enhanced their confidence and allowed sharing of ideas and concerns which assisted in progressing practice. The limitation of the approach adopted was that it was time expensive. The AOT will continue to develop the use of this approach by further developing a system for the continual professional learning of school-based staff to support the implementation of inclusion. The implementation science approach allows the researcher and the AOT to bring research to practice and the effectiveness of this approach will need to be monitored and evaluated in future.

Next steps

It was out with the scope of this research to fully incorporate the transition guidance into consistent practice within school. Notwithstanding the timings of this research, a plan was developed to take the guidance forward. The researcher presented the guidance at a LA headteachers meeting, and a cluster of schools volunteered to implement the guidance. Continuing to follow an implementation science approach (Boyd et al., 2021) involved a detailed plan for the training of staff, alongside the AOT, and an implementation plan. The researcher will support the AOT to provide the training and coaching and will monitor the implementation of the guidance to support fidelity and uptake. The researcher will support the AOT to promote ongoing interactions and communication with the pilot cluster. The AOT will be encouraged to identify adaptations that are needed to the guidance to make it more effective in practice. The

AOT will be supported to continue to collaborate with stakeholders to ensure the EBPs match the needs of the children, families, and staff. The AOT will also take forward training on evidence-based practices for children with ASD/SCD by incorporating them within their practice and continue to provide peer support to each other. The learning from the cluster pilot will then be used to adapt the guidance accordingly. The guidance will then be rolled out across the wider LA alongside guidance and support. Both the researcher and the team will continue to monitor adaptations to the intervention, implementation strategies, fidelity, and the outcomes for stakeholders.

Whilst the short-term outcomes of changes to the structure, policy, and practice of the AOT have been realised within the period of this research, the completion of the evaluation of the outcomes of the changes will also fall out with the period of this research. One of the desired outcomes of the service evaluation is service improvement and that will need to be progressed moving forward, via a robust process of self-evaluation. The researcher believes that she has shared the tools for the AOT to be able to undertake this process. It is important that the evaluation and intended outcomes i.e., more effective support for inclusion is monitored, evaluated, and realised.

Broader implications and contribution to the literature

This study purports that an AOT model can be utilised to effectively support the implementation of inclusion. The effective use of evidence-based practices appears to offer the best chance to successfully support the implementation of inclusion (Hume et al., 2021; Melgarejo et al., 2020; Steinbrenner et al., 2022; Wong et al., 2015) for children with ASD/SCD. Ensuring that these are up to date and utilised effectively appears to be a cumbersome and continuing role for teachers and school staff on their own. The importance of such a support service utilising the latest evidence-based practices and methodologies appears logical. This research suggests the importance of LAs effectively evaluating services and complex interventions cannot be

underestimated. The link between effective evaluation and subsequent improvement is documented in academic research (Luskin & Ho, 2013; Vo & Christie, 2015). However, a review of the literature reveals that evaluation research within education is not commonplace and there is not extensive research of evaluation practices in education. This research has identified a process of evaluation, of such complex intervention as an AOT, which is linked to improvement and thus adds to the literature in this area. The usefulness of an implementation science approach to evaluation, service improvement and ultimately transformational change has been identified. This study suggests the development of educational services evaluation, which considers TLT and PPET together within a new combined model. This would be an area for further investigation and research.

This research highlights the importance of including affected communities in policy development and evaluation. The co-production process was selected to support stakeholders to engage in the process of policy development. An evaluation of the co-production process indicated that stakeholders considered this a positive process. The recent 'nothing about us without us' campaign by various charitable organisations, highlights the wishes of communities to be involved in policies and practices which impact on their lives. This also supports the identification of relevant contextual factors, as stakeholders can provide detailed information on the environment within which they exist. This research highlights the importance of action research that considers contextual factors to support its implementation in both the short and longer term. In considering how to improve community involvement in co-production it appears that raising awareness of the project is key. Social media and school communication systems can provide the potential to reach large numbers of potential participants. Encouraging and supporting access to research of relevant participants may need to be dynamic i.e., meet the needs of participants more, for example community based in evenings or weekends. In particular for people who experience ASD/ SCD the social nature of some methodologies e.g., focus groups may produce additional anxiety and researchers may need to use more flexible approaches e.g., additional one to one session(s).

This research identifies from the literature effective practices for school transitions and how these might be applied within a good practice guidance document. A review of LA practices, undertaken at the start of this research, indicated that this type of documentation is not commonplace. This research identifies one methodology for the co-production of good-practice guidelines for school staff, or educational policy development, which was positively evaluated by stakeholders. The research demonstrates how MMT might be applied in practice at the policy and then ultimately practice level. Furthermore, in reviewing the literature, the researcher has suggested a potential definition of inclusion.

8.2 - Final conclusions

The final conclusions of this research are that to effectively support the implementation of inclusion LAs need to develop effective services. It is imperative that educational services engage in systematic evaluation to improve service delivery in an ongoing way. The research indicates that effective evaluation presents the opportunity to lead to transformative change. The provision of an effective outreach service offers the potential to improve the implementation of evidence-based practices at the level of the classroom.

In addition, effective, high-quality transitions for children with ASN are vital in supporting the continued progress of pupils. This research highlights the importance of training staff in effective transition practices and monitoring and evaluating the progress of LA policies. This guidance will be further developed and rolled out across the local authority. A pilot cluster have volunteered to implement the guidance and a detailed needs analysis of current practice has been initiated. The needs analysis will provide detailed information on the strengths of the school's transition processes and the areas to be supported. The schools will be directly supported by the researcher within an implementation science approach, whereby all key staff meet regularly together, and the guidance will be re-drafted based on the learning from the pilot which will then be rolled

out to all local authority schools. The practices of schools within transitions will then be built into LA evaluation processes.

8.3 - Limitations

Within this research there are several identifiable limitations worthy of due consideration. Some limitations have been noted within chapter 6 and 7. The researcher was an existing employee within the LA and occupied a senior position. This may have created a power imbalance across both studies which may have impacted on the responses of individuals (Choi & Robertson, 2014; McDermid et al., 2014), despite efforts to ensure the research was collaborative. Both studies involved small numbers of staff, pupils, and parents which has significant implications for reliability and validity. The AOT evaluation involved small numbers of stakeholders completing a self-designed questionnaire. The questionnaires were designed by the researcher and were not standardised. Despite the collaborative approach the researcher undertook much of the organisation and analysis themselves which may have been perceived as the researcher in a leadership role rather than that of a participatory approach. Within the service evaluation the outcomes, in terms of improvements in performance fell outside the research window to measure. Ideally the researcher would have been able to demonstrate a clear link between the service evaluation and improved outcomes of the outreach service. The evaluation process itself was not evaluated within this research so the perspectives of stakeholders as to the evaluation process was not gathered. There is also no transferability of the findings of the evaluation research however it may offer a suggested approach to evaluating an AOT.

As noted, in Study 2 the recruitment process, for the focus groups relied on existing interested staff, identifying potential young people and parents to be involved in the study. It is also not known or recorded the number of parents/ young people that declined to be part of the research. Whilst senior leaders were invited to participate in the research, only a small number chose to participate which may have implications for the project at the implementation stage. The researcher attempted to address this by

undertaking a presentation to all senior leaders whereby feedback was invited on the draft guidance.

Within the thematic analysis over-generalisations may have resulted in a loss of holistic understanding in relation to individual accounts of individual participants. This could have been further compounded by the fact that verbatim accounts were not taken, and the data was analysed across groups rather than individually.

As noted in chapter 7, all participants who had been involved in the co-production process were invited to support in the write up of a first draft of the guidance. However, no stakeholders volunteered to participate, including the members of the AOT. This would have been anticipated for the young people involved in the research due to their age and stage of development. There could be many reasons for the wider reluctance to engage in this process, including that it was felt that this was an area out with their skill base, it was not a particularly exciting task, task fatigue, the timing of the request being at the end of term, it was seen as the researcher's role. The reasons for this were not investigated, so as not to subject participants to undue pressure or coercion, to be involved in a process they did not wish to be or did not feel comfortable undertaking.

In addition, this research did not include the implementation stage of the good practice transition guidance, so it was therefore not possible to evaluate the impact on children, young people, families, and staff. As noted by Ofir et al. (2013).

 'Any programmatic or policy initiative must be judged and evaluated in terms of the contribution to improving the quality of people's lives promoting equity, enhancing security, reducing discrimination and empowering people'.   Ofir et al. (2013, p.14)

It is not possible to clarify, within the timings of this research, what the contribution of this research will be on improving the quality of young people's lives. Whilst it is out with the 'research window' a strength of the practitioner- researcher approach is that this research can still be taken forward within the role of educational psychologist, in the

near future. It can also form part of a future research paper. Notwithstanding this, the stakeholders involved in the co-production process rated it positively indicating that it was experienced as an empowering process.

The researcher approached the studies from a critical realist approach and in enlisting that position certain ontological and epistemological dispositions are made. The researcher also had prior experience of the AOT as well as prior knowledge of LA concerns. While a concerted effort was made to put the concerns to one side, they were still known. The researchers prior training in educational psychology impacted on their knowledge base of methodologies and practices as well as an awareness of ecological approaches. Lastly the researcher and RA had worked together previously in several projects and potentially knew how each other approached tasks therefore reducing some of the potential objectivity sought. In addition, the researcher is positive about the role of support for teachers within the implementation of inclusion. She holds beliefs and values that inclusion is complex and challenging and therefore additional support is required for the effective implementation. This is likely to have impacted throughout the study and may not have coincided with the beliefs of some of the participants. The researcher sought to mitigate this by checking assumptions and evaluations from data with participants and with the research assistant.

8.4 – Implications for future research and educational psychologists' practice

Supporting school staff with the implementation of inclusion appears an area of priority for LAs moving forward. Identifying systems that support the application of evidence-based practices also appears to be an area of future development. Utilising the supports of a skilled AOT appears to offer a potential solution in supporting schools with the implementation of inclusion and reducing the research to practice gap. Further research would be beneficial in investigating the utility of an AOT in this area.

Evaluating the impact and outcome of LA supports also appears key to progressing in this area. This appears to involve the development of skills in the evaluation of complex

interventions linked to improvement. Future work would be helpful in further applying the PETL framework in practice and identifying if its application leads to improvements for service users. The evaluation framework may also be utilised with other services and complex interventions. This may assist services in increasing focused activity and applying participatory evaluation in practice. Furthermore, the co-production process utilised within this research could be used in developing other policy guidance. Educational Psychology Services are well placed to offer these types of support moving forward.

This research highlights the utility of an implementation science approach to both evaluation and policy development This would be another area for potential future research and for EPs, particularly around the implementation of evidence-based interventions and building capacity in school staff and support services.

The creation, monitoring and evaluation of effective transition support for children with ASD/SCD and indeed ASN appears to be an area requiring further development. This research has brought MMT theory in to practice via a transition policy guidance document. Future research would be beneficial in investigating the utility of MMT in practice and how it can be most effectively utilised to improve children's transition experiences. The transition guidance is currently being piloted within a cluster of schools and the learning will used to further develop the guidance before being rolled out to all schools. This will allow improvements in transitions to be identified.

In addition, research focusing on children's voices and on effectively collaborating with children in improving systems, policies and processes is an area of development for both research and EP practice.

References

Abdelghani, B. (2017). *Competency based framework: The benefits and the challenges*. *https://www.researchgate.net/publication/330831466_Competency-Based_Framework_The_Benefits_and_the_Challenges*

Able, H., Sreckovic, M. A., Schultz, T. R., Garwood, J. D., & Sherman, J. (2015). Views From the Trenches: Teacher and Student Supports Needed for Full Inclusion of Students With ASD. *Teacher education and special education*, *38*(1), 44-57. https://doi.org/10.1177/0888406414558096

Abrahams, B. S., & Geschwind, D. H. (2008). Advances in autism genetics: on the threshold of a new neurobiology. *Nat Rev Genet*, *9*(5), 341-355. https://doi.org/10.1038/nrg2346

Ainscow, M. (1995). Education for all: Making it happen. *Support for Learning*, *10*, 147-154.

Ainscow, M., & Sandill, A. (2010). Developing inclusive education systems: the role of organisational cultures and leadership. *International journal of inclusive education*, *14*(4), 401-416. https://doi.org/10.1080/13603110802504903

Ainscow, M., Slee, R., & Best, M. (2019). Editorial: the Salamanca Statement: 25 years on. *INT J INCLUSIVE EDUC*, *23*(7-8), 671-676. https://doi.org/10.1080/13603116.2019.1622800

Al-Eisawi, D. (2022). A Design Framework for Novice Using Grounded Theory Methodology and Coding in Qualitative Research: Organisational Absorptive Capacity and Knowledge Management. *International journal of qualitative methods*, *21*. https://doi.org/10.1177/16094069221113551

Allan, J. (2009). *Question of Inclusion in Scotland and Europe*.
https://core.ac.uk/download/pdf/9049046.pdf

Allen, K., Needham, C., Hall, K., & Tanner, D. (2019). Participatory research meets
validated outcome measures: Tensions in the co-production of social care
evaluation. *SOC POLICY ADMIN*, *53*(2), 311-325.
https://doi.org/10.1111/spol.12468

Alresheed, F., Machalicek, W., Sanford, A., & Bano, C. (2018). Academic and Related
Skills Interventions for Autism: a 20-Year Systematic Review of Single-Case
Research. *Review journal of autism and developmental disorders*, *5*(4), 311-326.
https://doi.org/10.1007/s40489-018-0141-9

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental
Disorders (5th ed.)*. American Psychiatric Publishing.

American Psychiatric Society. (1980). *Diagnostic and Statistical Manual for Mental
Disorders (3rd ed.)*. American Psychiatric Publishing.

Anagnostou, E., Jones, N., Huerta, M., Halladay, A. K., Wang, P., Scahill, L., Dawson,
G. (2015). Measuring social communication behaviors as a treatment endpoint
in individuals with autism spectrum disorder. *Autism*, *19*(5), 622-636.
https://doi.org/10.1177/1362361314542955

Anagnostou, E., Zwaigenbaum, L., Szatmari, P., Fombonne, E., Fernandez, B. A.,
Woodbury-Smith, M. &Scherer, S. W. (2014). Autism spectrum disorder:
Advances in evidence-based practice. *CMAJ*, *186*(7), 509-519.
https://doi.org/10.1503/cmaj.121756

Anglim, J., Prendeville, P., & Kinsella, W. (2018). The self-efficacy of primary teachers in supporting the inclusion of children with autism spectrum disorder. *Educational psychology in practice*, *34*(1), 73-88. https://doi.org/10.1080/02667363.2017.1391750

Anson, I. G. (2018). Partisanship, Political Knowledge, and the Dunning-Kruger Effect. *POLIT PSYCHOL*, *39*(5), 1173-1192. https://doi.org/10.1111/pops.12490

Arber, A. (2006). Reflexivity: A challenge for the researcher as practitioner? *Journal of research in nursing*, *11*(2), 147-157. https://doi.org/10.1177/1744987106056956

Askew, S., & Carnell, E. (2011). Transformative coaching: a learning theory for practice. In. London: University of London, Institute of Education.

Asperger, H. (1944). Die ''Autistischen Psychopathen'' im Kindes- alter. Archiv fu ̈r Psychiatrie und Nervenkrankheiten. Cited in Lyons, V., & Fitzgerald, M. (2007). Asperger (1906-1980) and Kanner (1894-1981), the two pioneers of autism. *J Autism Dev Disord*, 37(10), 2022-2023. https://doi.org/10.1007/s10803-007-0383-3

Bachmann, C. J., Gerste, B., & Hoffmann, F. (2018). Diagnoses of autism spectrum disorders in Germany: Time trends in administrative prevalence and diagnostic stability. *Autism*, *22*(3), 283-290. https://doi.org/10.1177/1362361316673977

Bagnall, C. L., Skipper, Y., & Fox, C. L. (2020). 'You're in this world now': Students', teachers', and parents' experiences of school transition and how they feel it can be improved. *Br J Educ Psychol*, *90*(1), 206-226. https://doi.org/10.1111/bjep.12273

Bagnall, C. L., Skipper, Y., & Fox, C. L. (2022). Primary-secondary school transition
    under Covid-19: Exploring the perceptions and experiences of children,
    parents/guardians, and teachers. *Br J Educ Psychol*, 92(3), 1011-1033.
    https://doi.org/10.1111/bjep.12485

Bandura, A. (1977). Self-efficacy: Toward a theory of unifying behavioral.
    Psychological Review, *84*. https://doi.org/10.1037/0033-295X.84.2.191

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W H Freeman.

Baron-Cohen, S., Leslie, A. M., & Frith, U. (1985). Does the autistic child have a
    "theory of mind"? *Cognition*, *21*, 37-46. https://doi.org/10.1016/0010-
    0277(85)90022-8.PMID:2934210

Bearss, K., Taylor, C. A., Aman, M. G., Whittemore, R., Lecavalier, L., Miller, J., . . .
    Scahill, L. (2016). Using qualitative methods to guide scale development for
    anxiety in youth with autism spectrum disorder. *Autism*, *20*(6), 663-672.
    https://doi.org/10.1177/1362361315601012

Beaton, M. C., Thomson, S., Cornelius, S., Lofthouse, R., Kools, Q., & Huber, S.
    (2021). Conceptualising teacher education for inclusion: Lessons for the
    professional learning of educators from transnational and cross-sector
    perspectives. *Sustainability (Basel, Switzerland)*, *13*(4), 1-17.
    https://doi.org/10.3390/su13042167

Bélanger, P. (2011). *Theories in adult learning and education*. Opladen u.a: Budrich.
    https://doi.org/10.3224/86649362

Benigno, J.P., McCarthy, J., Taylor, S.O., & Wright, B.G. (2019). Training students through a community outreach program to support families of children with autism spectrum disorder. https://www.researchgate.net/publication/332952456_Training_Students_Through_a_Community_Outreach_Program_to_Support_Families_of_Children_With_Autism_Spectrum_Disorder

Benner, A. D., Boyle, A. E., & Bakhtiari, F. (2017). Understanding students' transition to high school: Demographic variation and the role of supportive relationships. *Journal of youth and adolescence*, *46*, 2129-2142. https://doi.org/10.1007/s10964-017-0716-2

Bettelheim, B. (1967). *The empty fortress : infantile autism and the birth of the self*. New York : Free Press.

Bhaskar, R. (1978). *A Reality Theory of Science (2nd ed.)*. Harvester Press.

Bhaskar, R. (1979). *The possibility of naturalism: A philosophical critique of the contemporary human sciences.* Humanities Press.

Bhaskar, R. (2016). *Enlightened Common Sense: The Philosophy of Critical Realism*. Routledge.

Bhaskar, R., Danermark, B., & Price, L. *Interdisciplinarity and Wellbeing: A critical realists general theory of interdisciplinarity*. Routledge.

Biniecki, S. M. Y. (2016). Using Concept Maps to Engage Adult Learners in Critical Analysis. *Adult Learning,* 27(2), 51-60.

Bines, H., & Lei, P. (2011). Disability and education: The longest road to inclusion. *International journal of educational development*, *31*(5), 419-424. https://doi.org/10.1016/j.ijedudev.2011.04.009

Blase, K. A., Van Dyle, M., Fixsen, D. L., & Bailey, F. W. (2012). Implementation Science: Key concepts, Themes and Evidence for Practitioners in Educational Psychology. In B. Kelly & D. F. Perkins (Eds.), *Handbook of Implementation Science for Psychology in Education* (pp. 13-34). Cambridge University Press.

Bond, C., Symes, W., Hebron, J., Humphrey, N., Morewood, G., & Woods, K. (2016). Educational interventions for children with ASD: A systematic literature review 2008–2013. *School psychology international*, *37*(3), 303-320. https://doi.org/10.1177/0143034316639638

Bond, C., Hebron, J., & Oldfield, J. (2017). Professional learning among specialist staff in resourced mainstream schools for pupils with ASD and SLI. *Educational psychology in practice*, *33*(4), 341-355. https://doi.org/10.1080/02667363.2017.1324406

Bondy, A., & Frost, L. (2001). The picture exchange communication system. *Behavior Modification, 25*(5), 725–744. https://doi.org/10.1177/0145445501255004

Booth, T., & Ainscow, M. (1998). *From them to us: An international study of inclusion in education*. Routledge.

Booth, T. (2011). *Index for inclusion: developing learning and participation in schools* (3rd rev. ed.). Bristol: CSIE.

Boswell, N., Douglas-Osborn, E., Halkyard, T., & Woods, K. (2021). Listening to children and young people: an Educational Psychology Service co-production journey. *Educational psychology in practice*, 37(4), 396-412. https://doi.org/10.1080/02667363.2021.1975097

Bourgeault, I., Dingwall, R., & de Vries, R. (2010). T*he SAGE Handbook of Qualitative Methods in Health Research*. London: SAGE Publications, Limited.

Boyd, B. A., Dykstra-Steinbrenner, J. R., Reszka, S. S., & Carroll, A. (2019). Research in autism education: Current issues and future directions. In E. Jordan, J. M. Roberts, & K. Hume (Eds.), *The Sage Handbook of Autism in Education* (pp. 593-605). Sage Publishing.

Boyd, B. A., Stahmer, A. C., Odom, S. L., Wallisch, A., & Matheis, M. (2021). It's time to close the research to practice gap in autism: The need for implementation science. *Autism*, 13623613211064422-13623613211064422. https://doi.org/10.1177/13623613211064422

Boyle, J., & King, E. (2021). Resilience, Reflection and Reflexivity. In L. Monsen, L. Woolfson, & J. Boyle (Eds.), *Why do teachers need to know about psychology? Strengthening professional identity and wellbeing.* Bloomsbury Press.

Boyle, J., MacKay, T. and Lauchlan, F. (2017). The Legislative Context and Shared Practice Models. Cited in B. Kelly, L.M. Woolfson and J. Boyle. *Frameworks for Practice in Educational Psychology (2nd Ed.)* JKP.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Brandes, J. A., McWhirter, P. T., Haring, K. A., Crowson, M. H., & Millsap, C. A. (2012). Development of the Indicators of Successful Inclusion Scale (ISIS): addressing ecological concerns. *Teacher development*, *16*(4), 463-488. https://doi.org/10.1080/13664530.2012.717212

Braun, V. & Clarke, V. (2014). *Successful qualitative research: A practical guide for beginners*. Sage Publications.

Braun, V. & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage Publications.

British Psychological Society. (2021). *Working with autism: best practice guidelines for psychologists*. https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Working%20with%20autism%20-%20best%20practice%20guidelines%20for%20psychologists.pdf

Broadwell, M. (1969). Teaching for Learning XVI. *The Gospal Guardian*. https://drandrewhuang.wordpress.com/2018/07/16/the-origins-of-the-conscious-competence-model/

Brock, M. E., Dynia, J. M., Dueker, S. A., & Barczak, M. A. (2020). Teacher-Reported Priorities and Practices for Students with Autism: Characterizing the

Research-to-Practice Gap. *Focus Autism Other Dev Disabl*, 35(2), 67-78. https://doi.org/10.1177/1088357619881217

Bronfenbrenner, U., & Morris, P. A. (2006). The bio ecological model of human development. In W. Damon & R. M. Lerner (Eds.), *The Handbook of Child Psychology: Theoretical models of human development* (Vol. 1, pp. 793-828). Wiley.

Brooks, J., McCluskey, S., Turley, E., & King, N. (2015). The Utility of Template Analysis in Qualitative Psychology Research. *Qual Res Psychol*, *12*(2), 202-222. https://doi.org/10.1080/14780887.2014.955224

Brooks, J. M., & King, N. (2017). *Template Analysis for Business and Management Students*. 55 City Road: SAGE Publications Ltd. https://doi.org/10.4135/9781473983304

Bruck, S., Webster, A., & Clark, T. (2022). Transition support for students on the autism spectrum: a multiple stakeholder perspective. Journal of Research in Special Educational Needs, 22(1), 3-17

Bryson, J. M. (2018). Getting strategic about strategic planning research. *Public Management Review*, *20*(3), 317-340. https://doi.org/10.1080/14719037.2017.1285111

Buli-Holmberg, J., Sigstad, H. M. H., Morken, I., & Hjörne, E. (2022). From the idea of inclusion into practice in the Nordic countries: a qualitative literature review. *European journal of special needs education*, *ahead-of-print*(ahead-of-print), 1-16. https://doi.org/10.1080/08856257.2022.2031095

Bywater, T. (2012). Developing Rigorous Programme Evaluation. In B. Kelly & D. F. Perkins (Eds.), *Handbook of Implementation Science for Psychology in Education* (pp. 37-53). Cambridge University Press.

Campbell, C. (2020). A Survey of Scottish Principal Educational Psychologists on the use of an Autism Outreach Team. [Unpublished manuscript].

Cannell, J. J. (2010). On the aetiology of autism. *Acta Paediatr*, *99*(8), 1128-1130. https://doi.org/10.1111/j.1651-2227.2010.01883.x

Cantali, D. (2019). Moving to secondary school for children with ASN: a systematic review of international literature. *British journal of special education*, *46*(1), 29-52. https://doi.org/10.1111/1467-8578.12258

Cantio, C., White, S., Madsen, G. F., Bilenberg, N., & Jepsen, J. R. M. (2018). Do cognitive deficits persist into adolescence in autism? The Development of Cognitive Skills in Autism. *Autism research*, *11*(9), 1229-1238. https://doi.org/10.1002/aur.1976

Cascio, M. A., Weiss, J. A., & Racine, E. (2021). Empowerment in decision-making for autistic people in research. *Disability & society*, *36*(1), 100-144. https://doi.org/10.1080/09687599.2020.1712189

Cassell, C. (2019). Qualitative Data Analysis: Exploring Themes, Metaphors and Stories. *European Management Review*, *16*(1), 195-208. https://doi.org/10.1111/emre.12176

Chen, L., Abrams, D. A., Rosenberg-Lee, M., Iuculano, T., Wakeman, H. N., Prathap, S., Menon, V. (2019). Quantitative Analysis of Heterogeneity in Academic

Achievement of Children with Autism. *CLIN PSYCHOL SCI*, *7*(2), 362-380. https://doi.org/10.1177/2167702618809353

Children in Scotland, The National Autistic Society & Scottish Autism. (2018). Not Included, Not Engaged, Not Involved. https://www.notengaged.com

Choi, T., & Robertson, P.J. (2014). Deliberation and Decision in Collaborative Governance: A Simulation of Approaches to Mitigate Power Imbalance, *Journal of Public Administration Research and Theory*, 24 (2), 495-518, doi.org/10.1093/jopart/mut003

Chouinard, J. A., & Cousins, J. B. (2014). The journey from rhetoric to reality: participatory evaluation in a development context. *Educ Asse Eval Acc*, *27*(1), 5-39. https://doi.org/10.1007/s11092-013-9184-8

Chown, N., & Leatherland, J. (2020). Can a Person be 'A Bit Autistic'? A Response to Francesca Happé and Uta Frith. *J Autism Dev Disord*, *51*(2), 749-751. https://doi.org/10.1007/s10803-020-04541-0

Christie, M., Carey, M., Robertson, A., & Grainger, P. (2015). Putting transformative learning theory into practice. *Australian journal of adult learning*, *55*(1), 9-30.

Christine, G.-F. (2018). Bridging the Research-to-Practice Gap: Implementing the Research-to-Practice Model. *Australasian journal of special and inclusive education*, *42*(1), 82-91. https://doi.org/10.1017/jsi.2018.9

Chung, W. (2015). An Examination of In-Service Teacher Attitudes toward Students with Autism Spectrum Disorder: Implications for Professional Practice. *Current Issues in Education*, *18*(2), 1-11.

Clark, M., Adams, D., Roberts, J., & Westerveld, M. (2020). How do teachers support their students on the autism spectrum in Australian primary schools? *Journal of research in special educational needs*, *20*(1), 38-50. https://doi.org/10.1111/1471-3802.12464

Clark, M. C., & Wilson, A. L. (1991). Context and rationality in Mezirow's theory of transformational learning. *Adult Learning Quarterly*, *41*, 75-91. https://doi.org/10.1177/0001848191041002002

Clement, M.A., Lee, K., Park, M., Sinn, A., & Miyake, N. (2022). The Need for Sensory-Friendly "Zones": Learning from Youth on the Autism Spectrum, Their Families, and Autistic Mentors Using a Participatory Approach. *Frontiers in psychology*, *13*. https://doi.org/10.3389/fpsyg.2022.883331

Cohen, L. (2018). *Research methods in education* (Eighth edition. ed.). New York: Routledge.

Cohen, L. (2018). *Research methods in education* (Eighth edition.. ed.). New York : Routledge.

Coleman, S. L. (2018). The integration of applied research into a school-based doctoral internship. *Training and Education in Professional Psychology*, *12*(3), 180-188. https://doi.org/10.1037/tep000020210.1037/tep0000202.supp

Collard, S., & Law, M. (1989). The Limits of Perspective Transformation: A Critique of Mezirow's Theory. *Adult education quarterly (American Association for Adult and Continuing Education)*, *39*(2), 99-107. https://doi.org/10.1177/0001848189039002004

Connolly, M. (2021). *A mixed methods investigation into Autism Plus and the impact of co-occurring conditions on the outcomes and support needs amongst adults with autism spectrum conditions*. https://pureportal.strath.ac.uk/en/studentTheses/a-mixed-methods-investigation-into-autism-plus-and-the-impact-of-

Convention on the rights of the chil*d* (1989) Treaty no. 27531. *United Nations Treaty Series*, 1577, pp. 3-178. https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch_IV_11p.pdf

Cook, A., & Ogden, J. Challenges, strategies and self-efficacy of teachers supporting autistic pupils in contrasting school settings: a qualitative study. *European journal of special needs education*, *ahead-of-print*(ahead-of-print), 1-15. https://doi.org/10.1080/08856257.2021.1878659

Corbin, J., & Strauss, A. (1990). Grounded Theory Research: Procedures, Canons and Evaluative Criteria. *Zeitschrift für Soziologie*, *19*(6), 418-427. https://doi.org/10.1515/zfsoz-1990-0602

Costley, D., Clark, T., & Bruck, S. (2014). The Autism Spectrum Disorder Evaluative Education Model: A School-Based Method of Assessing and Selecting Interventions for Classroom Use. *SAGE open*, *4*(4), 215824401455664. https://doi.org/10.1177/2158244014556640

Cousins, J. B. (2004). Crossing the bridge: Towards understanding the used through empirical enquiry. In M. C. Alkin (Ed.), *Evaluation roots: Tracing theorists' views and influences* (pp. 319-330). Sage Publications.

Cousins, J. B. (2020). *Collaborative approaches to evaluation: principles in use / [internet resource]*. Los Angeles, CA: SAGE Publications, Inc.

Cousins, J. B., & Earl, L. M. (1992). The Case for Participatory Evaluation. *Educational evaluation and policy analysis*, *14*(4), 397-418. https://doi.org/10.3102/01623737014004397

Cousins, J. B., & Chouinard, J. A. (2012). *Participatory evaluation up close: An integration of research-based knowledge.* Information Age Publishing Inc.

Cousins, J. B., Shulha, L. M., Whitmore, E., Hudib, H. A., & Gilbert, N. (2016). How Do Evaluators Differentiate Successful From Less-Than-Successful Experiences With Collaborative Approaches to Evaluation? *Eval Rev*, *40*(1), 3-28. https://doi.org/10.1177/0193841X16637950

Craft, A. R., & Chappell, K. A. (2016). Possibility thinking and social change in primary schools. *Education 3-13*, *44*(4), 407-425. https://doi.org/10.1080/03004279.2014.961947

Crooke, P. J. (2015). Practice-Based Research: Another Pathway for Closing the Research-Practice Gap. *Journal of Speech, Language & Hearing Research*, *58*(6), S1871. https://doi.org/10.1044/2015_JSLHR-L-15-0243

Crouch, R., Keys, C. B., & McMahon, S. D. (2014). Student-Teacher Relationships Matter for School Inclusion: School Belonging, Disability, and School Transitions. *J Prev Interv Community*, 42(1), 20-30. https://doi.org/10.1080/10852352.2014.855054

Cutrer, W. B. M. D. M., Sullivan, W. M. M. D. M., & Fleming, A. E. M. D. (2013). Educational Strategies for Improving Clinical Reasoning. *Curr Probl Pediatr*

Adolesc Health Care, *43*(9), 248-257.
https://doi.org/10.1016/j.cppeds.2013.07.005

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implement Sci*, *4*(1), 50-50. https://doi.org/10.1186/1748-5908-4-50

Danker, J., Strnadová, I., & Cumming, T. M. (2019). Picture my well-being: Listening to the voices of students with autism spectrum disorder. *RES DEV DISABIL*, *89*, 130-140. https://doi.org/10.1016/j.ridd.2019.04.005

Das, S., & Biswas, D. (2018). *Competence Learning Model. International Journal of Management, Technology and Engineering*. https://www.researchgate.net/profile/Debasish-Biswas-7/publication/352410540_Competence_Learning_Model/links/60c8cd239285 1c8e63998486/Competence-Learning-Model.pdf

Deacy, E., Jennings, F., & O'Halloran, A. (2015). Transition of students with autistic spectrum disorders from primary to post-primary school: a framework for success. *Support for Learning*, *30*(4), 292-304. https://doi.org/10.1111/1467-9604.12102

de Boer, A., Pijl, S. J., & Minnaert, A. (2011). Regular primary schoolteachers' attitudes towards inclusive education: a review of the literature. *International journal of inclusive education*, *15*(3), 331-353. https://doi.org/10.1080/13603110903030089

Denkyirah, A. M. (2010). Strategies for Transitioning Pre-schoolers with Autism Spectrum Disorders to Kindergarten. *Early Childhood Education Journal*, *38*(4), 265-271.

DePaolo, C. A., & Wilkinson, K. (2014). Get Your Head into the Clouds: Using Word Clouds for Analyzing Qualitative Assessment Data. *TECHTRENDS TECH TRENDS*, *58*(3), 38-44. https://doi.org/10.1007/s11528-014-0750-9

Department of Education & Science. (1978). *Special Educational Need: Report of the Committee of Enquiry into the Education of Handicapped Children and Young People (The Warnock Report).* London: HMSO

de Souza, D. E. (2013). Elaborating the Context-Mechanism-Outcome configuration (CMOc) in realist evaluation: A critical realist perspective. *Evaluation (London, England. 1995)*, *19*(2), 141-154. https://doi.org/10.1177/1356389013485194

De Souza, D. E. (2016). Critical Realism and Realist Review: Analyzing Complexity in Educational Restructuring and the Limits of Generalizing Program Theories Across Borders. *The American journal of evaluation*, *37*(2), 216-237. https://doi.org/10.1177/1098214015605175

Dew, A., & Boydell, K. M. (2017). Knowledge translation: bridging the disability research-to-practice gap. *Research and practice in intellectual and developmental disabilities*, *4*(2), 142-157. https://doi.org/10.1080/23297018.2017.1315610

De Wit, D. J., Karioja, K., & Rye, B. J. (2010). Student perceptions of diminished teacher and classmate support following the transition to high school: are they

related to declining attendance? *School effectiveness and school improvement*, 21(4), 451-472. https://doi.org/10.1080/09243453.2010.532010

Dillman, L. M. (2013). Comparing evaluation activities across multiple theories of practice. *Evaluation and program planning*, *38*, 53-60. https://doi.org/10.1016/j.evalprogplan.2012.03.014

Dingfelder, H. E. (2011). Bridging the Research-to-Practice Gap in Autism Intervention: An Application of Diffusion of Innovation Theory. *Journal of Autism & Developmental Disorders*, *41*(5), 597-610.

Doehring, P., & Volkmar, F. R. (2016). Knowledge Gaps in ASD Research: Short- and Long-Term Implications for Policy. *J Autism Dev Disord*, *46*(3), 733-736. https://doi.org/10.1007/s10803-015-2683-3

Drisko, J. W. (2015). *Content analysis / [internet resource]*. New York: Oxford University Press.

Dynia, J. M., Walton, K. M., Brock, M. E., & Tiede, G. (2020). Early childhood special education teachers' use of evidence-based practices with children with autism spectrum disorder. *Research in autism spectrum disorders*, *77*, 101606. https://doi.org/10.1016/j.rasd.2020.101606

Dyson, A. (2000). Schools and special needs : issues of innovation and inclusion. Paul Chapman

Eccles, J. S., Midgley, C., Wigfield, A., Buchanan, C. M., Reuman, D., Flanagan, C., & Mac Iver, D. (1993). Development During Adolescence: The Impact of Stage-Environment Fit on Young Adolescents' Experiences in Schools and in Families. *AM PSYCHOL*, *48*(2), 90-101. https://doi.org/10.1037/0003-066X.48.2.90

Eccles, M. P., & Mittman, B. S. (2006). Welcome to implementation science. *IMPLEMENT SCI*, *1*(1), 1-1. https://doi.org/10.1186/1748-5908-1-1

Education Scotland. (2015). *How good is our school 4*. https://education.gov.scot/improvement/documents/frameworks_selfevaluation/frwk2_nihedithgios/frwk2_hgios4.pdf

Education Scotland. (2021). *Transforming Learning*. https://education.gov.scot/improvement/self-evaluation/transforming-learning/

Education Scotland. (2022). *Support for all*. https://education.gov.scot/education-scotland/scottish-education-system/support-for-all/

Edwards, R. W., Jumper-Thurman, P., Plested, B. A., Oetting, E. R., & Swanson, L. (2000). Community readiness: Research to practice. *J COMMUNITY PSYCHOL*, *28*(3), 291-307. https://doi.org/10.1002/(SICI)1520-6629(200005)28:3

Edwards, P. K., Jr., O'Mahoney, J., & Vincent, S. (2014). *Studying Organizations Using Critical Realism: A Practical Guide*. Oxford: Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199665525.001.0001

Edwards, R. K., Kellner, K. R., Sistrom, C. L., & Magyari, E. J. (2003). Medical student self-assessment of performance on an obstetrics and gynecology clerkship. *AM J OBSTET GYNECOL*, *188*(4), 1078-1082. https://doi.org/10.1067/mob.2003.249

Egbo, B. (2005). Emergent Paradigm: Critical Realism and Transformative Research in Educational Administration, *McGill journal of education*, *40*(3), 267.

Ekblad, L. (2013). Autism, Personality, and Human Diversity: Defining Neurodiversity in an Iterative Process Using Aspie Quiz. *SAGE open*, *3*(3), 1-14. https://doi.org/10.1177/2158244013497722

Elder, G. H. (1998). The Life Course as Developmental Theory. *CHILD DEV*, *69*(1), 1-12. https://doi.org/10.1111/j.1467-8624.1998.tb06128.x

Eliophotou Menon, M., & Lefteri, A. (2021). The Link between Transformational Leadership and Teacher Self-Efficacy. *Education*, *142*(1), 42-52.

Evangelou, M., Taggart, B., Sylva, k., Melhuish, E., Simmons, P., & Siraj-Blatchford, I. (2008). *Effective pre-school, primary and secondary education 3-14 project (EPPSE 3-14): What makes a successful transition from primary to secondary school?* https://dera.ioe.ac.uk/8618/1/DCSF-RR019.pdf

Evans, D., Borriello, G. A., & Field, A. P. (2018). A Review of the Academic and Psychological Impact of the Transition to Secondary School., *9*. https://www.frontiersin.org/articles/10.3389/fpsyg.2018.01482/full

Finelli, C. J. (2014). Bridging the Research-to-Practice Gap: Designing an Institutional Change Plan Using Local Evidence. *Journal of Engineering Education*, *103*(2), 331-362.

Fishbein, M., & Ajzen, I. (1975). *Belief, Attitude, Intention and Behaviour*. Wiley.

Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2013). Statewide Implementation of Evidence-Based Programs. *Exceptional children*, *79*(2), 213-230. https://doi.org/10.1177/001440291307900206

Fletcher, A. J. (2017). Applying critical realism in qualitative research: methodology meets method. *International journal of social research methodology*, *20*(2), 181-194. https://doi.org/10.1080/13645579.2016.1144401

Fletcher-Watson, S., Adams, J., Brook, K., Charman, T., Crane, L., Cusack, J., . . . Pellicano, E. (2019). Making the future together: Shaping autism research through meaningful participation. *AUTISM*, *23*(4), 943-953. https://doi.org/10.1177/1362361318786721

Fletcher-Watson, S., & Happe, F. (2019). *Autism : a new introduction to psychological theory and current debate*: Routledge.

Florian, L. (2019). On the necessary co-existence of special and inclusive education. *INT J INCLUSIVE EDUC*, *23*(7-8), 691-704. https://doi.org/10.1080/13603116.2019.1622801

Foley-Nicpon, M., L. Fosenburg, S., G. Wurster, K., & Assouline, S. G. (2016). Identifying High Ability Children with DSM-5 Autism Spectrum or Social Communication Disorder: Performance on Autism Diagnostic Instruments. *J Autism Dev Disord*, *47*(2), 460-471. https://doi.org/10.1007/s10803-016-2973-4

Fontil, L. (2020). Barriers to and Facilitators of Successful Early School Transitions for Children with Autism Spectrum Disorders and Other Developmental Disabilities: A Systematic Review. *Journal of Autism & Developmental Disorders*, *50*(6), 1866-1882.

Fontil, L., Sladeczek, I. E., Gittens, J., Kubishyn, N., & Habib, K. (2019). From early intervention to elementary school: A survey of transition support practices for

children with autism spectrum disorders. *RES DEV DISABIL*, *88*, 30-41. https://doi.org/10.1016/j.ridd.2019.02.006

Forlin, C. (2011). The Sentiments, Attitudes, and Concerns about Inclusive Education Revised (SACIE-R) Scale for Measuring Pre-Service Perceptions Teachers' Perception about Inclusion. *Exceptionality Education International*, *21*(3), 50-66.

Fortuna, R. (2014). The social and emotional functioning of students with an autistic spectrum disorder during the transition between primary and secondary schools: Autism and Transition. *Support for learning*, *29*(2), 177-191. https://doi.org/10.1111/1467-9604.12056

Franziska, P.E. (2016). Why do I feel more confident? Bandura's sources predict preservice teachers' latent changes in teacher self-efficacy. *Frontiers in psychology*, *7*. https://doi.org/10.3389/fpsyg.2016.01486

Frith, U. (2004). Emanuel Miller lecture: Confusions and controversies about Asperger syndrome. *J CHILD PSYCHOL PSYC*, *45*(4), 672-686. https://doi.org/10.1111/j.1469-7610.2004.00262.x

Frith, U., Morton, J., & Leslie, A. M. (1991). The cognitive basis of a biological disorder: Autism. *Trends in Neuroscience*, *14*, 433-438.

Frith, U., & Happe, F. (1994). Autism:Beyond theory of mind. *Cognition*, *50*, 115-132.

Frith, U. (2012). The 38th Sir Frederick Bartlett Lecture Why we need cognitive explanations of autism. *Quarterly journal of experimental psychology (2006)*, *65*(11), 2073-2092. https://doi.org/10.1080/17470218.2012.697178

Galler, M., Myhrer, K. S., Ares, G., & Varela, P. (2022). Listening to children voices in early stages of new product development through co-creation – Creative focus group and online platform. *Food Res Int*, *154*, 111000-111000. https://doi.org/10.1016/j.foodres.2022.111000

Galton, M., Gray, J., & Ruddock, J. (1999). *The impact of school transitions and transfers on pupil progress and attainment.* DfEE.

Garcia, G. L., & Stevahn, L. (2020). Situational Awareness and Interpersonal Competence as Evaluator Competencies. *The American journal of evaluation*, *41*(1), 107-124. https://doi.org/10.1177/1098214018814941

George, B. (2019). Does Strategic Planning Improve Organizational Performance? A Meta-Analysis. *Public Administration Review*, *79*(6), 810-820. https://doi.org/10.1111/puar.13104

Gibson, J., Adams, C., Lockton, E., & Green, J. (2013). Social communication disorder outside autism? A diagnostic classification approach to delineating pragmatic language impairment, high functioning autism and specific language impairment. *J Child Psychol Psychiatr*, *54*(11), 1186-1197. https://doi.org/10.1111/jcpp.12079

Goldan, J., & Schwab, S. (2020). Measuring students' and teachers' perceptions of resources in inclusive education - validation of a newly developed instrument. *International journal of inclusive education*, *24*(12), 1326-1339. https://doi.org/10.1080/13603116.2018.1515270

Gómez-marí, I., Sanz-cervera, P., & Tárraga-mínguez, R. (2022). Teachers' Attitudes
toward Autism Spectrum Disorder: A Systematic Review. *Education sciences*,
12(2), 138. https://doi.org/10.3390/educsci12020138

Gotham, K., Risi, S., Pickles, A., & Lord, C. (2006). *The Autism Diagnostic Observation
Schedule (ADOS).*
https://www.research.manchester.ac.uk/portal/en/publications/the-autism-
diagnostic-observation-schedule-ados(31646979-0428-4614-b727-
e0052e1497ed).html

Gracyalny, M. L. (2017). Scales Likert Statement. In M. Allen (Ed.), *The Sage
Encyclopaedia of Communication Research Methods*. Sage Publications.
https://doi.org/10.4135/9781483381411

Gray, D. E. (2018). *Doing Research in the Real World (4th Ed.)*. Sage Publications.

Guest, G., Namey, E., Taylor, J., Eley, N., & McKenna, K. (2017). Comparing focus
groups and individual interviews: findings from a randomized study.
International journal of social research methodology, *20*(6), 693-708.
https://doi.org/10.1080/13645579.2017.1281601

Guldberg, K. (2017). Evidence-based practice in autism educational research: can we
bridge the research and practice gap? *Oxford review of education*, *43*(2), 149-
161. https://doi.org/10.1080/03054985.2016.1248818

Gullickson, A. M. (2020). The whole elephant: Defining evaluation. *Evaluation and
program planning*, *79*, 101787-101789.
https://doi.org/10.1016/j.evalprogplan.2020.101787

Guldberg, K. (2017). Evidence-based practice in autism educational research: can we bridge the research and practice gap? *Oxford review of education*, *43*(2), 149-161. https://doi.org/10.1080/03054985.2016.1248818

Gullickson, A. M. (2020). The whole elephant: Defining evaluation. *Evaluation and program planning*, *79*, 101787-101789. https://doi.org/10.1016/j.evalprogplan.2020.101787

Guy, B., Feldman, T., Cain, C., Leesman, L., & Hood, C. (2020). Defining and navigating 'action' in a Participatory Action Research project. *Educational action research*, *28*(1), 142-153. https://doi.org/10.1080/09650792.2019.1675524

Hannah, E. F., & Topping, K. J. (2012). Anxiety Levels in Students with Autism Spectrum Disorder Making the Transition from Primary to Secondary School. *Education and training in autism and developmental disabilities*, *47*(2), 198-209.

Happe, F. G. E. (1994). An advanced test of theory of mind: Understanding of story characters' thoughts and feelings by able autistic, mentally handicapped, and normal children and adults. *J AUTISM DEV DISORD*, *24*(2), 129-154. https://doi.org/10.1007/BF02172093

Happé, F., & Frith, U. (2020). Dimensional or Categorical Approaches to Autism? Both are Needed. A Reply to Nick Chown and Julia Leatherland. *J Autism Dev Disord*, 51(2), 752-753. https://doi.org/10.1007/s10803-020-04728-5

Hebron, J. S. (2018). School connectedness and the primary to secondary school transition for young people with autism spectrum conditions. *Br J Educ Psychol*, *88*(3), 396-409. https://doi.org/10.1111/bjep.12190

Hellmich, F., Löper, M. F., & Görel, G. (2019). The role of primary school teachers' attitudes and self-efficacy beliefs for everyday practices in inclusive classrooms – a study on the verification of the 'Theory of Planned Behaviour. *Journal of research in special educational needs*, *19*(1), 36-48. https://doi.org/10.1111/1471-3802.12476

Hennessy, E. A., Nichols, L. M., Brown, T. B., & Tanner-Smith, E. E. (2022). Advancing the science of evaluating Collegiate Recovery Program processes and outcomes: A recovery capital perspective. *EVAL PROGRAM PLANN*, *91*, 102057. https://doi.org/10.1016/j.evalprogplan.2022.102057

Hernández-Torrano, D., Somerton, M., & Helmer, J. (2022). Mapping research on inclusive education since Salamanca Statement: a bibliometric review of the literature over 25 years. *International journal of inclusive education*, *26*(9), 893-912. https://doi.org/10.1080/13603116.2020.1747555

Heron, G., & Steckley, L. (2020). Digital storytelling using co-production with vulnerable young people. *Journal of social work: JSW*, *20*(4), 411-430. https://doi.org/10.1177/1468017318814993

Heyder, A., Südkamp, A., & Steinmayr, R. (2020). How are teachers' attitudes toward inclusion related to the social-emotional school experiences of students with and without special educational needs? *Learning and individual differences*, *77*, 101776. https://doi.org/10.1016/j.lindif.2019.101776

Holroyd, S., & Baron-Cohen, S. (1993). How far can people with autism go in developing a theory of mind ? *Journal of autism and developmental disorders*, *23*(2), 379-385.

Honingh, M. E., Bondarouk, E. V., & Brandsen, T. (2020). Co-production in primary schools: a systematic literature review. *International review of administrative sciences*, *86*(2), 222-222. https://doi.org/10.1177/0020852318769143

Hopwood, B., Hay, I., & Dyment, J. (2016). The transition from primary to secondary school: Teachers' perspectives. *Aust. Educ. Res*, 43(3), 289-307. https://doi.org/10.1007/s13384-016-0200-0

Howlin, P. (2005). *Children with Autism and Asperger Syndrome: A Guide for Practitioners and Carers*. John Wiley & Sons Inc.

Hughes, J. A. (2020). *Does the heterogeneity of autism undermine the neurodiversity paradigm?* https://onlinelibrary.wiley.com/doi/epdf/10.1111/bioe.12780

Hughes, L. A., Banks, P., & Terras, M. M. (2013). Secondary school transition for children with special educational needs: a literature review. *Support for Learning*, *28*(1), 24-34. https://doi.org/10.1111/1467-9604.12012

Hume, K., Steinbrenner, J. R., Odom, S. L., Morin, K. L., Nowell, S. W., Tomaszewski, B & Savage, M. N. (2021). Evidence-Based Practices for Children, Youth, and Young Adults with Autism: Third Generation Review. *J Autism Dev Disord*, *51*(11), 4013-4032. https://doi.org/10.1007/s10803-020-04844-2

Jia, J. Y. (2020). *Communication: Perceiving Structures When Receiving Information*. Cham: Springer International Publishing. https://doi.org/10.1007/978-3-030-36838-8_15

Jindal-Snape, D. (2016). *A-Z of Transitions*. Palgrave.

Jindal-Snape, D. (2018). Transition from Early Years to Primary and Primary to Secondary Schools in Scotland. In T. Bryce, W. Humes, D. Gillies, & A. Kennedy (Eds.), *Scottish Educations (5th Ed.)*. Edinburgh University Press.

Jindal-Snape, D., & Cantali, D. (2019). A four-stage longitudinal study exploring pupils' experiences, preparation and support systems during primary–secondary school transitions. *BRIT EDUC RES J*, *45*(6), 1255-1278. https://doi.org/10.1002/berj.3561

Jindal-Snape, D., Hannah, E. F. S., Cantali, D., Barlow, W., & MacGillivray, S. (2020). Systematic literature review of primary–secondary transitions: *International research. Review of education (Oxford)*, *8*(2), 526-566. https://doi.org/10.1002/rev3.3197

Jindal-Snape, D., Symonds, J.E., Hannah, E.F.S., & Barlow, W. (2021). Conceptualising Primary-Secondary School Transitions: A Systematic Mapping Review of Worldviews, Theories and Frameworks. *Frontiers in education (Lausanne)*, *6*. https://doi.org/10.3389/feduc.2021.540027

Jindal-Snape, D. (2023). Multiple and multi-dimensional educational and life transitions: conceptualisation, theorization, and XII pillars of transition. In R. J. Tierney, F. Rizvi, & K. Erkican (Eds.), *International Encyclopedia of Education (4th ed.)* (pp. 530-543). Elsevier. https://doi.org/https://doi.org/10.1016/B978-0-12-818630-5.14060-6

Jivraj, J., Sacrey, L.A., Newton, A., Nicholas, D., & Zwaigenbaum, L. (2014). Assessing the influence of researcher–partner involvement on the process and outcomes of participatory research in autism spectrum disorder and neurodevelopmental disorders: A scoping review. *Autism*, *18*(7), 782-793. https://doi.org/10.1177/1362361314539858

Jones, C. R. G., Simonoff, E., Baird, G., Pickles, A., Marsden, A. J. S., Tregay, J., . . . Charman, T. (2018). The association between theory of mind, executive function, and the symptoms of autism spectrum disorder: Cognitive and behavioural associations in ASD. *Autism research*, *11*(1), 95-109. https://doi.org/10.1002/aur.1873

Joon, P., Kumar, A., & Parle, M. (2021). What is autism? *Pharmacol. Rep*, *73*(5), 1255-1264. https://doi.org/10.1007/s43440-021-00244-0

Joshi, A., Kale, S., Chandel. S., & Pal, D.K. (2015). Likert Scale: Explored and Explained. https://eclass.aspete.gr/modules/document/file.php/EPPAIK269/5a7cc366dd963113c6923ac4a73c3286ab22.pdf

Kang, Y. S. (2021). A Community-Based Participatory Approach to Developing Game Technology to Provide Greater Accessibility for Children with Intellectual Disabilities. *Systemic Practice and Action Research*, *34*, 127-140. https://doi.org/10.1007/s11213-020-09519-8

Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child*, *2*, 217-250

Kapp, S. K., Gillespie-Lynch, K., Sherman, L. E., & Hutman, T. (2013). Deficit, Difference, or Both? Autism and Neurodiversity. *DEV PSYCHOL*, *49*(1), 59-71. https://doi.org/10.1037/a0028353

Kelly, B. (2017). Frameworks for practice in educational psychology: Coherent perspectives for a developing profession. Cited in MacKay, T., Lauchlan, F., Lindsay, G., Frederickson, N., Kelly, B., & Boyle, J. (2017). *Frameworks for practice in educational psychology [internet resource]: a textbook for trainees and practitioners* (Second ed.). London: Jessica Kingsley Publishers.

Kelly, B., Perkins, D. F., & Cambridge Books, O. (2012). *Handbook of Implementation Science for Psychology in Education [internet resource]*. Cambridge : Cambridge University Press.

Kelly, B., & Woolfson, L.M. (2017). Developing a system of complementary frameworks for training and practice. Cited in MacKay, T., Lauchlan, F., Lindsay, G., Frederickson, N., Kelly, B., & Boyle, J. (2017). *Frameworks for practice in educational psychology [internet resource]: a textbook for trainees and practitioners* (Second edition. ed.). London: Jessica Kingsley Publishers.

Kennan, D., Brady, B., & Forkan, C. (2019). Space, Voice, Audience and Influence: The Lundy Model of Participation (2007). *Child Welfare Practice, 31*(3), 205-218. https://doi.org/10.1080/09503153.2018.1483494

Kiresuk, T. J., & Sherman, R. E. (1968). Goal attainment scaling: A general method for evaluating comprehensive community mental health programs. *Community mental health journal*, *46*, 443-453. https://doi.org/https://doi.org/10.1007/BF01530764

Kirkham, P. (2017). 'The line between intervention and abuse' – autism and applied behaviour analysis. *History of the Human Sciences*, *30*(2), 107–126. https://doi-org.proxy.lib.strath.ac.uk/10.1177/0952695117702571

Klin, A., Jones, W., Schultz, R., & Volkmar, F. (2003). The enactive mind, or from actions to cognition: lessons from autism. *Philos Trans R Soc Lond B Biol Sci*, *358*(1430), 345-360. https://doi.org/10.1098/rstb.2002.1202

Klinger, L. G., Cook, M. L., & Dudley, K. M. (2021). Predictors and Moderators of Treatment Efficacy in Children and Adolescents with Autism Spectrum Disorder. *J Clin Child Adolesc Psychol*, *50*(4), 517-524. https://doi.org/10.1080/15374416.2020.1833735

Knauder, H., & Koschmieder, C. (2019). Individualized student support in primary school teaching: A review of influencing factors using the Theory of Planned Behavior (TPB). *TEACH EDUC*, *77*, 66-76.

Knickenberg, M., L. A. Zurbriggen, C., Venetz, M., Schwab, S., & Gebhardt, M. (2020). Assessing dimensions of inclusion from students' perspective - measurement invariance across students with learning disabilities in different educational settings. *European journal of special needs education*, *35*(3), 287-302. https://doi.org/10.1080/08856257.2019.1646958

Knowles, M. S. (1980). *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Follet.

Krakowiak, P., Walker, C., Bremer, A., Baker, S., Ozonoff, S., Hansen, R., & Hertz-Picciotto, I. (2012). Maternal Metabolic Conditions and Risk of Autism and Other Neurodevelopmental Disorders. *Pediatrics*. https://publications.aap.org/pediatrics/article-

abstract/129/5/e1121/73793/Maternal-Metabolic-Conditions-and-Risk-for-Autism?redirectedFrom=fulltex

Krischler, M., Powell, J. J. W., & Pit-Ten Cate, I. M. (2019). What is meant by inclusion? On the effects of different definitions on attitudes toward inclusive education. *European journal of special needs education*, *34*(5), 632-648. https://doi.org/10.1080/08856257.2019.1580837

Kruger, J., & Dunning, D. (1999). Unskilled and Unaware of It: How Difficulties in Recognizing One's Own Incompetence Lead to Inflated Self-Assessments. *J PERS SOC PSYCHOL*, *77*(6), 1121-1134. https://doi.org/10.1037/0022-3514.77.6.1121

Larcombe, T. J. (2019). Preparing Children with Autism for Transition to Mainstream School and Perspectives on Supporting Positive School Experiences. *Journal of Autism & Developmental Disorders*, *49*(8), 3073-3089.

Leaf, J. B. (2022). Concerns About ABA-Based Intervention: An Evaluation and Recommendations. *Journal of Autism & Developmental Disorders*, *52*(6), 2838-2854. https://doi.org/10.1007/s10803-021-05137-y

Leonard, N. M., & Smyth, S. (2020). Does training matter? Exploring teachers' attitudes towards the inclusion of children with autism spectrum disorder in mainstream education in Ireland. *International journal of inclusive education*, 1-15. https://doi.org/10.1080/13603116.2020.1718221

Liabo, K., Ingold, A., & Roberts, H. (2018). Co-production with "vulnerable" groups: Balancing protection and participation. *Health Sci Rep*, *1*(3), e19-n/a. https://doi.org/10.1002/hsr2.19

Liamputtong, P. (2011). *Focus group methodology: Principles and practice*. Sage Publications. https://doi.org/10.4135/9781473957657

Likert, R. (1932). A technique for the measurement of attitudes. *Archives of Psychology*, *22*, 150-155.

Lindblom, A., Dindar, K., Soan, S., Kärnä, E., Roos, C., & Carew, M. T. (2020). Predictors and mediators of European student teacher attitudes toward autism spectrum disorder. *Teaching and teacher education*, *89*, 102993. https://doi.org/10.1016/j.tate.2019.102993

Lindsay, G. (2007). Educational psychology and the effectiveness of inclusive education/mainstreaming. *Br J Educ Psychol*, *77*(1), 1-24. https://doi.org/10.1348/000709906X156881

Lindsay, G., Wedell, K., & Dockrell, J. (2020). Warnock 40 Years on: The Development of Special Educartional Needs Since the Warnock Report and Implications for the Future. https://www.frontiersin.org/articles/10.3389/feduc.2019.00164/full

Lindsay, S. (2014). Exploring Teachers' Strategies for Including Children with Autism Spectrum Disorder in Mainstream Classrooms. *International journal of inclusive education.*, *18*(2), 101.

Livingood, W. C., Bilello, L., Lukens-Bull, K., Smotherman, C., & Choe, U. (2020). Implementation Research as Applied Science: Bridging the Research to Practice Gap. *Health Promot Pract*, *21*(1), 49-57. https://doi.org/10.1177/1524839919858082

Loomes, R. D., Hull, L. M., & Mandy, W. P. L. D. P. (2017). What is the Male-to-Female Ratio in Autism Spectrum Disorder? A Systematic Review and Meta-

Analysis. *J Am Acad Child Adolesc Psychiatry*, *56*(6), 466-474.
https://doi.org/10.1016/j.jaac.2017.03.013

Loreman, T. (2014). Measuring inclusive education outcomes in Alberta, Canada.
International journal of inclusive education, *18*(5), 459-483.
https://doi.org/10.1080/13603116.2013.788223

Love, H. R., & Horn, E. (2021). Definition, Context, Quality: Current Issues in Research
Examining High-Quality Inclusive Education. *Topics in early childhood special
education*, *40*(4), 204-216. https://doi.org/10.1177/0271121419846342

Lundy, L. (2007). 'Voice' is not enough: conceptualising Article 12 of the United
Nations Convention on the Rights of the Child. *British educational research
journal*, *33*(6), 927-942. https://doi.org/10.1080/01411920701657033

Lundgren, H., & Poell, R. F. (2016). On critical reflection: A review of Mezirow's
theory and its operationalization. *Human resource development review*, *15*(1),
3-28. https://doi.org/10.1177/1534484315622735

Lundqvist, J. (2014). A Review of Research in Educational Settings Involving
Children's Responses. *Child Ind Res*, *7*(4), 751-768.
https://doi.org/10.1007/s12187-014-9253-7

Luskin, R. J. C., & Ho, T. (2013). Comparing the intended consequences of three
theories of evaluation. *Evaluation and program planning*, *38*, 61-66.
https://doi.org/10.1016/j.evalprogplan.2012.03.015

Lynch, S. L., & Irvine, A. N. (2009). Inclusive education and best practice for children
with autism spectrum disorder: an integrated approach. *International journal of*

inclusive education, *13*(8), 845-859.
https://doi.org/10.1080/13603110802475518

Lyons, V., & Fitzgerald, M. (2007). Asperger (1906-1980) and Kanner (1894-1981), the two pioneers of autism. *J Autism Dev Disord*, *37*(10), 2022-2023. https://doi.org/10.1007/s10803-007-0383-3

MacFarlane, K., & Woolfson, L. M. (2013). Teacher attitudes and behavior toward the inclusion of children with social, emotional and behavioral difficulties in mainstream schools: An application of the theory of planned behavior. *Teaching and teacher education*, *29*, 46-52. https://doi.org/10.1016/j.tate.2012.08.006

MacKay, T., Knapp, M., Boyle, J. M., Iemmi, V., Connolly, M., & Refill, A. (2017b). *The microsegmentation of the autism spectrum: Economic and research implications for Scotland.* Edinburgh: The Scottish Government

MacKay, T., Lauchlan, F., Lindsay, G., Frederickson, N., Kelly, B., & Boyle, J. (2017). *Frameworks for practice in educational psychology [internet resource]: a textbook for trainees and practitioners* (2nd. ed.). London: Jessica Kingsley Publishers.

MacLeod, A. (2019). Interpretative Phenomenological Analysis (IPA) as a tool for participatory research within Critical Autism Studies: A systematic review. *RES AUTISM SPECT DIS*, *64*, 49-62. https://doi.org/10.1016/j.rasd.2019.04.005

Magyar, C. I. (2011). *Developing and evaluating educational programs for students with autism / [internet resource]* (1st 2011.. ed.). New York, NY ; London : Springer.

Makin, C., Hill, V., & Pellicano, E. (2017). The primary-to-secondary school transition for children on the autism spectrum: A multi-informant mixed-methods study. *Autism & developmental language impairments*, *2*, 239694151516684834. https://doi.org/10.1177/2396941516684834

Malinen, O.-P., Savolainen, H., Engelbrecht, P., Xu, J., Nel, M., Nel, N., & Tlale, D. (2013). Exploring teacher self-efficacy for inclusive practices in three diverse countries. *Teaching and teacher education*, *33*, 34-44. https://doi.org/10.1016/j.tate.2013.02.004

Mandy, W., Murin, M., Baykaner, O., Staunton, S., Cobb, R., Hellriegel, J., . . . Skuse, D. (2016). Easing the transition to secondary education for children with autism spectrum disorder: An evaluation of the Systemic Transition in Education Programme for Autism Spectrum Disorder (STEP-ASD). *Autism*, *20*(5), 580-590. https://doi.org/10.1177/1362361315598892

Mandy, W., Murin, M., Baykaner, O., Staunton, S., Hellriegel, J., Anderson, S., & Skuse, D. (2016). The transition from primary to secondary school in mainstream education for children with autism spectrum disorder. *Autism*, *20*(1), 5-13. https://doi.org/10.1177/1362361314562616

Mark, M. M. (2008). Building a better evidence base for evaluation theory: Beyond general calls to a framework for types of research on evaluation. In N. L. Smith & P. Brandon (Eds.), *Fundamental issues in evaluation* (pp. 111-134). Guilford Press.

Marphatia, A. A., & Edge, K. (2015). Editorial: Participatory research and evaluation approaches in developing contexts: reviewing evidence on professional

practice and capacity development. *Educ Asse Eval Acc*, *27*(1), 1-3.
https://doi.org/10.1007/s11092-015-9217-6

Marsh, A., Spagnol, V., Grove, R., & Eapen, V. (2017). Transition to school for children
with autism spectrum disorder: A systematic review. *World Journal of
Psychiatry*, *74*, 184-196.

Marsh, H. W., Pekrun, R., Parker, P. D., Murayama, K., Guo, J., Dicke, T., & Arens, A.
K. (2019). The Murky Distinction Between Self-Concept and Self-Efficacy:
Beware of Lurking Jingle-Jangle Fallacies. *J EDUC PSYCHOL*, *111*(2), 331-
353. https://doi.org/10.1037/edu0000281

Massey, O. T. (2011). A proposed model for the analysis and interpretation of focus
groups in evaluation research. *Evaluation and program planning*, *34*(1), 21-
28. https://doi.org/10.1016/j.evalprogplan.2010.06.003

Martin, C. S., Ramirez, C., Calvo, R., Muñoz-Martínez, Y., & Sharma, U. (2021).
Chilean teachers' attitudes towards inclusive education, intention, and self-
efficacy to implement inclusive practices. *Sustainability (Basel, Switzerland)*,
13(4), 1-18. https://doi.org/10.3390/su13042300

Mays, D., Jindal-Snape, J. and Boyle, C. (2020). Transitions of Children with Additional
Support Needs across Stages. Cited in C. Boyle, J. Anderson, A. Page and S
Mavropoulou (Eds). *Inclusive Education: Global Issues* (pp. 163-178). Brill.

McDermid, F., Peters, K., Jackson, D., & Daly, J. (2014). Conducting qualitative
research in the context of pre-existing peer and collegial relationships. *Nurse
researcher*, *21*, 28-33.

McDougal, E., Riby, D. M., & Hanley, M. (2020). Teacher insights into the barriers and facilitators of learning in autism. *Research in autism spectrum disorders*, *79*. https://doi.org/10.1016/j.rasd.2020.101674

McGill, Owen and Robinson, Anna (2020) 'Recalling hidden harms': autistic experiences of childhood applied behavioural analysis (ABA). *Advances in Autism*, 7 (4), 269-282, https://doi.org/10.1108/AIA-04-2020-0025

McIntyre, A. (2008). Participatory Action research. In L. M. Given (Ed.), *The SAGE Encyclopaedia of Qualitative Research Methods*. Sage.

McLaren, P. (2007). *Life in schools: An introduction to critical pedagogy in the foundations of education (5th Ed.)*. Pearson.

McLinden, M., & McCracken, W. (2016). Review of the visiting teachers service for children with hearing and visual impairment in supporting inclusive educational practice in Ireland: examining stakeholder feedback through an ecological systems theory. *European journal of special needs education*, *31*(4), 472-488. https://doi.org/10.1080/08856257.2016.1194570

McMahon, S. D., Keys, C. B., Berardi, L., Crouch, R., & Coker, C. (2016). School inclusion: A multidimensional framework and links with outcomes among urban youth with disabilities. *J. Community Psychol*, *44*(5), 656-673. https://doi.org/10.1002/jcop.21793

Melgarejo, M., Lind, T., Stadnick, N. A., Helm, J. L., & Locke, J. (2020). Strengthening Capacity for Implementation of Evidence-Based Practices for Autism in Schools: The Roles of Implementation Climate, School Leadership, and Fidelity. *Am Psychol*, *75*(8), 1105-1115. https://doi.org/10.1037/amp0000649

Mesibov, G.B., Shea, V. & Schopler, E. (2005). *The TEACHH approach to autism spectrum disorders.* Springer. http://dx.doi.org/10.1007/978-0-306-48647-0

Meyers, D. C., Wandersman, A., & Durlak, J. A. (2012). The quality implementation framework: A synthesis of critical steps in the implementation process. *American Journal of Community Psychology*, *50*, 462-480. https://doi.org/10.1007//s10464-012-9522x

Mezirow, J. (1991). *Transformative Dimensions of Adult Learning*. Jossey-Bass.

Mezirow, J. (1994). Understanding Transformation Theory. *Adult education quarterly (American Association for Adult and Continuing Education)*, *44*(4), 222-232. https://doi.org/10.1177/074171369404400403

Miller, R. L. (2010). Developing Standards for Empirical Examinations of Evaluation Theory. *The American journal of evaluation*, *31*(3), 390-399. https://doi.org/10.1177/1098214010371819

Miller, M., Young, G. S., Hutman, T., Johnson, S., Schwichtenberg, A. J., & Ozonoff, S. (2015). Early pragmatic language difficulties in siblings of children with autism: implications for DSM-5 social communication disorder? *J Child Psychol Psychiatr*, *56*(7), 774-781. https://doi.org/10.1111/jcpp.12342

Milton, D. (2019). Difference versus disability: Implications of characterisation of autism for education and support. In R. Jordan, J. M. Roberts, & K. Hume (Eds.), *The SAGE Handbook of Autism and Education* (pp. 3-11). SAGE publications.

Mitchell, D. (2020). *What really works in special and inclusive education: Using evidence-based teaching strategies (3rd ed.)*. Routledge.

Monique, S., & Sheila, B. (2020). Inclusive Education and Pedagogical Change: Experiences from the Front Lines. *International journal of educational methodology*, *6*(2), 285-295. https://doi.org/10.12973/ijem.6.2.285

Monsen, J. J., Ewing, D. L., & Boyle, J. (2015). *Psychometric properties of the revised Teachers' Attitude towards Inclusion Scale*. https://www.researchgate.net/publication/264950170_Psychometric_propertie s_of_the_revised_Teachers'_Attitude_towards_Inclusion_Scale_TAIS

Morton, J., & Frith, U. (1995). Causal modelling. A structural approach to developmental psychopathology. *Manual of Developmental Psychopathology*, *1*, 357-390.

Moser, A., & Korstjens, I. (2022). Series: Practical guidance to qualitative research. Part 5: Co-creative qualitative approaches for emerging themes in primary care research: Experience-based co-design, user-centred design and community-based participatory research. *The European journal of general practice*, *28*(1), 1-12. https://doi.org/10.1080/13814788.2021.2010700

Mumford, J., & Birchwood, J. (2021). Transition: a systematic review of literature exploring the experiences of pupils moving from primary to secondary school in the UK. *Pastoral care in education*, *39*(4), 377-400. https://doi.org/10.1080/02643944.2020.1855670

Myers, S. M., Voigt, R. G., Colligan, R. C., Weaver, A. L., Storlie, C. B., Stoeckel, R. E., . . . Katusic, S. K. (2018). Autism Spectrum Disorder: Incidence and Time Trends Over Two Decades in a Population-Based Birth Cohort. *J Autism Dev Disord*, *49*(4), 1455-1474. https://doi.org/10.1007/s10803-018-3834-0

National Autism Center. (2015). Findings and conclusions: National standards project, phase 2. https://www.autismdiagnostics.com/assets/Resources/NSP2.pdf

National Autism Implementation Team (NAIT). (2019). *Cognitive theories summary*. https://www.thirdspace.scot//wp-content/uploads/2019/11/NAIT-Cognitive-Theories-Summary-November-2019.pdf

National Autistic Society. (2021). *Diagnostic criteria- a guide for all audiences*. https://www.autism.org.uk/advice-and-guidance/topics/diagnosis/diagnostic-criteria/all-audiences

National Co-production Advisory Group. (2016). *Co-production: The Ladder of Participation*. TLAP. https://www.thinklocalactpersonal.org.uk/Latest/Co-production-The-ladder-of-co-production/

Neal, S., & Frederickson, N. (2016). ASD transition to mainstream secondary: a positive experience? *Educational psychology in practice*, *32*(4), 355-373. https://doi.org/10.1080/02667363.2016.1193478

Neal, Z. P., Neal, J. W., Lawlor, J. A., & Mills, K. J. (2015). Small worlds or worlds apart? Using network theory to understand the research-practice gap. *Psychosocial Intervention*, *24*(3), 177-184. https://doi.org/10.1016/j.psi.2015.07.006

Neal, S., Rice, F., Ng-Knight, T., Riglin, L., & Frederickson, N. (2016). Exploring the longitudinal association between interventions to support the transition to secondary school and child anxiety. *J Adolesc*, *50*(C), 31-43. https://doi.org/10.1016/j.adolescence.2016.04.003

Neuendorf, K. A. (2017). *The content analysis guidebook* (2nd ed. Ed.). Los Angeles : SAGE.

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International journal of qualitative methods*, *16*(1), 1-13. https://doi.org/10.1177/1609406917733847

Nicolaidis, C., Raymaker, D., Kapp, S. K., Baggs, A., Ashkenazy, E., McDonald, K., . . . Joyce, A. (2019). The AASPIRE practice-based guidelines for the inclusion of autistic adults in research as co-researchers and study participants. *AUTISM*, *23*(8), 2007-2019. https://doi.org/10.1177/1362361319830523

Nilholm, C. (2021). Research about inclusive education in 2020 - How can we improve our theories in order to change practice? *European journal of special needs education*, *36*(3), 358-370. https://doi.org/10.1080/08856257.2020.1754547

Nilholm, C., & Göransson, K. (2017). What is meant by inclusion? An analysis of European and North American journal articles with high impact. *European journal of special needs education*, *32*(3), 437-451. https://doi.org/10.1080/08856257.2017.1295638

Nilsson Jobs, E. (2019). Preschool Staff Spot Social Communication Difficulties, But Not Restricted and Repetitive Behaviors in Young Autistic Children. *Journal of Autism & Developmental Disorders*, *49*(5), 1928-1937.

Norton, M. J. (2021). Co-production within child and adolescent mental health: A systematic review. *International journal of environmental research and public health*, *18*(22), 11897. https://doi.org/10.3390/ijerph182211897

Nuske, H. J., McGhee Hassrick, E., Bronstein, B., Hauptman, L., Aponte, C., Levato, L., . . . Smith, T. (2019). Broken bridges—new school transitions for students with autism spectrum disorder: A systematic review on difficulties and strategies for success. *AUTISM*, *23*(2), 306-325. https://doi.org/10.1177/1362361318754529

Odom, S. L., Hall, L. J., & Suhrheinrich, J. (2020). Implementation Science, Behavior Analysis, and Supporting Evidence-based Practices for Individuals with Autism. *Eur J Behav Anal*, *21*(1), 55-73. https://doi.org/10.1080/15021149.2019.1641952

Odom, S. L. (2020). *Implementation Science Research and Special Education*. In (Vol. 86, pp. 117-120): Sage Publications Inc.

Odom, S. L., Buysse, V., & Soukakou, E. (2011). Inclusion for Young Children with Disabilities: A Quarter Century of Research Perspectives. *Journal of early intervention*, *33*(4), 344-356. https://doi.org/10.1177/1053815111430094

Odom, S. L., Cox, A. W., & Brock, M. E. (2013). Implementation Science, Professional Development, and Autism Spectrum Disorders. *Exceptional children*, *79*(3), 233-251. https://doi.org/10.1177/001440291307900207

Ofir, Z. (2013). Strengthening Evaluation for Development. *The American journal of evaluation*, *34*(4), 582-586. https://doi.org/10.1177/1098214013497531

Olswang, L. B. (2015). Bridging the Gap Between Research and Practice: Implementation Science. *Journal of Speech, Language & Hearing Research*, *58*(6), S1818. https://doi.org/10.1044/2015_JSLHR-L-14-0305

Onyura, B. (2020). Useful to whom? Evaluation utilisation theory and boundaries for programme evaluation scope. *Med Educ*, *54*(12), 1100-1108. https://doi.org/10.1111/medu.14281

Opoku, M. P., Cuskelly, M., Pedersen, S. J., & Rayner, C. S. (2021). Applying the theory of planned behaviour in assessments of teachers' intentions towards practicing inclusive education: a scoping review. *European journal of special needs education*, *36*(4), 577-592. https://doi.org/10.1080/08856257.2020.1779979

Osborne, S. P., Radnor, Z., & Strokosch, K. (2016). Co-Production and the Co-Creation of Value in Public Services: A suitable case for treatment? *Public management review*, *18*(5), 639-653. https://doi.org/10.1080/14719037.2015.1111927

Ousley, O., & Cermak, T. (2014). Autism Spectrum Disorder: Defining Dimensions and Subgroups. *Curr Dev Disord Rep*, *1*(1), 20-28. https://doi.org/10.1007/s40474-013-0003-1

Overton, W. F. (2015). Process and relational developmental systems. In R. M. Lerner, W. F. Overton, & P. C. M. Molenaar (Eds.), *Handbook of child psychology and developmental science (7th Ed.)* (Vol. 1, pp. 9-62).

Ozonoff, S., & McEvoy, R. E. (1994). A longitudinal study of executive function and theory of mind development in autism. *DEV PSYCHOPATHOL*, *6*(3), 415-431. https://doi.org/10.1017/S0954579400006027

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., . . . Moher, D. (2021). The PRISMA 2020 statement: An updated guideline

for reporting systematic reviews. *PLoS Med*, *18*(3), e1003583-e1003583. https://doi.org/10.1371/JOURNAL.PMED.1003583

Pain, O., Pocklington, A. J., Holmans, P. A., Bray, N. J., O'Brien, H. E., Hall, L. S., . . . Anney, R. (2019). Novel Insight into the Etiology of Autism Spectrum Disorder Gained by Integrating Expression Data With Genome-wide Association Statistics. *BIOL PSYCHIAT*, *86*(4), 265-273. https://doi.org/10.1016/j.biopsych.2019.04.034

Parsons, S., Charman, T., Faulkner, R., Ragan, J., Wallace, S., & Wittemeyer, K. (2013). Commentary – bridging the research and practice gap in autism: The importance of creating research partnerships with schools. *Autism*, *17*(3), 268-280. https://doi.org/10.1177/1362361312472068

Paynter, J., Sulek, R., Luskin-Saxby, S., Trembath, D., & Keen, D. (2018). Allied Health Professionals' Knowledge and Use of ASD Intervention Practices. *J Autism Dev Disord*, *48*(7), 2335-2349. https://doi.org/10.1007/s10803-018-3505-1

Pellicano, L., Dinsmore, A., & Charman, T. (2013). A Future Made Together: Shaping autism research in the UK. https://discovery.ucl.ac.uk/id/eprint/10017703/1/A_Future_Made_Together_1.2_LR.pdf

Pellicano, L. (2014). Chapter 4. A future made together: new directions in the ethics of autism research. *Journal of Research in Special Educational Needs*, *14*(3), 200-204. https://doi.org/10.1111/1471-3802.12070_5

Pellicano, L., Bölte, S., & Stahmer, A. (2018). The current illusion of educational inclusion. *Autism*, *22*(4), 386-387. https://doi.org/10.1177/1362361318766166

Pellicano, E., Dinsmore, A., & Charman, T. (2014). What should autism research focus upon? Community views and priorities from the United Kingdom. *Autism*, *18*(7), 756-770. https://doi.org/10.1177/1362361314529627

Pellicano, E., & Houting, J. (2022). Annual Research Review: Shifting from 'normal science' to neurodiversity in autism science. *J Child Psychol Psychiatry*, *63*(4), 381-396. https://doi.org/10.1111/jcpp.13534

Perry, B., Dockett, S., & Petriwskyj, A. (2014). *Transitions to school: international research, policy and practice*. Dordrecht; Heidelberg; New York; London: Springer.

Persico, A. M., & Napolioni, V. (2013). Autism genetics. *BEHAV BRAIN RES*, *251*, 95-112. https://doi.org/10.1016/j.bbr.2013.06.012

Peters, R., & Brooks, R. (2016). Parental perspectives on the transition to secondary school for students with Asperger syndrome and high-functioning autism: a pilot survey study. *British Journal of Special Education*, *43*(1), 75-91. https://doi.org/10.1111/1467-8578.12125

Petriwskyj, A. (2014). *Critical theory and inclusive transitions to school*. Dordrecht: Springer Netherlands. https://doi.org/10.1007/978-94-007-7350-9_15

Phetrasuwan, S., Miles, M. S., Mesibov, G. B., & Robinson, C. (2009). Defining Autism Spectrum Disorders. *J Spec Pediatr Nurs*, *14*(3), 206-209. https://doi.org/10.1111/j.1744-6155.2009.00200.x

Pisu, M. G., Boero, G., Garau, A., Casula, C., Cisci, S., Biggio, F., . . . Serra, M. (2019). Are preconceptional stressful experiences crucial elements for the aetiology of autism spectrum disorder? Insights from an animal model.

Neuropharmacology, *157*, 107686-107686.
https://doi.org/10.1016/j.neuropharm.2019.107686

Poister, T. H. (2010). The Future of Strategic Planning in the Public Sector: Linking
Strategic Management and Performance. *Public administration review*, *70*(s1),
s246-s254. https://doi.org/10.1111/j.1540-6210.2010.02284.x

Poister, T. H., Pitts, D. W., & Hamilton Edwards, L. (2010). Strategic Management
Research in the Public Sector: A Review, Synthesis, and Future Directions.
American review of public administration, *40*(5), 522-545.
https://doi.org/10.1177/0275074010370617

Porter, S. (2015). Realist evaluation: an immanent critique. *Nursing Philosophy*, *16*(4),
239-251. https://doi.org/10.1111/nup.12100

Porter, S., & O'Halloran, P. (2012). The use and limitation of realistic evaluation as a
tool for evidence-based practice: a critical realist perspective. *Nurs Inq*, *19*(1),
18-28. https://doi.org/10.1111/j.1440-1800.2011.00551.x

Posserud, M. B., Skretting Solberg, B., Engeland, A., Haavik, J., & Klungsøyr, K.
(2021). Male to female ratios in autism spectrum disorders by age, intellectual
disability and attention-deficit/hyperactivity disorder. *Acta psychiatrica
Scandinavica*, *144*(6), 635-646. https://doi.org/10.1111/acps.13368

Premack, D., & Woodruff, G. (1978). Does the chimpanzee have a theory of mind?
Behav Brain Sci, *1*(4), 515-526. https://doi.org/10.1017/S0140525X00076512

Price, L. (2018). Introduction to the special issue: applied critical realism in the social
sciences. *Journal of Critical Realism*, *17*(2), 89-97.
https://doi.org/10.1080/14767430.2018.1468148

Prizant, B. M., Wetherby, A. M., Rubin, E., Laurent, A. C., & Rydell, P. J. (2006). *The SCERTS model: A comprehensive educational approach for children with autism spectrum disorders, Vol. 1.* Paul H. Brookes Publishing Co.

Purdy, N., Hunter, J., & Totton, L. (2020). Examining the legacy of the Warnock Report in Northern Ireland: A Foucauldian genealogical approach. *BRIT EDUC RES J*, *46*(3), 706-723. https://doi.org/10.1002/berj.3604

Qvortrup, A., & Qvortrup, L. (2018). Inclusion: Dimensions of inclusion in education. *International journal of inclusive education*, *22*(7), 803-817. https://doi.org/10.1080/13603116.2017.1412506

Rafferty, Y., Boettcher, C., & Griffin, K. W. (2001). Benefits and Risks of Reverse Inclusion for Pre-schoolers with and Without Disabilities: Parents' Perspectives. *Journal of early intervention*, *24*(4), 266-286. https://doi.org/10.1177/105381510102400403

Rajendran, G., & Mitchell, P. (2007). Cognitive theories of autism. *Developmental review*, *27*(2), 224-260. https://doi.org/10.1016/j.dr.2007.02.001

Reed, H., Couturiaux, D., Davis, M., Edwards, A., Janes, E., Kim, H. S., . . . Evans, R. (2020). Co-production as an Emerging Methodology for Developing School-Based Health Interventions with Students Aged 11–16: Systematic Review of Intervention Types, Theories and Processes and Thematic Synthesis of Stakeholders' Experiences. *Prev Sci*, *22*(4), 475-491. https://doi.org/10.1007/s11121-020-01182-8

Richard, B. (2021). Qualitative Research via Focus Groups: Will Going Online Affect the Diversity of Your Findings? *Cornell Hospitality Quarterly*, *62*(1), 32-46. https://doi.org/10.1177/1938965520967769

Richard, B., Sivo, S. A., Orlowski, M., Ford, R. C., Murphy, J., Boote, D. N., & Witta, E. L. (2021). Qualitative Research via Focus Groups: Will Going Online Affect the Diversity of Your Findings? *Cornell hospitality quarterly*, *62*(1), 32-45. https://doi.org/10.1177/1938965520967769

Richter, M., Popa-Roch, M., & Clément, C. (2019). Successful Transition from Primary to Secondary School for Students With Autism Spectrum Disorder: A Systematic Literature Review. *Journal of research in childhood education*, *33*(3), 382-398. https://doi.org/10.1080/02568543.2019.1630870

Riddell, S., & Carmichael, D. (2019). The biggest extension of rights in Europe? Needs, rights and children with additional support needs in Scotland. *INT J INCLUSIVE EDUC*, *23*(5), 473-490. https://doi.org/10.1080/13603116.2019.1580925

Riddell, S., & Weedon, E. (2014). Changing legislation and its effects on inclusive and special education: Scotland: Changing legislation and its effects on inclusive and special education. *British journal of special education*, *41*(4), 363-381. https://doi.org/10.1111/1467-8578.12080

Rimm-Kaufman, S. E., & Pianta, R. C. (2000). An Ecological Perspective on the Transition to Kindergarten: A Theoretical Framework to Guide Empirical Research. *Journal of applied developmental psychology*, *21*(5), 491-511. https://doi.org/10.1016/S0193-3973(00)00051-4

Roberts, J., & Simpson, K. (2016). A review of research into stakeholder perspectives on inclusion of students with autism in mainstream schools. *International journal of inclusive education*, *20*(10), 1084-1096. https://doi.org/10.1080/13603116.2016.1145267

Roberts, J., & Webster, A. (2020). Including students with autism in schools: a whole school approach to improve outcomes for students with autism. *International journal of inclusive education*, 1-18. https://doi.org/10.1080/13603116.2020.1712622

Robson, C., & McCartan, K. (2017). *Real world research (4th Ed.)*. Wiley.

Roche, L., Adams, D., & Clark, M. (2021). Research priorities of the autism community: A systematic review of key stakeholder perspectives. *Autism*, *25*(2), 336-348. https://doi.org/10.1177/1362361320967790

Rodden, B. (2019). Framing secondary teachers' perspectives on the inclusion of students with autism spectrum disorder using critical discourse analysis. *Cambridge journal of education*, *49*(2), 235.

Rodden, B., Prendeville, P., Burke, S., & Kinsella, W. (2019). Framing secondary teachers' perspectives on the inclusion of students with autism spectrum disorder using critical discourse analysis [Article]. *Cambridge Journal of Education*, *49*(2), 235-253. https://doi.org/10.1080/0305764X.2018.1506018

Roose, I., Vantieghem, W., Van Damme, K., Lambert, P., Vanderlinde, R., & Van Avermaet, P. (2019). Measuring teachers' professional vision of inclusive classrooms through video-based comparative judgement. What does it mean to

misfit? *INT J EDUC RES*, *98*, 257-271.
https://doi.org/10.1016/j.ijer.2019.09.004

Rosso, E. G. F. (2016). Brief Report: Coaching Adolescents with Autism Spectrum
Disorder in a School-Based Multi-Sport Program. *J Autism Dev Disord*, *46*(7),
2526-2531. https://doi.org/10.1007/s10803-016-2759-8

Rous, B., Hallam, R., McCormick, K., & Cox, M. (2010). Practices that support the
transition to public preschool programs: Results from a National Survey. *Early
childhood research quarterly*, *25*(1), 17-32.
https://doi.org/10.1016/j.ecresq.2009.09.001

Russell, G., Stapley, S., Newlove-Delgado, T., Salmon, A., White, R., Warren, F., . . .
Ford, T. (2021). Time trends in autism diagnosis over 20 years: a UK
population-based cohort study. *Journal of child psychology and psychiatry*.
https://doi.org/10.1111/jcpp.13505

Rutter, M. (2005). Aetiology of autism: findings and questions. *J Intellect Disabil Res*,
49(4), 231-238. https://doi.org/10.1111/j.1365-2788.2005.00676.x

Sabando, D., Puigdellívol, I., & Torrado, M. (2019). Measuring the Inclusive profile of
public elementary schools in Catalonia. *INT J EDUC RES*, *96*, 1-20.
https://doi.org/10.1016/j.ijer.2019.05.002

SÁNchez, S., RodrÍGuez, H., & Sandoval, M. (2021). Descriptive analysis of School
Inclusion through Index for Inclusion. *Psychology, society & education*, *11*(1),
1-13. https://doi.org/10.25115/psye.v11i1.653

Sanetti, L. M. H., & Collier-Meek, M. A. (2019). Increasing implementation science
literacy to address the research-to-practice gap in school psychology

Introduction. *J SCHOOL PSYCHOL*, *76*, 33-47.
https://doi.org/10.1016/j.jsp.2019.07.008

Sam, A. M., & Hume, K. (2019). Learning supports for students on the autism
spectrum. In R. Jordan, J. M. Roberts, & K. Hume (Eds.), *The SAGE Handbook
of Autism and Education.* (pp. 236-248). SAGE publishing.

Sam, A.M., Odom, S.L., Tomaszewski, B., Perkins, Y. & Cox, A.W. (2020). Employing
evidence- based practices for children with autism in elementary schools.
Journal of Autism and Developmental Disorders, 51, 2308-2323.
https://doi.org/10.1007/s10803-020-04706-x

Savolainen, H., Engelbrecht, P., Nel, M., & Malinen, O.-P. (2012). Understanding
teachers' attitudes and self-efficacy in inclusive education: implications for
pre-service and in-service teacher education. *European journal of special
needs education*, *27*(1), 51-68. https://doi.org/10.1080/08856257.2011.613603

Savolainen, H., Malinen, O.P., & Schwab, S. (2020). Teacher efficacy predicts teachers'
attitudes towards inclusion - a longitudinal cross-lagged analysis. *International
journal of inclusive education*, *ahead-of-print*(ahead-of-print), 1-15.
https://doi.org/10.1080/13603116.2020.1752826

Scheer, D., Egener, L., Laubenstein, D., & Melzer, C. (2020). Development and
psychometric evaluation of an instrument measuring subjective definitions of
inclusion (FEDI). *International journal of inclusive education*,
*https://www.tandfonline.com/doi/pdf/10.1080/13603116.2020.1853256?needA
ccess=true*

Scheeren, A. M., & Stauder, J. E. A. (2008). Broader Autism Phenotype in Parents of Autistic Children: Reality or Myth? *J Autism Dev Disord*, *38*(2), 276-287. https://doi.org/10.1007/s10803-007-0389-x

Schubotz, D. (2019). *Sage research methods: Participatory action research*. Sage.

Schwab, S., Sharma, U., & Hoffmann, L. (2022). How inclusive are the teaching practices of my German, Maths and English teachers? - psychometric properties of a newly developed scale to assess personalisation and differentiation in teaching practices. *International journal of inclusive education*, *26*(1), 61-76. https://doi.org/10.1080/13603116.2019.1629121

Schwartz, I. S., Sandall, S. R., Odom, S. L., Horn, E., & Beckman, P. J. (2002). "I'll know it when I see it": In search of a common definition of inclusion. In S. L. Odom (Ed.), *Widening the circle: Including children with disabilities in preschool programs* (pp. 10-24). Columbia University Press.

Scots' children waiting upwards of four years for autism assessment, figures show (2022, October 29). *The Herald Online*, https://www.heraldscotland.com/news/23087250.scots-children-waiting-upwards-four-years-autism-assessment-figures-show/

Scottish Government. (2011). *Scottish Strategy for Autism*. Edinburgh Retrieved from https://www.gov.scot/publications/scottish-strategy-autism/

Scottish Government. (2012). *Pupil Census 2012 Supplementary tables*. Edinburgh Retrieved from https://www.gov.scot/publications/pupil-census-supplementary-statistics/

Scottish Government. (2017). *Additional Support for Learning: Statutory Guidance*. Edinburgh Retrieved from https://www.gov.scot/publications/supporting-childrens-learning-statutory-guidance-education-additional-support-learning-scotland/pages/7/

Scottish Government. (2018a). *Getting it right for every child (GIRFEC)*. Edinburgh Retrieved from https://www.gov.scot/policies/girfec/girfec-resources/

Scottish Government. (2018b). *Pupil Census 2018 Supplementary Tables*. Edinburgh Retrieved from https://www.gov.scot/publications/pupil-census-supplementary-statistics/

Scottish Government. (2018c). *The Scottish Strategy for Autism: Outcomes and priorities 2018-2021*. Edinburgh Retrieved from https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2018/03/scottish-strategy-autism-outcomes-priorities-2018-2021/documents/00533392-pdf/00533392-pdf/govscot%3Adocument/00533392.pdf

Scottish Government. (2019a). *Guidance on the presumption to provide education in a mainstream setting*. Retrieved from. https://www.gov.scot/publications/guidance-presumption-provide-education-mainstream-setting/

Scottish Government. (2019b). *Primary-Secondary Transition: A systematic literature review*. Edinburgh Retrieved from https://www.gov.scot/publications/transitions-primary-secondary-school/documents/

Scottish Government. (2020a). *Support for Learning: All our children and their potential*. Edinburgh Retrieved from

https://webarchive.nrscotland.gov.uk/20210430033129/https:/www.gov.scot/publications/review-additional-support-learning-implementation/

Scottish Government. (2020b). *2019 Pupil Census*.
https://www.gov.scot/publications/pupil-census-supplementary-statistics/

Scottish Government. (2022a). *Additional Support for Learning.* Edinburgh Retrieved from https://www.gov.scot/policies/schools/additional-support-for-learning/

Scottish Government. (2022b). *The Circle resource to support inclusive learning and collaborative working - primary & secondary*. Retrieved from https://education.gov.scot/improvement/learning-resources/circle-resource-to-support-inclusive-learning-and-collaborative-working/

Scottish Intercollegiate Guidelines Network (SIGN). (2016). *Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders: A national clinical guideline*.
https://www.sign.ac.uk/media/1081/sign145.pdf

Scottish Transitions Forum. (2019). *The Principles of Good Transitions 3 (2nd ed.)*. Retrieved from https://scottishtransitions.org.uk/7-principles-of-good-transitions/

Shamrova, D. P., & Cummings, C. E. (2017). Participatory action research (PAR) with children and youth: An integrative review of methodology and PAR outcomes for participants, organizations, and communities. *Children and youth services review*, *81*, 400-412. https://doi.org/10.1016/j.childyouth.2017.08.022

Sharma, U., Aiello, P., Pace, E. M., Round, P., & Subban, P. (2018). In-service teachers' attitudes, concerns, efficacy and intentions to teach in inclusive classrooms: an international comparison of Australian and Italian teachers. *European journal*

of *special needs education*, *33*(3), 437-446.

https://doi.org/10.1080/08856257.2017.1361139

Sharma, U., & Jacobs, D. K. (2016). Predicting in-service educators' intentions to teach in inclusive classrooms in India and Australia. *Teaching and teacher education*, *55*, 13-23. https://doi.org/10.1016/j.tate.2015.12.004

Sharma, U., Jitoko, F., Macanawai, S. S., & Forlin, C. (2018). How Do we Measure Implementation of Inclusive Education in the Pacific Islands? A Process for Developing and Validating Disability-Inclusive Indicators. *International journal of disability, development, and education*, *65*(6), 614-630. https://doi.org/10.1080/1034912X.2018.1430751

Sharma, U., Loreman, T., & Forlin, C. (2012). Measuring teacher efficacy to implement inclusive practices. *Journal of research in special educational needs*, *12*(1), 12-21. https://doi.org/10.1111/j.1471-3802.2011.01200.x

Shaw, I., Greene, J. C., & Mark, M. M. (2006). *The SAGE Handbook of Evaluation*. London: SAGE Publications, Limited. https://doi.org/10.4135/9781848608078

Sheppard, S. A. (2000). *Flexible support systems for children with autistic spectrum disorders: Can an outreach model of support influence inclusive educational practice.* [University of East London]. https://repository.uel.ac.uk/item/86q21

Shi, B., Wu, W., Dai, M., Zeng, J., Luo, J., Cai, L., . . . Jing, J. (2021). Cognitive, Language and Behavioural Outcomes in Children with Autism Spectrum Disorders Exposed to Early Comprehensive Treatment Models: A Meta-Analysis and Meta-Regression. *Frontiers*. https://www.frontiersin.org/articles/10.33 89/fpsyt.2021.691148/full

Smillie, I., & Newton, M. (2020). Educational psychologists' practice: obtaining and representing young people's views. *Educational psychology in practice*, *36*(3), 328-344. https://doi.org/10.1080/02667363.2020.1787955

Smithson, H., Gray, P., & Jones, A. (2021). 'They Really Should Start Listening to You': The Benefits and Challenges of Co-Producing a Participatory Framework of Youth Justice Practice. *Youth justice*, *21*(3), 321-337. https://doi.org/10.1177/1473225420941598

Smits, P. A., & Champagne, F. (2008). An Assessment of the Theoretical Underpinnings of Practical Participatory Evaluation. *The American journal of evaluation*, *29*(4), 427-442. https://doi.org/10.1177/1098214008325023

Solin, R. S. U., & Ruwaida, I. (2022). Reflection on the Implementation of Children's Participation Rights. *Journal of Strategic and Global Studies*, *5(1)*. https://doi.org/10.7454/jsgs.v5i1.1088

Stack, K., Symonds, J.E., & Kinsella, W. (2020). Student and Parent Perspectives of the Transition from Primary to Secondary School for Students With Autism Spectrum Disorder. *Frontiers in education (Lausanne)*, *5*. https://doi.org/10.3389/feduc.2020.551574

Stack, K., Symonds, J. E., & Kinsella, W. (2021). The perspectives of students with Autism Spectrum Disorder on the transition from primary to secondary school: A systematic literature review. *Research in autism spectrum disorders*, *84*. https://doi.org/10.1016/j.rasd.2021.101782

State, T. M. (2019). Bridging the Research-to-Practice Gap Through Effective Professional Development for Teachers Working With Students With Emotional and Behavioral Disorders. *Behavioral Disorders*, *44*(2), 107-117.

Steinbrenner, J. R., McIntyre, N., Rentschler, L. F., Pearson, J. N., Luelmo, P., Jaramillo, M. E &Hume, K. A. (2022). Patterns in reporting and participant inclusion related to race and ethnicity in autism intervention literature: Data from a large-scale systematic review of evidence-based practices. *Autism*, 13623613211072593-13623613211072593. https://doi.org/10.1177/13623613211072593

Stewart, D. W., & Shamdasani, P. (2016). Online Focus Groups. *Journal of advertising*, *46*(1), 48-60. https://doi.org/10.1080/00913367.2016.1252288

Steyn, G. M. (2017). Transformative learning through teacher collaboration: a case study. *Koers (Online)*, *82*(1), 1-15. https://doi.org/10.19108/KOERS.82.1.2220

Stoecker, R., Falcón, A., & Edward Elgar Publishing, p. (2022). *Handbook on participatory action research and community development / [internet resource]*. Northampton: Edward Elgar Publishing.

Strang, J. F. (2019). Community-based participatory design for research that impacts the lives of transgender and/or gender-diverse autistic and/or neurodiverse people. *Clinical Practice in Pediatric Psychology*, *7*(4), 396-405. https://doi.org/10.1037/cpp0000310

Strauss, A. L. (1990). *Basics of qualitative research: grounded theory procedures and techniques*. Newbury Park, Calif.: Sage Publications.

Stuart, K. (2015). *Evaluation practice for projects with young people: a guide to creative research / [internet resource]*. Thousand Oaks, CA: Sage Publications Ltd.

Sturm, D. (2019). Participatory Design of a Hybrid Kinect Game to Promote Collaboration between Autistic Players and Their Peers. *International Journal of Human-Computer Interaction*, *35*(8), 706-724. https://doi.org/10.1080/10447318.2018.1550180

Suárez-Herrera, J. C., Springett, J., & Kagan, C. (2009). Critical Connections between Participatory Evaluation, Organizational Learning and Intentional Change in Pluralistic Organizations. *Evaluation (London, England. 1995)*, *15*(3), 321-342. https://doi.org/10.1177/1356389009105884

Suhrheinrich, J., Zeedyk, S., Vejnoska, S., & Stahmer, A. (2019). Educator Involvement in Research and Evaluation. In R. Roberts, J. M. Roberts, & K. Hume (Eds.), *The Sage Handbook of Autism and Education* (pp. 380-393). Sage Publishing.

Suprayogi, M. N., Valcke, M., & Godwin, R. (2017). Teachers and their implementation of differentiated instruction in the classroom. *Teaching and teacher education*, *67*, 291-301. https://doi.org/10.1016/j.tate.2017.06.020

Symes, W. (2011). School Factors that Facilitate or Hinder the Ability of Teaching Assistants to Effectively Support Pupils with Autism Spectrum Disorders (ASDs) in Mainstream Secondary Schools. *Journal of research in special educational needs: 11*(3), 153.

Symonds, J., & Hargreaves, L. (2016). Emotional and Motivational Engagement at School Transition: A Qualitative Stage-Environment Fit Study. *The Journal of early adolescence*, 36(1), 54-85. https://doi.org/10.1177/0272431614556348

Synnot, A., Hill, S., Summers, M., & Taylor, M. (2014). Comparing Face-to-Face and Online Qualitative Research With People With Multiple Sclerosis. *Qual Health Res*, *24*(3), 431-438. https://doi.org/10.1177/1049732314523840

Szwed, C. (2007). Remodelling policy and practice: the challenge for staff working with children with special educational needs. *EDUC REV*, *59*(2), 147-160. https://doi.org/10.1080/00131910701254924

Taylor, D. C. M., & Hamdy, H. (2013). Adult learning theories: Implications for learning and teaching in medical education: AMEE Guide No. 83. *Med Teach*, *35*(11), e1561-e1572. https://doi.org/10.3109/0142159X.2013.828153

Taylor, E. W. (2007). An update of transformative learning theory: a critical review of the empirical research (1999-2005). *International journal of lifelong education*, *26*(2), 173-191. https://doi.org/10.1080/02601370701219475

Taylor, E. W., & Cranton, P. (2012). *The Handbook of Transformative Learning: Theory, Research, and Practice*. San Francisco, Calif: Jossey-Bass.

Thapar, A., & Rutter, M. (2021). Genetic Advances in Autism. *J Autism Dev Disord*, *51*(12), 4321-4332. https://doi.org/10.1007/s10803-020-04685-z

Thuy, H. T. (2021). Developing a community-based autism spectrum disorder management model: Results after 1-year pilot experience. *International Journal of Healthcare Management*, *14*(4), 1181-1190. https://doi.org/10.1080/20479700.2020.1755809

Tisdall, E. K. M. (2017). Conceptualising children and young people's participation: examining vulnerability, social accountability and co-production. *The

international journal of human rights, *21*(1), 59-75.
https://doi.org/10.1080/13642987.2016.1248125

Topping, K. (2011). Primary–secondary transition: Differences between teachers' and
children's perceptions. *Improving schools*, *14*(3), 268-285.
https://doi.org/10.1177/1365480211419587

Tso, M., & Strnadová, I. (2017). Students with autism transitioning from primary to
secondary schools: parents' perspectives and experiences. *International
journal of inclusive education*, *21*(4), 389-403.
https://doi.org/10.1080/13603116.2016.1197324

Turner, C., & Astin, F. (2021). Grounded theory: what makes a grounded theory study?
Eur J Cardiovasc Nurs, *20*(3), 285-289.
https://doi.org/10.1093/eurjcn/zvaa034

United Nations Education Scientific and Cultural Organization (UNESCO). (1994).
*Final Report: World Conference on Special Needs Education: Access and
Quality*. UNESCO.

United Nations Educational Scientific and Cultural Organization (UNESCO). (2015).
Education for All 2000-2015: Achievements and Challenges. UNESCO.

Underwood, J. F. G., DelPozo-Banos, M., Frizzati, A., John, A., & Hall, J. (2021*).
Evidence of increasing recorded diagnosis of autism spectrum disorders in
Wales, UK: An e-cohort study*.
https://journals.sagepub.com/doi/10.1177/13623613211059674

Vancouver, J. B. (2012). Rhetorical Reckoning: A Response to Bandura. *J MANAGE*,
38(2), 465-474. https://doi.org/10.1177/0149206311435951

Van Mieghem, A., Verschueren, K., Petry, K., & Struyf, E. (2020). An analysis of research on inclusive education: a systematic search and meta review. *International journal of inclusive education*, *24*(6), 675-689. https://doi.org/10.1080/13603116.2018.1482012

Vaz, S., Wilson, N., Falkmer, M., Sim, A., Scott, M., Cordier, R., & Falkmer, T. (2015). Factors associated with primary school teachers' attitudes towards the inclusion of students with disabilities. *PLoS One*, *10*(8), e0137002-e0137002. https://doi.org/10.1371/journal.pone.0137002

Vermeulen, P. (2015). Context Blindness in Autism Spectrum Disorder: Not Using the Forest to See the Trees as Trees. *Focus Autism Other Dev Disabl*, *30*(3), 182-192. https://doi.org/10.1177/1088357614528799

Vo, A.T., & Christie, C. A. (2015). Advancing Research on Evaluation Through the Study of Context. *New Directions for Evaluation*, *2015*(148), 43-55. https://doi.org/10.1002/ev.20156

Volkmar, F. R., & Reichow, B. (2014). *The Evolution of Autism as a Diagnostic Concept: From Kanner to DSM-5: A commentary*. In (pp. 217-230). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-319-06796-4_15

Vorstman, J. A. S., Parr, J. R., Moreno-De-Luca, D., Anney, R. J. L., Nurnberger, J. I., & Hallmayer, J. F. (2017). Autism genetics : opportunities and challenges for clinical translation. *NAT REV GENET*, *18*(6), 362-376. https://doi.org/10.1038/nrg.2017.4

Wainer, A., Drahota, A., Cohn, E., Kerns, C., Lerner, M., Marro, B., . . . Soorya, L.
(2017). Understanding the Landscape of Psychosocial Intervention Practices
for Social, Emotional, and Behavioral Challenges in Youth With ASD: A
Study Protocol. *Journal of mental health research in intellectual disabilities*,
10(3), 178-197. https://doi.org/10.1080/19315864.2017.1284289

Walter, M. (2009). *Participatory Action Research. Social Research Methods*.
https://d1wqtxts1xzle7.cloudfront.net/31275193/Participatory-with-cover-page-
v2.pdf?Expires=1658496161&Signature=IRnzr5sdd0lYEXnTnbx4zT1j1WPQcr
~fnGdUNisR7mvXjGhyQ91TN4NghSoh5yqEJk3qyiCxuKXnu2OypWMgpSq9
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DnYirqO3mHiy0hGR~aXQnUphJJO5lRfWpMDbRXq7jN8JIzN9ncoC5DWA1t
YRBOijPTkgbw__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA

Warren, J., Soukakou, E. P., Forster, J., Ng, L.-T., & Nteropoulou-Nterou, E. (2021).
*Small Steps: The Inclusion of Young Children With Disabilities in Australia,
Greece, and Malaysia.* Cambridge: Cambridge: Cambridge University Press.

West, P., Sweeting, H., & Young, R. (2010). Transition matters: pupils' experiences of
the primary-secondary school transition in the West of Scotland and
consequences for well-being and attainment. *Research papers in education*,
25(1), 21-50. https://doi.org/10.1080/02671520802308677

Wetherby, A. M., Woods, J., Guthrie, W., Delehanty, A., Brown, J. A., Morgan, L., . . .
Lord, C. (2018). Changing developmental trajectories of toddlers with autism
spectrum disorder: Strategies for bridging research to community practice. *J

Speech Lang Hear Res, *61*(11), 2615-2628. https://doi.org/10.1044/2018_JSLHR-L-RSAUT-18-0028

Wheelwright, S., Auyeung, B., Allison, C., & Baron-Cohen, S. (2010). Defining the broader, medium and narrow autism phenotype among parents using the Autism Spectrum Quotient (AQ). *Mol Autism*, *1*(1), 10-10. https://doi.org/10.1186/2040-2392-1-10

Whelan, M. (2021). The Association Between Autism Spectrum Traits and the Successful Transition to Mainstream Secondary School in an Australian School-Based Sample. *Journal of Autism & Developmental Disorders*, *51*(5), 1759-1772.

Wilson, C., Woolfson, L. M., & Durkin, K. (2022). The impact of explicit and implicit teacher beliefs on reports of inclusive teaching practices in Scotland. *International journal of inclusive education*, *26*(4), 378-396. https://doi.org/10.1080/13603116.2019.1658813

Wong, C., Odom, S. L., Hume, K. A., Cox, A. W., Fettig, A., Kucharczyk, S., Schultz, T. R. (2015). Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder: A Comprehensive Review. *J Autism Dev Disord*, *45*(7), 1951-1966. https://doi.org/10.1007/s10803-014-2351-z

Wood, R. (2019). *Inclusive education for autistic children : helping children and young people to learn and flourish in the classroom.* Jessica Kingsley Publishers

Woodyatt, C. R., Finneran, C. A., & Stephenson, R. (2016). In-Person Versus Online Focus Group Discussions: A Comparative Analysis of Data Quality. *Qual Health Res*, *26*(6), 741-749. https://doi.org/10.1177/1049732316631510

World Health Organization (WHO). (1968). *International Classification of Disease for Mortality and Morbidity (8th ed.)*. WHO

World Health Organization (WHO). (1990). *International Classification of Disease for Mortality and Morbidity (10th ed.)*. WHO

World Health Organization (WHO). (2016). International Statistical Classification of Disease and Related Health Problems (10th ed.). https://icd.who.int/browse10/2016/en

World Health Organization (WHO). (2018). *International Classification of Diseases for Mortality and Morbidity Statistics (11th ed.)*. https://icd.who.int/browse11/l-m/en

Wynn Jr, D. E. and Williams, C. K. (2020). Recent Advances and Opportunities for Improving Critical Realism-Based Case Study Research in IS. *Journal of the Association for Information Systems*, *21*(1), 50-90. https://doi.org/10.17705/1jais.00592

Yada, A., & Savolainen, H. (2019). Japanese and Finnish teachers' perceptions and self-efficacy in inclusive education. *Journal of research in special educational needs*, *19*(1), 60-72. https://doi.org/10.1111/1471-3802.12478

Yan, Z., & Sin, K.-f. (2014). Inclusive education: teachers' intentions and behaviour analysed from the viewpoint of the theory of planned behaviour. *International journal of inclusive education*, *18*(1), 72-85. https://doi.org/10.1080/13603116.2012.757811

Yates, K., & Couteur, A. L. (2012). Diagnosing autism. *Paediatrics and child health*, *23*(1), 5-10. https://doi.org/10.1016/j.paed.2012.09.008

Yazici, D. N., & Akman, B. (2020). Transition to preschool for children with ASD: expectations of Turkish parents and teachers. *International journal of developmental disabilities*, 1-10. https://doi.org/10.1080/20473869.2020.1852844

Yip, B. H. K., Bai, D., Mahjani, B., Klei, L., Pawitan, Y., Hultman, C. M., . . . Sandin, S. (2018). Heritable Variation, With Little or No Maternal Effect, Accounts for Recurrence Risk to Autism Spectrum Disorder in Sweden. *BIOL PSYCHIAT*, *83*(7), 589-597. https://doi.org/10.1016/j.biopsych.2017.09.007

Zeedyk, M. S., Gallacher, J., Henderson, M., Hope, G., Husband, B., & Lindsay, K. (2003). Negotiating the Transition from Primary to Secondary School: Perceptions of Pupils, Parents and Teachers. *School psychology international*, *24*(1), 67-79. https://doi.org/10.1177/0143034303024001010

Zee, M., & Koomen, H. M. Y. (2016). Teacher Self-Efficacy and Its Effects on Classroom Processes, Student Academic Adjustment, and Teacher Well-Being: A Synthesis of 40 Years of Research. *Review of educational research*, *86*(4), 981-1015. https://doi.org/10.3102/0034654315626801

Zhu, R., Hardy, D., & Myers, T. (2021). Community Led Co-Design of a Social Networking Platform with Adolescents with Autism Spectrum Disorder. *J Autism Dev Disord*, *52*(1), 38-51. https://doi.org/10.1007/s10803-021-04918-9

Zimmerman, B., Lindberg, C., & Plsek, P. (2008). *Edgware: Insights from Complexity Science for Health Care Leaders (2nd ed.)*. VHA Inc.

Zwaanswijk, M., & Van Dulmen, A. M. (2014). Advantages of Asynchronous Online
Focus Groups and Face to Face Focus Groups by Child, Adolescent and Adult
Participants: A Survey.
https://www.researchgate.net/publication/267731338_Advantages_of_asynchron
ous_online_focus_groups_and_face-to-
face_focus_groups_as_perceived_by_child_adolescent_and_adult_participants_
A_survey_study/link/549870440cf2eeefc30f980a/download

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Appendix A1

AOT Online Questionnaire

We are conducting a retrospective evaluation of the autism spectrum disorder (ASD) outreach services in XXXX This form will ask about your experience as a member of the primary or secondary AOT, so if you could reflect as best you can and give a holistic picture of the service that you deliver.

If you have any further questions, please feel free to contact Carole Campbell – email address given)

1. Name

2. Autism outreach team (AOT)
    a. Primary
    b. Secondary

3. Email

4. How would you rate:

	Very low	Low	Neutral	High	Very high
Your knowledge and understanding of inclusive practices					
Your skills in implementing inclusive practices					
The importance of supporting inclusion as a member of the ASD AOT					
Your awareness of strategies to support inclusion					
Your knowledge of strategies to assess specific needs in ASD					
Your knowledge and awareness of interventions to support autistic children and young people					

Your knowledge of conducting evaluation					

5. Please give details of any autism specific training you have received

    [ ]

6. Please give specific details on your processes for assessing needs in young people with ASD

    [ ]

7. Please expand on your knowledge and awareness of intervention strategies to support autistic children and young people - e.g., how do you implement these interventions?

    [ ]

8. Please explain your understanding of evaluation protocols, and how you evaluate your input with a child or young person at an individual and service level

    [ ]

9. Any further comments on supporting inclusion as a member of the ASD AOT:

    [ ]

10. What do you feel you typically do well in interactions with children/young people and their families?

    [ ]

11. What are your strengths as a member of the AOT?

    [ ]

12. What are the strengths of the AOT as a whole?

    [ ]

13. What is an area of development for you as a member of the AOT?

    [ ]

14. What do you feel is an area of development for the AOT as a whole?

    [ ]

Appendix A2

Brief summary of the autism outreach service's self-evaluation results

The autism AOT in Local Authority X were given the opportunity to participate in self-evaluation – 5 individuals completed the form, 2 from the secondary team and 3 from the primary team. Individuals were asked to rate their knowledge, awareness, skills, and/or confidence in 7 areas using a 5-point Likert scale, with rating points 'very low', 'low', neutral', 'high' & 'very high'. See Figure 1 for a summary of responses to these items.

Figure 1. Autism AOT's Ratings of Quantitative Items
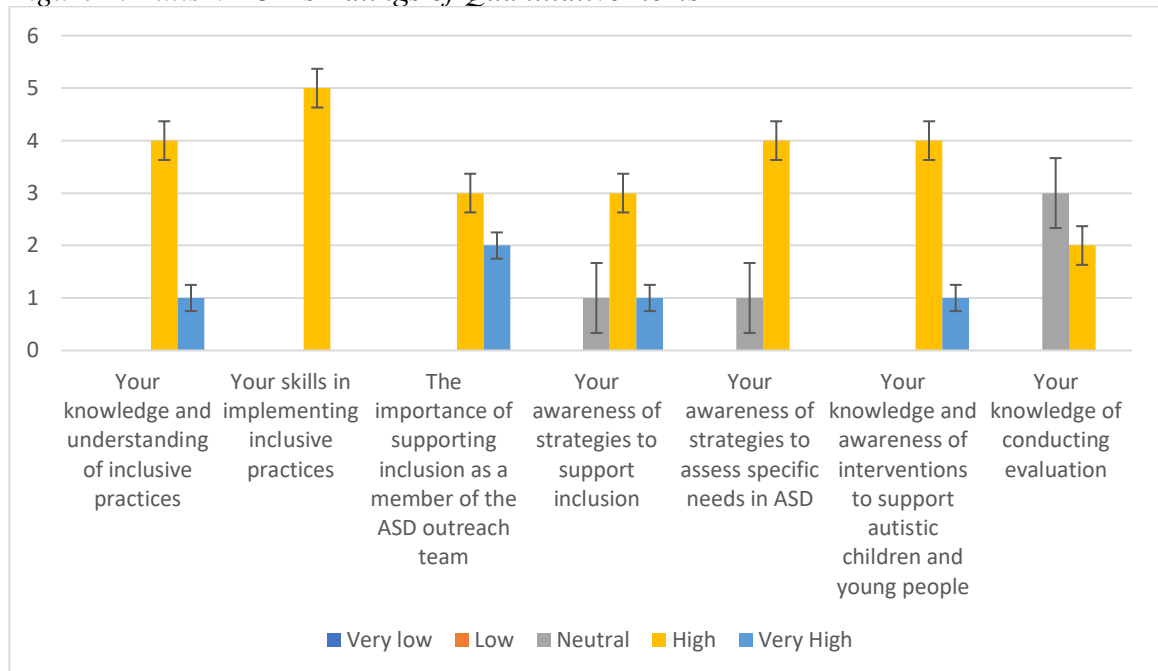
When asked to share details on further training they had received, team members mentioned:

- Post-graduate training (x2)
- Training around inclusion, visuals (x1), communication, and language
- TEACCH approach training (x3)
- PECS Overview (x2)
- SCERTS Training (x1)
- Elkan training (x2)
- Modules from outside orgs such as NAS (x1) or Children in Scotland (x1)
- MAPA training (x1)
- Training around specific strategies such as board maker (x1), supporting pathological demand avoidance (x1) or autism toolbox (x1).

When asked for specific details on their processes for assessing needs in young people with ASD, the various processes mentioned were:

- For many, observation was the first step (x4)
    - This was often followed by discussions with parents & professionals (x3), or data gathering from home & school (x2).
    - Discuss presenting behaviours and strategies used previously
    - Audits of sensory issues were common (x2), as was looking at stereotypical autistic traits (x3) or examination of communication difficulties (x2)
    - Members of the AOT would build a relationship with the pupil (x1), look at adjusting the environment (x1) & suggest strategies based on the individual (x1)
    - After preliminary assessment, create an action plan or bespoke intervention package (x2).

When asked, "Please expand on your knowledge and awareness of intervention strategies to support autistic children and young people - e.g., how do you implement these interventions?", members of the AOT shared a wide variety of strategies (worth noting that most individuals named interventions, rather than discussing how these were implemented):

- Transition work was a common area of support (x1)
- 5-point scale (x1) & various self-regulation strategies (x2) & relationship building to support challenging behaviour were used.
    - Emotion works (x1)
- The use of specific resources such as social stories (x3), comic strip conversations (x1, PECS (x1, visual cards or visuals (x2), power cards (x1) & the TEACCH approach (x1).
    - One individual discussed supporting children with self-help skills.
- One member of the team mentioned using the child's individual strengths to maximise potential
    - Another team member mentioned using an art intervention which supports self-regulation and calming.
- Through communication with teaching staff (x1), individuals would create targets that support & outline support strategies (x1)
    - Team members reported modelling strategies (x2) & implementing ASD-specific supports to support social skills (x1)
- Pupil-centred strategies were mentioned by one individual.
    - One team member did early intervention work with teachers & family, work with parents & teachers to increase awareness of autism

When asked to explain their understanding of evaluation protocols and how they evaluate their input with a child or young person (at individual and service levels),

individuals mentioned some general strategies, though it was mentioned that these were largely informal & could vary.

- Evaluation was supported by sharing findings with all parties (x1)
  - Agreeing on a set piece of work & evaluation of interventions – evaluation done at time of action plan, according to one individual, and at this time next steps are offered, with the aim of increasing awareness of strategies (x1).
- Developments vary from child to child – according to one individual difficulties in communication can cause confusion (x1)
- No specific assessment tool (x1)
  - Monitor targets & determine success with pupil.
- According to one team member, this is done 'with difficulty'
  - Often educated guesswork, then make changes as you go (x1). 'I don't use evaluation protocols', as this can be a non-linear process (x1).
- Another team member used informal evaluations, mostly in the form of feedback from staff & success with pupils

The AOT were asked for comments around supporting inclusion, and they mentioned:

- Relationship building is key – with pupils, families and schools (x1)
  - Being flexible is important (x1)
  - Close contact with parents & teachers key, as is familiarity with the young person (x1)
- Always encourage other teachers to be inclusive & nurturing towards autistic pupils (x1)
  - Support teachers to facilitate effective inclusion in class & ensuring that the environment supports needs to help pupils succeed (x1).
- More CPD opportunities
  - Match inclusion strategies for ASD pupils (x1)
- Senior management must support inclusion.
  - "it is the responsibility of the teaching profession to acknowledge and embrace the autistic community, raise awareness and practice inclusion throughout the school."
- Work on presumption of mainstream & strive to maintain children in mainstream setting

When asked to share about what they typically do well in interactions with children & families, team members discussed some shared strengths:

- Empathy (x3)
- Positive relationships/communication with families & school (x3)
- Communicate well (x3)
  - Support parents to link with each other for support, helps them feel less isolated (x2)
- Good knowledge & understanding of autism (x2)
  - Use a calm approach to put people at ease (x1)

Members of the AOT were asked to share their strengths within the team, and their responses were:

- Relationships with others (x1), a good understanding of autism (x1), & experience supporting inclusion (x1).
    - Strong links at primary & secondary level (x1)
- Patient & persistent (x1), good communication (x1).
- Problem solving (x1)
- Ability to draw on lived experiences (x2), a wealth of knowledge (x1)
- Build rapport with children (x1)
    - Able to give support & advice from an outside perspective (x1)

Furthermore, individuals were asked to share the strengths of the AOT as a whole – they mentioned the following areas:

- Varied experience & strengths within the team (x3)
- Specialist knowledge (x2)
- Share good practice (x2)
    - Share resources (x1)
    - Very supportive team (x1)
- Communicate effectively (x2)
    - Share good practice & listen to each other (x1)

When asked for their personal areas of development, the areas mentioned were largely around professional development (for themselves) or specific strategies:

- The circle framework & supporting transitions (x1)
    - Support inclusion (x1)
- Training, workshops, courses (x1)
    - Visits to other special schools that support autism would be helpful (x1)
- Teaching staff's mental wellbeing (x1)
- Listening to & learning from autism community (x1)
- More formal training (x1)

Lastly, individuals were asked to share perceived development areas for the AOT as a whole. They discussed the following areas (worth noting that some of these development areas concern other professionals):

- Better understanding in secondary school staff of autism & inclusion (x1)
- New courses & resources for autism (x1)
- Better links with EPS (x1)
    - Greater emphasis on evaluation & target-setting (x1)
- Would like to grow size of team (x1)
- A more systemic approach (x1)
  Have a more structured base, rather than blurring lines of roles at XXX (x1)

ASD Outreach SALT & SLT Self-Evaluation – Brief Summary of results

The autism AOT & SALT partners in XXXX were given the opportunity to participate in self-evaluation – 7 individuals completed the form, 2 from the secondary team, 3 from the primary team, 1 leader of the secondary AOT & a member of speech and language therapy. This summary will discuss the input from the AOT lead & SALT. Individuals were asked to rate their knowledge, awareness, skills, and/or confidence in 7 areas using a 5-point Likert scale, with rating points 'very low', 'low', neutral', 'high' & 'very high' (see Figure 1).

Figure 1. SLT & Team Lead's Ratings of Quantitative Items.
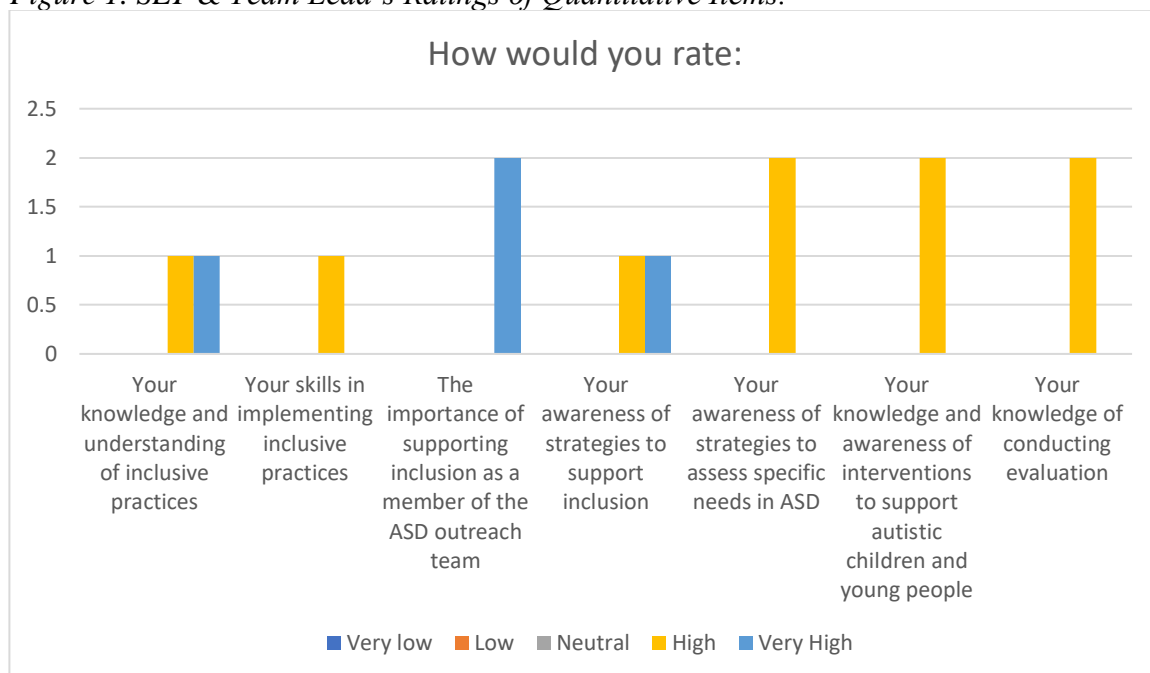
When asked to share details on further training they had received, team members mentioned:
- Post-graduate training (x1)
- CIRCLE (x1)
- PECS (x1)
- SCERTS Training (x1)
- ADOS (x1)

When asked for specific details on their processes for assessing needs in young people with ASD, the various processes mentioned were:

- SLT mentioned using informal & formal assessment tools
  - It was mentioned that work has been done to establish clear processes within primary AOT which is not currently being utilised.

When asked, "Please expand on your knowledge and awareness of intervention strategies to support autistic children and young people - e.g., how do you implement these interventions?", members of the AOT shared a wide variety of strategies (worth noting that most individuals named interventions, rather than discussing how these were implemented):
- Prior knowledge & understanding but no direct experience (x1)
- In-depth knowledge of interventions around language and communication (x1)
  - Interested in increasing knowledge.

When asked to explain their understanding of evaluation protocols and how they evaluate their input with a child or young person (at individual and service levels), individuals mentioned some general strategies, though it was mentioned that these were largely informal & could vary.
- CPSS staff evaluate using STINT targets (x1)
- At an individual level, evaluating with care aims & therapy outcome measures (x1)
  - Evaluation tools have been created for primary AOT
  - At a service level, using quality improvement methodology (x1)

Staff were asked for comments around supporting inclusion, and they mentioned:
- Capacity building as a priority for the secondary AOT (x1)

When asked to share about what they typically do well in interactions with children & families, team members discussed some shared strengths:
- No direct work, but some contact through TAC meetings (x1)
- Universal & targeted work from SLT, e.g., drop-in sessions & pre-recorded workshops (x1).

Members of the AOT were asked to share their strengths within the team, and their responses were:
- Supporting staff with target-setting (x1)
  - Building capacity in schools (x1)
- Training in specific interventions (x1)
  - Significant experience (x1)
  - ADOS training & experience delivering training (x1)

Furthermore, individuals were asked to share the strengths of the AOT as a whole – they mentioned the following areas:
- High level of knowledge of needs of learners & families (x1)

When asked for their personal areas of development, the areas mentioned were largely around professional development (for themselves) or specific strategies:
- Developing a strategy to support capacity building (x1)
- Understand others' roles & raise awareness of SLT role (x1)

Lastly, individuals were asked to share perceived development areas for the AOT as a whole. They discussed the following areas (worth noting that some of these development areas concern other professionals):
- Capacity building across schools/workforce (x2)
- Cohesive approach (x1)
    - Family & individualised support (x1)

Appendix B1

Autism Outreach Service – Focus Group 1 questions

Start by thanking everyone for coming, and a reminder that people can contact Carole or Clara if they have any questions or are uncomfortable throughout. We would ask you guys to be respectful in our interactions today, and to try not to talk over each other for ease of hearing what has been recorded – reminder that we are recording this – any questions before we start?

1. What has been your favourite day working in the AOT?
2. What are the aims of the AOT, as you see them?
3. What are the standard practices of the team?
4. What policies do you currently have as a team?
5. What is your understanding of the role of the AOT?
    a. Of the primary team & secondary teams, separately.
6. What outcomes are you as a team trying to achieve?
7. What would you view as the key components of an autism AOT?
8. How do you meet needs?
9. What are the strengths of this team? The weaknesses?
10. What are the most successful interventions used? And the least successful interventions used?
    a. Tentative – how do you know?
11. What do you think are the skills required of an autism AOT member?
12. What is the role of training for a/your AOT?
13. Tell us about your work with parents.
14. Does anyone want to volunteer to share a case example, and walk through your work with a specific child or young person?

Finish by discussing that we're kind of drawing to a close, is there anything that anyone would like to discuss that you feel is important that we didn't get to focus on yet? Does anyone have anything to add that they didn't get to yet? To debrief thanks for participating in this research, if anyone has any last questions or concerns, we would be more than happy to address those with you now or at a later date.

Finally – tentative dates for next FG 15th March at 3pm or 18th March at 3pm.

Appendix B2

Focus group 2 (AOT) Questions

1. Tell me all the processes you use to assess the needs of children & young people.

2. How is that assessment information then used?

3. What are the most successful interventions used?

4. What are the least successful interventions used?

   a. Tentative prompt – how do you know?

5. How do you identify evidence-based interventions, currently?

6. How do you select the best one for each child/young person?

7. Tell me all the ways you build capacity in staff.

8. What is the role of training for your AOT?

   a. Emphasis on training delivered, not undertaken.

9. How often is training delivered by your team?

10. How do you evaluate the impact of your input at a service level?

11. How, at an individual level, do you evaluate the impact of your input?

12. How do you use that evaluation information to inform your individual practice?

13. How is this evaluation information reported on?

Appendix B3

<u>Focus Group 1 transcript – Names have been changed</u>

1
00:00:01.469 --> 00:00:0
Ann: Chris look you really weird with that background.

2
Chris: I know.

3
Chris: I totally forgotten I had on, I did that, for a we had the parent forum.

4
Chris: and

5
Chris: And that's, obviously, the last time I was on zoom and I in that setting has just still there.

6
Ann: I was like.

7
Chris: Well, it was quite zen, and it was actually a mindfulness session for the parents' forum and me.

8
Chris: Thought well I'm going to have a zen background.

9
Chris: Instead of my background which is full of things that say save water drink prosecco and.

10
Jess: I was just saying about recording the session and just for because what we're going to do is theme, we're looking for the written transcription and we're going to theme it to see what the themes were that are discussed.

11
Jess: So, it probably relies on one person speaking at a time and also speaking quite clearly as well if that's ok, we'll keep your permission for that it wouldn't be the audio recording we're looking for it's the transcription of it.

12

Chris: That's fine, they can miss out the bit about

13

Jess: Does everybody want to say who they are so that's me, what about Dani do you want to go next.

14

Dani: So, I'm Dani and I and research assistant with psychological services and I've done.

15

Dani: sort of a research focussed masters so have a bit of experience with qualitative research and doing focus groups and stuff so here to help facilitate today and it's nice to meet all of you, well sort of virtually.

16

Dani: For next.

17

Victoria: hi I'm […] and I've been with the is the outreach secondary team since 2017 so kind of it was a start-up for secondary outreach so kind of lean being kind of the right at the beginning of how things have progressed and then Ann joined us last year last year.

18

Ann: a year and a half ago.

19

Victoria: The time has disappeared so quick but anyway um so yeah, the role I have is obviously supporting pupils in secondary schools and I've also been heavily involved with transition from primary seven into secondary.

20

Victoria: I've had you know some really good successes with the ones that I've worked with realize it's quite labour-intensive and.

21

Victoria: I think yeah there's been lots of lots of great things, but you can always see there's lots of things that we could actually do more in the future.

22

Victoria: And also work with the XXX primary AOT as well and work with John with supporting individual pupil so I kind of had a bit of a mixed experience.

23
Victoria: Of and sometimes working intensively with a pupil that's been removed from education, so I've had a couple of those experiences as well and setting up a transition room just for one pupil.

24
Victoria: And how that didn't work so there's been lots of lots of things I've learned along the way, that I feel quite confident since I've been working.

25
Victoria: More in the secondary schools that spending a bit more time in the second, because I think that's been a really just because of lockdown we've kind of been forced into spending more time I'm feeling.

26
Victoria: That, I have a lot more opportunities to support the pupils and I feel like I've got a lot more a measure of success, I think so lockdowns actually given me a totally different insight as well, and how I'm supporting kids.

27
Dani: Brilliant, that's great to hear Victoria, some positives of lockdown. Thank you, Tom.

29
Tom: I'm […] I'm currently acting deputy XXXX primary school I've been involved with the AOT as a as an outreach.

30
Tom: teacher from bout two and a half years ago, and then, when Juliann left her post I took over kind of organizing the outreach for the primary sector and.

31
Tom: A keep my keep my hand in with that as well, visiting schools and things and again like Victoria said I've probably had quite a lot of success, and some of the kids that.

32
Tom: And certainly, some of the kids I probably passed on to her over the years and who have had a good.

33
Tom: grounding (?), with me working back into the school working into full time education again and working across.

34

Tom: Obviously, within the primaries from nursery level up and my kind of skill set comes from.

35
Tom: Having worked in the base at XXX for quite a few years and then and then diversifying back into mainstream education and then supporting children working across the two within the school.

36
Tom: And so, I'm quite passionate about the work that we do and really enjoy it and really get a lot of job satisfaction, out of it.

37
Jess: Thank you very much.

38
Jess: um.

39
Ann: Aye so I'm […], I'm X's pal, in our service. so, I've been working in the service for a year and a half but prior to that I came from, the additional needs to school, so I was in there for 20 years, and so I have worked across the spectrum and.

40
Ann: but also, with severe complex learners and the last three or four years I worked with.

41
Ann: A lot of a base of autistic boys.

42
Ann: who were non-verbal, so a lot of communication strategies talk communication stuff Makaton, Board maker all of that in.

43
Ann: And then, so I've come in obviously to mainstream and that's been really interesting as well because, having worked across the spectrum really of.

44
Ann: Support difficulties and that really gives you an insight into, where to go with regards to supporting and.

45

Ann: Those without cognitive learning difficulties and I've also there's (I've) got autistic family members and am quite heavily involved in autism just generally eh very interested and passionate in the whole area and.

46
Ann: And same as Victoria I started off working with the kids who are weren't able to go to school because of anxiety issues that I was working quite a lot with parents and.

47
Ann: To try and get some of those kids back in and I did have some success in getting some of them back in, and then the lockdown came, and they all come back out again.

48
Ann: And, but it's also given me an opportunity to work, specifically with eh YYYYYY is a good example because em, so I've been working quite closely with them with the.

49
Ann: Some of the team there and we've created like social groups for the first years and became quite integrated within the staff here.

50
Ann: And that's been really great I've really enjoyed that, and you know really started running with some of the ideas to for inclusion and so that's been that's been really good.

51
Jess: And last but definitely not least Chris.

52
Chris: I.

53
Chris: know I know that's why I was saying, a better unmute myself, and I was looking for the button because it's a different place from Skype and I've been on Skype for most of the Day.

54
Chris: And anyway, yes, so I am Chris Ferguson, and am principal teacher for central peripatetic services and the outreach service as part of that.

55
Chris: And I have to say in this group I am probably the least knowledgeable and familiar with a working directly with pupils with autism a I mean I've done some.

56

Chris: When I when I was given this additional remit, I did, one of the post Grad modules and that is the basis of my knowledge, but in terms of actually directly supporting children with autism.

57
Chris: I'm a VI teacher, as you know, Jess and, and so I have supported children who have a visual impairment and are also autistic.

58
Chris: And, but I haven't directly worked with you know groups of children and done the direct support that.

59
Chris: that the rest of done that to Victoria and Ann and Tom have done and so, however, what I would say is I would definitely echo a lot of the things that.

60
Chris: Both Victoria and Ann are saying about the kind of the way that the secondary service has really evolved, because what we started off with as a as a concept.

61
Chris: was all about building capacity, which is absolutely right and, and that is still something that I think we're all passionate about building capacity.

62
Chris: But the way in which we build capacity, I think we have realized that there are challenges to it and to and the way that we had an originally intended, you know going in for short, six-week blocks to do.

63
Chris: observations and do some modelling was not as successful also it wasn't what first of all happened that was what was set up, and then, as Victoria kind of hinted or spoke briefly about there then there was there a crisis situation, and so Victoria.

64
Chris: was pulled from that as was Jacqueline pulled from the primary sector, and so, so that was kind of waylaid, and then we got back on track a bit.

65
Chris: However, one of the things that we had said at the beginning, was that you know the outreach service was to be used when schools had exhausted all other you know all other supports.

66
Chris: And what we found was that schools weren't making the referrals.

67
Chris: They were waiting until a.

68
Victoria: wheels fell off.

69
Chris: yeah, they were we were waiting until actually it was almost too late, and it became it was going to be an impossible task or not (an impossible).

70
Chris: A massive task to get pupils re engaged, rather than a bit more proactive and getting involved an earlier stage so that the.

71
Chris: You know you're pre-empting what could be challenges and identifying strategies that can be used to support the children before they're at crisis stage.

72
Chris: which obviously we don't want children getting to a stage where the where they're in crisis because that's horrendous you know for them and for their families and so.

73
Chris: We had actually started before lockdown we'd started discussing a model of that.

74
Chris: You know schools getting blocks of time, like a day a week or something like that, and then lockdown came along, and actually then we were in the position of.

75
Chris: Victoria and Ann being allocated to schools and the difference that that has made has been huge and so that's kind of where we were kind of moving in that direction.

76
Chris: And then events overtook us and with you know we were thrust into it more sort of firmly, but I think it's definitely showing that that is a model that we could develop more strategically.

77
Chris: So that so that it could have bigger a greater impact.

78

Jess: Okay, what we'll do I'm just going to plug these headphones in because I think they might work a bit better hm.

79
Jess: Hopefully, can still hear me.

80
Jess: yep, well that's great okay so we've got a set of semi structured questions we would like to ask, and the purpose of today is to find out more about what you do just now.

81
Jess: So, it's to find where the land lines just know it's kind of ask was a needs analysis where are you now, you started that off with a questionnaire

82
Jess: And we're just taking a bit deeper because we don't know you know what your job is and what you've been doing.

83
Jess: So, what one of the questions that we wanted to ask and it's just you know for people to consider is, what are the aims of the outreach service as you see them So what is it you aim to do just now.

84
Victoria: Do you want to start with.

85
Victoria: Anyone just anybody can call me to what well, I think I think I think the aim is to have them included in participating in school and to make sure they they're gaining some success.

86
Victoria: Not just through their academic success, but also social success, I think there's a there's that whole child aspect that we were looking at.

87
Victoria: And I think also raising the awareness, I think of autism within schools, so that they are better at supporting their pupils.

88
Victoria: Because I think there is a huge gap in people's understanding of autism, I think, often teacher's pupil support departments may have experienced of autism.

89

Victoria: But they have their experience of that particular autistic young person or a group of kids they're not used to the full range of pupils that we support, so I think.

90
Victoria: actually, working more closely, I think, as part of our well, I think the aim has kind of changed more that I think we need to be more in the school, giving them that expertise and knowledge, so that they can actually support the people's better.

91
Victoria: How you.

92
Jess: How might you do that, I suppose that's a supplementary question for everyone but how might you do that

93
Victoria: Well, I think I mean I've been involved in sort of that NQT days, where we sort of like doing some training with newly qualified teachers and even some awareness about autism.

94
Victoria: And also, I have sort of a participating parent workshops or a parent workshop which I shouldn't say in plural.

95
Victoria: which was really good because everybody that had the parents in, and it was actually good for the teachers involved listening to a range of parent's experiences, because often.

96
Victoria: parent experience and school experience is very different and often teachers will say look the child's doing, really, really well at school there's not a problem at school and there's.

97
Victoria: A disconnection with what the parents saying at home because, obviously, we know they bottled up and then they explode at home, but a lot more of you know kind of giving opportunities, I know, XXXX are brilliant at that with them that (Musketeers).

98
Tom: And the name of the group yeah, we did the musketeers parents group at school, so it's really about sharing the.

99
Tom: sharing experiences across the stages from primary one to seven obviously.

100
Tom: You can't be guaranteed that we get primary ones every year as primary sevens leaves and we do get children that come and grew uh go across the.

101
Tom: Across the stage & years, but our parents have we've managed to develop a really good support network across the parents, because.

102
Tom: we've got parents with a wide variety of experiences with their own child, so it really does help to make people feel less isolated and as our experiences are that we know parents do tend to feel isolated, because it can be such.

103
Tom: an intensive experience, being the parent of an autistic child, so we know that that that really does provide them with a good really grounded support and shared experiences.

104
Jess: Via the base, Tom, or is that for the AOT?

105
Tom: Yes, for.

106
Tom: That's via the base.

107
Tom: I think one thing one thing.

108
Tom: Sorry, well, one thing that I wanted to me was going to say was that that's, em.

109
Tom: that's probably something that could be emulated across schools in the Authority because we've got a good model for it, then we know that the.

110
Tom: The identified cases of children with asd that are working across the mainstream school and are.

111

Tom: Evidently, on the increase, so to be able to transpose that into another establishment, with the experience that we have is probably something that would be beneficial, and not only to staff and parents, the parents as well.

112
Victoria: One of the things that we talked about which could be something that we'd like to take forward is the idea of having an asd champion within the school within a pupil support department.

113
Victoria: because, obviously, Ann and I, at the moment are the only two in secondary schools it's very difficult to spread ourselves across but.

114
Victoria: The idea of having somebody that would be willing to perhaps train up skill up with Ann and I, and you know again to sort of like offer some of the things because.

115
Victoria: You need to get to know the pupils, you need to get to know the parents that unless we've got a referral, we don't have that involvement with the full.

116
Victoria: You know I'm working with pupils within ZZZZZ that I don't have referrals for because they are autistic and they're there.

117
Victoria: And I've got to know the parents, even though there's not a referral so there's almost a role for somebody in the school.

118
Victoria: that gets to know all of those people, or even a guidance teacher, that is a little bit more geared up with an autistic kind of remit, which you know is missing, as well, so yeah.

119
Victoria: As I often have to work very closely with guidance teachers to just to kind of like educate them about what their expectations are of pupils, I mean it's so much, I'm actually 101 things.

120
Jess: Things that no.

121
I think.

122
Victoria: that's a secondary situation because they are in it, I mean primary is so much better, but.

123
Victoria: you've got one teacher that you can.

124
Victoria: Explain it, you know it's much easier, but a secondary school with so many teachers & so many different people that are involved in that child and they don't all fully grasp what the needs are.

125
Jess: Welcome Molly, not managed to have John joined us yet that's actually my hoping, he is able to join us.

126
Tom: and easiest has just sent me a picture on the screen going round and round and round.

127
Tom: We are.

128
Tom: As you can see, I'm at home, but John's at school just now he actually just messaged to say he's at school, and we have eh difficulties at school, oh.

129
Jess: And Abby is going to be a wee bit late, she's away for an appointment okay em what are so in terms of primary and secondary, I was keen to understand what your standard practices are, what would you classify as standard practices for the AOT.

130
Chris: Could I just say something a wee bit more about your first question Jess.

131
Chris: Because I think I think the aim is, or the long-term aim is that we build capacity within secondary schools so that.

132
Chris: They are better equipped to recognize the needs of the autistic learners that are there, and I think as a Victoria said, you know, there are so many children are coming in contact with so many different members of staff during the course of one day.

133

Chris: And, as you know, there's a huge variety of knowledge and skill.

134
Chris: and applying that knowledge and among that that group, and I think a huge part of it is that em.

135
Chris: You know, training can get delivered.

136
Chris: About autism in general, but then it's you know, because it is such a

137
Chris: Like everything, it's very specific to the individual and the range of differences that any two individuals can exhibit are just you know are massive.

138
Chris: So, it is very difficult for a teacher who hasn't a come into contact with as many autistic learners to be able to apply that generic knowledge, so I think one of the things that the.

139
Chris: AOT.

140
Chris: really are well working on the whole team is building up that knowledge around how.

141
Chris: How specific it needs to be how specific the supports and the adjustments and expectation and you know just what is reasonable.

142
Chris: In terms of you know, the adjustments that they make for individual children and to recognize that it's not that it's not just standardized and that it has to be bespoke for each child so.

143
Chris: I think, so I think the building capacity thing for me is still definitely the aim, yeah, I think it's just it's a much longer-term aim because it's actually it's a huge it's a huge task as a huge task yeah.

144
Victoria: I've got something to add but it's about training, but that might be a question, you are going to ask later so.

145
Jess: I think it does come up later like yes, it does.

146
Victoria: But I'll jump in later because I'm just going to probably answer all your questions, all at the same time, just like I would in a damn interview.

147
Jess: Okay, so what would you see the standard practices are.

148
Jess: Just in terms of someone who.

149
Chris: knows, I think, Ann.

150
Chris: Sorry Jess to interrupt you, I think, Ann you are on mute Ann that's why.

151
Ann: I would just like to just what Chris has said there and about how individualized the service needs to be, and there are constraints placed on us, as to what we are able to do and offer to the autistic pupils and so for example if there's no.

152
Ann: autism base in the school then there's no place for the for the pupil to have some downtime to you know to deregulate and then.

153
Ann: That really leaves you in a bit of a you know, a quandary, as to what can you offer and so that becomes difficult when you're trying to.

154
Ann: reintegrate some of the eh, the autistic kids back into school if there's no place for the for to offer them with an actual physical place, a base, that they can see as a.

155
Ann: place they can go to feel safe.

156
Ann: So, we are constrained by that, are places for them to go in unstructured times when they have problems with that and.

157

Ann: and also, with regards to the teachers and it'll probably come up later on, the training, you know their awareness and what their understanding is with regard to autism and.

158
Ann: Try & get balance between you know their social emotional difficulties and their academic you know achievement.

159
Ann: And it's just about what we are able to offer them is often constrained by the schools and what we can offer in terms of the physical places and not this that's difficult for everybody, I think.

160
Jess: Yep, and that's certainly something we can have a thank about farther down the line you know when we're looking at kind of models of good practice and things like that.

161
Jess: And what would you say about standard practices in terms of understanding what You do both in primary and secondary sector. (34:02)

162
Victoria: You want to start with primary or you want to start with secondary.

163
Victoria: I think probably Tom can I pass it over to you, because if you start with primary then I'll follow along the secondary.

164
Tom: yeah, I mean So what do you mean Jess from the reception of an rfa to have that then so basically the RFA will come in we'll have a look at it as the team, discuss who's probably best.

165Tom: And whose skill sets best a to meet the needs of the child in the school and then we'll begin with a visit to the school.

166
Tom: An introduction of what we can offer if possible, speaking to the pupil support coordinator about the child's needs, getting to know.

167
Tom: On that level for us then spend obviously time with the child in the class with the classroom teacher look at what practices in place.

168
Tom: at the initial stage, and then take some time for an assessment period to kind of gauge what our input could be em and what our input is likely to look like, for the period of time.

169
Tom: I think sometimes it lines kind of get blurred sometimes certainly from a primary perspective, where.

170
Tom: A I think sometimes staff feel that you're in to wave a magic wand and you'll just be doing a one-to-one type input which there's obviously space for and something that is very valuable em and again it's about ensuring that.

171
Tom: it's about ensuring that what you're advising is put into place, too many times, you can revisit a school having given them.

172
Tom: A catalogue of resources and strategies to use and find out what strategies you think would suit best to a child, yet you revisit and then they're maybe not putting them in place due to whatever constraints they are under at the time and.

173
Tom: And once we've done our input and period of time of work, then we'll revisit that after a period of time see how things are going, obviously, the key.

174
Tom: Is that we're always available and a lot of this year, obviously that's been over the telephone and things like that, and we just monitor how that goes.

175
 (audio interference).

176
Victoria: don't know what that was.

177
Victoria: Like I can you hear me.

178
Victoria: Yes, yeah for me, I suppose, obviously, like Tom there's been lots of pupils that I've seen that have come from XXXX.

179

Victoria: Primary so a lot of the pupils that are coming in from a transition point of view.

180
Victoria: Now, of course I don't get every asd pupil that's transitioning to secondary school because that wasn't possible, as I said, up until recently that was just me but.

181
Victoria: The ones that I did support because it was highlighted the ones that were really going to have difficulty and were struggling.

182
Victoria: Some really extremely so, which was the one that we work with a very specific transition room just for this individual pupil just because of his needs were greater.

183
Victoria: That that that model we felt it was always quite an intensive model, but just speaking from a general.

184
Victoria: mainstream pupils, I think, getting to know the pupil in the primary school has always been my key as getting to know what works for them and getting just again that that passing over.

185
Victoria: it's been quite an important thing of passing over from a primary to the secondary person.

186
Victoria: And them seeing me as a link and then I've been sort of like linking them in with the school, so they start to trust me.

187
Victoria: there's definitely a need for a trusting adult.

188
Victoria: For that transition into secondary, which is a role the school should be taking more of but don't seem to have the capacity or willing to have that capacity but.

189
Victoria: The difference it's made for those pupils having somebody that knows them that knows them in their primary environment and then into the secondary environment has been incredibly important to them.

190

Victoria: and also, the parents, because the parents also linked in with you, and you've got to know all week so.

191
Victoria: There is that kind of gap, I think, really big gap between that transition that secondary schools could do better Now I know they have enhanced transition days and I've seen it work brilliantly and I've seen it work atrociously.

192
Victoria: So enhanced transition bringing those on vulnerable pupils in getting to know and that's Okay, but there's that relationship building, and I think if anything I've learned from.

193
Victoria: Working with all of my children, this relationship is key, and it doesn't matter how autistic they are it's the relationship that I build with them and as quickly as I can, I know, Tom would be the same I've seen him with.

194
Victoria: Some of his pupils that once you build that relationship they trust you then there, then you can help them feel safe for that next place so.

195
Victoria: So, some of my other referrals often come from usually, when the pupils are experiencing is usually social difficulties that's been my main thing that I've been called in for particularly around.

196
Victoria: Peer issues, sometimes with really aggressive fights and things like that and not having a clear understanding as to what happened and where, so I've worked with at least two pupils with those real difficulties, so I've used comic strip conversations to talk through it.

197
Victoria: I have used emotion works as well with some of the pupils to sort of like help them understand where they're coming from some.

198
Victoria: A lot of the kids I work with are very, very bright, young people and anything that looks slightly babyish particularly, so there's a real shift between primary to secondary and a lot of things that worked, in primary and.

199
Victoria: Tom you know all about how he used to love having all of his soft toys and things like that secondary school he pushed them all aside so all.

200
Victoria: things that were self-soothing at primary.

201
Victoria: At secondary, they suddenly have nothing to hang on so it's like trying to help them work what's going on, so I'm digressing all over the place here but.

202
Victoria: it's helping them find it a secondary meaning for the things that used to work and that takes time all of that actually takes time with a pupil.

203
Victoria: Which I'm lucky that I've been able to do that with some of the pupils because.

204
Victoria: Maybe, to a certain numbers have not got too big, but you can see, if you want to create this model that works, you need more of us and more people doing more of that that kind of work with them and getting the pupil support teachers involved too.

205
Victoria: anxiety is a huge thing as well, I work with a lot of pupils with anxiety issues.

206
Victoria: And how that impacts on their self-esteem and I've I'm an art teacher so art is always my starting point with all of the pupils I work with because it takes the pressure off of.

207
Victoria: talking to me across the table, or anything like that you're sitting side by side and not all pupils that works with some of them that have an art interest it's been a terrific hook in and also, I use it as a calming technique.

208
Victoria: And also involved with doing an art intervention. (41:01)

209
Victoria: Action research project, which is something that I do, which is a six-week program of working with kind of like more sensory art activities.

210
Victoria: but these are just some of the things that I've tried, mindfulness I've tried mindfulness with some of the pupils as well, and I do kind of do mini-CBT sort of things I do a lot about.

211
Victoria: em understanding sort of the fight, flight and freeze response so they understand themselves, but a big part of that, I think, with the kids that I work with in secondary is helping them understand themselves.

212
Victoria: And sometimes it's understanding their autism sometimes it's understanding just the way that they're processing things and that it's okay to feel these feelings so it's a lot of that but that's a lot of one to one.

213
It.

214
Jess: A lot of direct work, from the AOT.

215
Victoria: lots of one to one and since we've been in ZZZZ, we've also introduced I've been doing it an autism nurture group.

216
Victoria: and which we're kind of just trailing because [teacher] wanted to set up in the.

217
Victoria: nurture group, but we were very specifically all these wee boys that were coming in any way in the morning, so we were kind of gearing the nurture practice around certain things about.

218
Victoria: Understanding triggers and then creating sort of like.

219
Victoria: What calming techniques to use, and it was really interesting finding that they all had lists and lists of things that they use, but they didn't quite realize that those were their tools so.

220
Victoria: So that's okay that's only a new thing I think we started that just before Christmas, but that's been really a really good because it's been a.

221
Victoria: Not just like let's get together and do it's actually been a real focusing what do we want to help them with and working in a group has been quite Nice as opposed to that one-to-one cause it can be quite intense at times.

222
Jess: Good to hear about, welcome Abby went to welcome yes.

223
Abby: Sorry I'm late.

224
Jess: no, we knew, you were going to be late, that's fine it's good that you're able to join us I'm going to move on to the next question now and ask about policies what policies do you have any kind of written down policies or practice documents within the AOT.

225
Victoria: I'm talking too much I'm going to pass it on to Chris.

226
Chris: Eh there was obviously the rationale document that was produced a for the secondary asd outreach service starting.

227
Chris: And, along with that, I think I sent them to you Jess, em the sort of the sort of procedural documents that we have around em, you know the referral process and em both outreach services work together.

228
Chris: Last year on sort of standardizing those and making sure, because we did have two separate lots of paperwork and so we had worked together.

229
Chris: We used to have monthly meetings before lockdown, before covid hit we used to have monthly meetings and that included the SLT, that's that em.

230
Chris: supports the outreach service and so together we sort of standardised the documents which were you know the referral guidance and.

231
Chris: Basically, the sort of the procedures around you knows contact the PT first have that discussion, submit the RFA, inclusion monitoring group and then, and then the process that.

232
Chris: The outreach teacher will have about you know engaging and agreeing what the targets are going to be, and you know completing the paperwork in terms of the specific piece of work that's going to be done and the review process of all of that.

233
Chris: And so, all of those and the observation documents, these were all standardized last year and.

234
Jess: I suppose it ties into the aims, what are the outcomes that you as the AOT are trying to achieve what would be your ultimate outcomes for these young people.

235
Chris: I would say, definitely the outcomes that we're looking for the individual pupils is to.

236
Chris: To be included and their education and, and I mean in a mainstream setting or in, whichever setting is appropriate to them.

237
Chris: and (45:21)

238
Chris: And to achieve their potential, but as Victoria said, and you know it's about the whole child as well it's about you know, making sure that that inclusion is a real inclusion that is allowing them to be there and participate in a way that is.

239
Chris: Not to.

240
Chris: causing them extreme anxiety and you know, and so the outcome is for them to be successfully included not forced to be social participants at ways that they don't want to be, but to be socially confident and comfortable in the way that we want to be socializing.

241
Chris: that's I'll pass over to others to put in there, views on that.

242
Tom: I would echo that in that the success comes from the child's integration into whatever setting they're in, in that it is meaningful integration, not just a.

243
Tom: oh, there he is there he is that's inclusion see there that's inclusion it's about ensuring that they feel supported and welcomed into that as well, and that they.

244

Tom: Their success comes from them getting something from their being there.

245
Victoria: I think, as I'm doing this, I think, for them to be heard and understood I think that's probably key for me, because I think.

246
Victoria: Often we think probably all policy writers all teachers all educationalist all has this kind of view.

247
Victoria: That we think we know, but I think actually hearing what they want and helping them understand themselves that I know that sounds a bit airy fairy but.

248
Victoria: I think that helps them so much more know where their places and all of the sorry I'll be anti-school, but all the school stuff is irrelevant I just think that kind of understanding themselves and feeling okay about who they are, is a big thing for me.

249
Jess: Okay em What would you all view is the key components of an autism AOT, so what are the things that are really key in the job that you do.

250
Jess: So, you we've got Victoria you mentioned relationships so we've got that already what other things, would you say are key in this team as a group of people.

251
Chris: I think one of the things that's key as well as being able to develop relationships with the pupils.

252
Chris: With the families is we absolutely have to develop positive really be able to develop those relationships with the schools with all the stakeholders, you know because.

253
Chris: we're going to achieve more if we're all working together, so I think that is absolutely key and.

254
Chris: And I think obviously understanding and giving understanding autism understanding the variety of needs and giving, as Victoria said again the pupil voice, and I think as Tom had said as well you know.

255
Chris: And I think those are definite key elements and I think.

256
Chris: Other things can be built around that you know we can look at different models of how to provide support. (48:40)

257
Chris: But I think it doesn't matter what model you have, you absolutely have to be able to develop those relationships, you have to be able to work with people.

258
Chris: You have to be able to you know pupils' families and teachers' senior management teams, a social workers other external agencies, you have to be able to do all that to be able to get effective support around the children and families.

259
Tom: yeah, I think I think, specifically in working with children, which is kind of probably.

260
Tom: where Abby and I may be coming from on this and I think, certainly the type of person you the personality of the person and is really a key to it because you can be as.

261
Tom: You can be as theory rich in your mind with everything you know about autism, but not be able to put any of it into practice now I think it really takes a specific type of person to enter school.

262
Tom: and build those relationships and ensure that people can then model what you're doing and those relationships that they can help that situation grow for the young person as well.

263
Victoria: you hear me yep.

264
Jess: yeah, if you just come into wee bit that will help.

265
Abby: Raising awareness, for em staff, and I think it's been really, really good because (Tom?) and I go for a visit to schools.

266

Abby: realize, although some teachers, being a teacher, you know, but still, although they have loads of experience in teaching but becomes style.

267
Abby: autism error kind of like I'm not really sure what to do, and I think us as a service providing strategies and things like that it's been really, really helpful and I had so many.

268
Abby: Positive feedback about it and um...(unintelligible) for the next feel like you just feeling more confident, and you know the child is feeling more.

269
Abby: happy in that environment so wanted that.

270
Jess: And I think that's really important, and I think we want to capture all that and show the importance of this team and what they do.

271
Jess: And really capture that and show the difference that you're making to the young people's lives in terms of inclusion in terms of outcome so that's certainly one of the major aims of that would be that we do have all that data to just show how good.

272
Jess: A job this team do in supporting young people with autism.

273
Jess: in mainstream because, it is a vital job is absolutely vital for these young people for these families and for schools in, and I suppose it's looking at the best way of doing that in a multi-dimensional way given that every child is different and every parents different.

274
Victoria: Definitely.

275
Victoria: You definitely have to have tools up your sleeve, you know as to kind of like oh I don't know what I'm going to do here kind of thing so there's a lot of flexibility, a lot of adapting a lot of thinking on your feet, because.

276
Victoria: I mean you know you don't know how it's going to go when you first meet a young person, but, but I think if you if they know that you're not going to kind of like be rigid yourself and you've got that flexibility and.

277
Victoria: that's I think how it works, I think.

278
Victoria: And like you say it doesn't work with everybody, because you can have the same pupil with three different teachers and two really get them and one doesn't, and the kid knows it and it's just that's what happens so.

279
Victoria: And that's it, they'll, quite often shut the door and never take to talk to that person again and that's pretty much the way it goes so secondary teachers can be quite, you know that's what it's like it can be yeah no.

280
Ann: hey maybe I could just say about, and I think what's really important is to see the child and the parent, as the expert.

281
Ann: No, I mean, I think that sometimes.

282
Ann: A you know the pupil, child, is not listened to enough, because actually if you trust them, then they will provide the answer and also a lot of the answers come through the parent

283
Ann: You know, so you know traditionally I think sometimes parents are kept at arm's length ATM in education, but I think that they provide a.

284
Ann: plethora of information and it's about choosing strategies it's choosing.

285
Ann: At you know, a couple of some strategies and then then adapting those strategies and grinding down to the detail.

286
Ann: Within that to get the right thing that's going to work so to me it's an iterative to the process to try and keep trying and trying and trying and getting.

287
Ann: it's a very analytical job you know you're investigating and finding the detail under all of that, because.

288

Ann: You know, you can't predict the autistic mind you know you don't know what the autistic mind is thinking, you have to ask the right questions to get the answers that you need that are going to help you move forward.

289
Jess: That kind of leads on well Ann How would you go about identifying those needs hm what would be the things that you would use to identify the needs of the referral that you received.

290
Abby: I think observation would be the first step to just you know it has some sometimes my own experience, sometimes I read our referral what I observe as a different aspect and I'm you know it's kind of.

291
Abby: Have the experience of working with autistic children, you have a different view and you put that in your observation notes, because that's what you and you need to be quite honest about it, I think that's the first step.

292
Jess: Any so we've kind of got the rfa and permission on it then there's observation, which is a really strong assessment isn't it.

293
Jess: And it's interesting to hear, because we do the same and psychological services, we read in a rfa and then, when we go, we're quite surprised, because we do you know, we see that something different.

294
Jess: which is sometimes the gift of not being there all the time, is there anything else, that you would use to identify those needs in terms of then being able to work with those.

295
Chris: I think sometimes there isn't the opportunity for observation if, for example, a school have the referral hasn't come until a child has been schooled refusing, for you know.

296
Chris: A considerable period of time, then and it's different as a different route in and very often that's by get getting information from a variety of sources, including the family, and I think Ann and Victoria will be able to give you more information, more detailed and.

297

Jess: so, does that happen, Chris that it doesn't come to you.

298
Jess: Until they're out of school.

299
Chris: That yeah so, I mean we've had a few referrals eh some of the children that Ann was talking about earlier where she'd worked hard and had managed to get some success and then unfortunately lockdown came along eh so some of those pupils really had time.

300
Chris: I think one has had no attendance at all for over a year Ann, and someone else where you know it was it was several months, several months, with you know.

301
Chris: attendance well below 30% very, very low attendance, so there wasn't there wasn't an opportunity there for observation and.

302
Chris: So, certainly with those barriers, a group of three pupils who had been nonattenders and it was really work with the people and the family, the first through talking to guidance talking to em staff in the school that new the pupils.

303
Chris: And then working very closely with the families.

304
Jess: And were the schools able to reflect.

305
Jess: Chris that that was a really late referral, and that the intervention should have been a lot earlier in that process were they able to take that on board, because that makes your job incredibly difficult.

306
Chris: yeah, I think the school involved, unfortunately, had quite a few changes of personnel over the preceding time which had possibly contributed to that and. (57:21)

307
Victoria: That there's there was a bit also been a little bit of.

308
Victoria: Sometimes departments probably not so much now, but sometimes departments feel that they have got it in hand, or they understand autistic learners and.

309
Victoria: they're just being difficult or whatever there's lots of assumptions that are sometimes made and the referral, you know gets probably Ann will have experienced.

310
Victoria: It gets blamed on the parent the parent is giving into the child or the parent so that's when that relationship between school and parent becomes so important and that.

311
Victoria: The work that Ann has been doing with the families has been really important to try and help as they've lost trust of the school at that point, because school in some ways, have blamed the parents it's.

312
Victoria: it's it can be like that so yes, definitely and I think coming back to the whole point of transition.

313
Victoria: transition is so key in maintaining and understanding and knowing those children before they get to that point if we had absolutely no knowledge of those pupils.

314
Victoria: From that primary environment going into that secondary environment really robust transition.

315
Victoria: there's less likelihood of those kids dropping off that point, because the relationships will be there, and the understanding of the autism hopefully will have been picked up in a much more holistic way and probably has done before.

316
Chris: I think one of the other key things that em Victoria you'd spoken to me about before was you know em.

317
Chris: In the past, we've maybe had a transition support and enhanced transition and there's been a lot of talk about the strategies that have worked really well in primary.

318
Chris: and almost an assumption that those strategies will be directly translatable to secondary but, of course, the environment of secondary is so massively different.

319

Chris: And the social demands you know, the timing demands the transitional demands, you know all of those things mean that, in that a lot of the strategies that were successful.

320
Chris: Maybe need to be some maybe need to be ditched and new ones found, but others need to be quite dramatically changed.

321
Victoria: I think again they're looking at the like having done this, you know, a couple of years with transition now you start to realize that the transition.

322
Victoria: of working closely with the primary school if I need to change some of the strategies, if you like, with pupils in P seven so they're better prepared for what secondary's going to look like and.

323
Victoria: You know, sometimes I've met pupils that re virtually educated one to one within a primary setting because of their particular need or issues they have because it's been what the school's been able to manage.

324
Victoria: Now I've worked with those pupils and then you know, obviously they've come in two secondaries, and they are.

325
Victoria: That they have adapted Okay, but it's been a lot harder work for them, because they were you know so there's that there's that kind of like working more with a primary but like I said there's not enough of us.

326
Victoria: There aren't enough of us there's too many primary schools, too many you know.

327
Victoria: And then, like you said we're getting referrals, but I worked with two pupils this year and I didn't get referrals for either of those two boys and I thought.

328
Victoria: They look like they should have had a referral but I'm sure probably Ann has identified pupils that have come into the school that she's been in thinking why didn't we have a referral for that one but.

329

Victoria: Sometimes they what they do perfectly well at primary school, and it's not identified until they hit secondary school, I actually think there's also quite a key stage too, which is.

330
Victoria: Around about s3 because there's a transition so there's transitional stages when they might be coping with the structure of the school and the way things are until they've been asked exams start kicking and the pressures of exams, and then it can actually like.

331
Victoria: You know trigger some of the behaviors that they may not have exhibited probably since they were young, they may be like.

332
Victoria: Coping and then this is gone I'm not coping anymore so there's that again that's that kind of helping the school understand what's going on, they are thinking what's wrong they've been doing really well or.

333
Victoria: yeah.

334
Sorry.

335
Tom: Sorry.

336
Tom: Thank you, I think I could probably ECHO and I'm sure Abby could too what Chris and Victoria have both been saying.

337
Tom: A lot of the time, not all the time, but a lot of the time, the referrals that come through to us seem to be around when and became their classroom engagement is broken down.

338
Tom: Now, obviously Victoria and Chris are talking about more school refusers where in primary school, that's a wee bit.

339
Tom: slightly different whereas se it's more classroom refusers and you do have that struggle then where.

340

Tom: A child has reached a certain point where they won't engage in the classroom and there's been that breakdown and it's just been.

341
Tom: Like Victoria's just said a child that's then been educated isolation effectively or they've had to have a lot of their education in isolation and probably if we were able to kind of have an early intervention approach would probably be much better for a lot of those children.

342
Jess: And I suppose the difficulty as with such a small team, if you come in earlier than that is much more demand.

343
Jess: In but there has to be a middle ground of you know, coming in at the right time and also children been out of school for the year because really that's so difficult because.

344
Jess: I know from psychological services, I get concerned when that's the stage of the referral.

345
Jess: Because we are here and we're available long before that and it's a bit about you know, recognizing that's gone wrong from the school's end.

346
Jess: and making sure it doesn't go wrong again, because in the chances of you, being able to offer anything it's not hugely extensive and time consuming would be minimal in but.

347
Jess: Actually, coming in at the start of that breakdown is much more effective yeah.

348
Victoria: Sorry.

349
Chris: emotional impact of that eh protracted difficult period that the child has experienced that, and the family have experienced takes a lot longer to overcome really a sorry right Ann Let you.

350
Ann: yeah, and I agree there Chris because.

351

Ann: When a child transitions from primary to Secondary so say, for instance, a.

352
Ann: The have a diagnosis of their autistic and so there's the assumption.

353
Ann: That the that they are going to just go straight in, or maybe enhanced transition but there's an assumption that will just be put into the same time, table as everybody else and let's just see how long they last there before they start struggling you know, and I think that.

354
Ann: You know you don't know whether and from day one, some of them, they can't deal with the corridors, the different teachers, the unstructured social times, the whole.

355
Ann: The whole setup is just absolutely wrong for them they've got too many sensory issues, and we can't deal with that and so right from day one, you may not see it because anxiety can be difficult to recognize and.

356
Ann: You know if you if they don't have the not showing it through unwanted behaviors you know so just because they're not saying anything doesn't mean to say they're not coping and then you, but a have to say that the.

357
Ann: Eh YYYYY you know they're creating the social groups and first year know that is early intervention I think at its best, because they've got me in there and there's.

358
Ann: Somebody from the people support team and they're also they're creating a little peer support group and there's two there's two groups it and then in that group will develop and instead of maybe doing one to one work, you know about self-awareness self-acceptance, you can actually do group work which.

359
Ann: It can be so much more powerful in understanding what does autism mean what does that mean to me, you know so that's a very good.

360
Ann: strategy, I think, right at the very beginning, because then they're building up relationships, also with somebody as Victoria was saying some key person in the school.

361
Ann: So that's been good. (1:05:53)

362
Jess: What would people say are you are your strengths as we're going to look at strengths and areas of development really because I'm aware of the time and.

363
Jess: Just as a kind of final thought, what would you say your strengths in terms of to be celebrated and needs to be continued as an AOT as a one the primary and the secondary what would you say and then.

364
Jess: kind of at the other side of that what would you see your main areas of development are.

365
Jess: So, we start with strengths.

366
Victoria: I think my strengths is with the really related to pupils very, very quickly, very quickly.

367
Victoria: I also knowing how to speak to them on the, you know as young people and not talking down to them, I think, is a really important thing and it's helped.

368
Victoria: And also, I think I'm very good with working with all the different schools and in being able to sort of like create that be that link person, so I think that's something I've done particularly well I think sorry I'm just using me there but yes.

369
Victoria: yeah, that's probably one of the strengths of just being able to link in with others and help get the point of view of cross about pupils to different people and being listened to, I think, because it takes a wee.

370
Victoria: It takes a while to get people sort of start accepting what you're saying and having people listening to that and putting things in place for that pupils.

371
Abby: um, can I just say for our team in XXXXX, John & Tom and I we really work well together and kind of like resources we are sharing.

372

Abby: And always have this professional dialogue between us our cases and then that would help me a lot I don't know about Tom, but that would help me a lot because I'm working so closely together and this kind of like offering that.

373
Abby: You know, help the other schools and the teachers and staff that always go back to school and say that I've got this offer and it's always shared between us, so that I think that they appreciated as well as.

374
Jess: Molly from a speech therapist point of view, there anything you can think of, in terms of strengths of the AOT that you've noticed.

375
Molly: I guess it's been a bit hard obviously from my perspective, just because I've become the therapists through COVID, so I haven't actually.

376
Molly: met any of the secondary team in real life and so has been a bit hard to kind of be part of the AOT To be honest, and certainly the primary team are better at sharing referrals and asking for advice and things.

377
Molly: And so, if maybe if we're knowing that I'm here and can-do stuff because maybe something to develop the visibility and because I'm quite happy to do whatever I can to help.

378
Tom: And I think I said it as well earlier Jess certainly from the em.

379
Tom: From the primary sector, then I think between me John and Abby we all kind of know each other's strengths and them.

380
Tom: They all came to know who work best with different groups of children and things like that so it's good to be able to know that you've got a

381
Tom: quite a comprehensive overview of the different types of cases that you may be getting and certainly with Margaret as well I rely.

382

Tom: Nearly entirely on her when it comes to primary things, and certainly the younger age groups that she's been very valuable in that across the period of time that we've been working together.

383
At.

384
Jess: Any other strengths that we've not talked about as a team.

385
Chris: I think when I think one of the strengths, is one of the strengths is definitely that in the sort of working together aspect I would say that.

386
Chris: The secondary team do that as well, I think, over the last em.

387
Chris: Probably well the couple last couple of years, where we were having those monthly meetings as two outreach services coming together that was really good.

388
Chris: And we had good a joint working with speech language therapy as well and it's really been unfortunate that we haven't.

389
Chris: Continued that with you Molly and I know we had a meeting set up which didn't work em which was unfortunate, but I think em I think definitely closer working eh obviously Molly is based for some of the week in XXXXX is that still the case this year?

390
Molly: hasn't been as much with because we've been restricted to one education setting a week, and so, initially when we were in a few schools a week I was in one day.

391
Chris: It.

392
Chris: Whereas sorry Molly.

393
Molly:

394

Chris: and obviously secondary AOT are based in a different location, so there hasn't been there has never been the same level of.

395
Chris: involvement with the secondary outreach that there has been with the primary outreach from SLT, but we've actually now changed the procedure so that.

396
Chris: When our referrals are accepted for either XXXX outreach or secondary outreach that ah [X], is also added as a contact on PPPPP so that the referral automatically comes to speech and language therapy as well, so that was a fairly recent change.

397
Chris: I have.

398
Victoria: I have to say when I first started in this role, I had absolutely no scooby where I was going to go, and it was actually XXXXX outreach.

399
Victoria: And also, speech and language, that really helped give me some direction about you know how to work with it, it has been a bit of a shame that we haven't been able to get together.

400
Victoria: I have worked closely with Jacqueline with other pupils and also when I was previously in the other team.

401
Victoria: So, I really do appreciate when we all able to work together, and I know we've done training together, which was also really helpful so.

402
Victoria: I actually kind of missed us all being together, so I think that could make a big difference, I mean Ann and me.

403
Victoria: get to meet each other online once a week but it's not quite the same as physically being able to have that professional discussion, especially around a particular pupil or a particular issue which I think we've all been missing a little bit.

404
Tom: I think I think it's that lack of the lack of being able to share lack of being able to work with each other in the shared expertise that we carry a team has been definitely detrimental over.

405
Tom: Over lockdown and especially with the likes of Victoria em doing the kind of P seven into a secondary that that way.

406
Tom: there's been pupils before that Victoria and I are both known that then been able to share our varied experiences with them, as just being able to help each other in that respect, so I think it's just the kind of shared expertise that we carry as a team are real strengths.

407
Jess: What would you say your areas of development are as a team as a team.

408
Abby: I would say more training, maybe relevant training.

409
Victoria: we offered.

410
Victoria: We did the autism toolbox training.

411
Victoria: To all teachers across XXXX that were interested, and I think this kind of really highlights.

412
Victoria: ATM one of the issues that it was mostly 99% primary teachers that were signing up for the training, but it was actually so successful we had to run, I think I don't know another three after we did our initial training.

413
Victoria: And we all did that, together, which was a really nice thing to do, and it was a good.

414
Victoria: a wee bit of training, I think what people really wanted to do more than the training Tom and probably Abby will have those experiences that they want to talk to us about the individual pupils and have a real discussion.

415
Victoria: And they were like desperate to get as much information and share and.

416

Victoria: And I think you know that's just primary, and I think primary have that kind of obviously they've got that people sitting in their classroom 24 seven.

417
Victoria: I think secondary training that's an issue for me cause mainly the people that sign up the secondary training tends to be pupil support teachers who already have that expertise, but it's actually the mainstream teachers.

418
Victoria: That are really lacking in understanding, but that's almost like that guy you know that's not my job that's the pupil support departments job.

419
Victoria: And I think that for me I'd really love to see that change a little bit where when mainstream secondary see it just as important as primary teachers do.

420
Victoria: So, I think with Abby.

421
Tom: Sorry, I think, when Abby mentioned training, I think that was probably one of the things that I think as well in and that.

422
Tom: It would be good to have.

423
Tom: Someone else having an overview of what training is relevant because you get that much bumph and emails and things like that, then you can have to.

424
Tom: Cherry pick from what you think might be valuable yourself and what your own professional reading may be depending on what your interest is, and then the different themes around autism and education.

425
Tom: But to have a kind of an overview that we could then share more formalised training, and that is recognized across the authority as being valuable rather than em kind of just cherry pick on our own types of things. (1:15:08)

426
Chris: that's I would agree with that, and Tom and I think it would be good if there was a kind of ah.

427

Chris: Obviously the AOT are going out and talking to class teachers and pupil support teachers and ah senior management and parents.

428
Chris: And going out there as the experts, and I think I think it would be great if everybody was given the opportunity to complete postgraduate modules.

429
Chris: And have that formal side of it, but also, I would say some of the some of the less formal stuff some of the things that in some of the conferences that are put on.

430
Chris: Nationally on an annual basis are really very rich in information, but I think yeah, I think it would be great if there was.

431
Chris: A sort of.

432
Chris: A list of must haves that, in that we would have all members of the AOT participating in.

433
Chris: I think I think another that so that's in the sort of training side I think another area that I think is ah that we could do with some development in is how to build capacity, how we can build capacity, because I think that's a real challenge.

434
Chris: Specifically, because of the very individual and bespoke needs of the end of individual children with autism, so you know there's loads of training that's been delivered that's generic.

435
Chris: and

436
Chris: But it's not it's not enough it's not hitting the mark So how do we build that capacity.

437
Chris: So, and I sorry Ann, I shall let you.

438
Ann: no, I agree with that and.

439

Ann: I would like to have some training in standardised tools.

440

Ann: for example, I mean like the ADOS, disco or you know sensory documents, observation, but standardized stuff.

441

Ann: Because that's been developed specifically for to actually kind of pinpoint you know, em various issues because all that we have when we get the rfa in is a couple of paragraphs and.

442

Ann: And I think if we had standard, I mean I've got my own stuff that I can use and ask questions and all the rest of it, but if you had better standardized documents to use, I think that would give you more of.

443

Ann: A an idea of where to go first do you know what I mean and also you can you know the demarcation you know, what is em.

444

Ann: What is your autistic behavior what's and then it goes into ADHD OCD so you can actually pick out, you know, more specifically what you're looking at.

445

Ann: And I just you know, there was one pupil I was working with you know it took me six months through trying to you know from her parents or whatever to realize that you know she's (unclear) OCD but that.

446

Ann: That information is all hidden from me is sometimes when you're working with pupils & parents, they don't give you all the information and it takes a while.

447

Ann: Really of grinding away asking questions to actually get to know the real the real information that you're looking forward to really make the difference.

448

Ann: So, I think training and those tools would be really good, I think that would save a lot of time actually you're getting better quality information quicker in the process.

449

Jess: So, some of the ones you've mentioned that a bit more problematic Ann like ADOES and disco they are actually autism assessments for diagnosis and.

450
Jess: they're multidisciplinary and they kind of are quite lengthy.

451
Jess: But there are other standardized measures that are freely available that will give you answers to the questions that you need so that is certainly something that I can bring along to the table to show you to see what you think, what is out there.

452
Jess: would be no problem at all, probably disco and ADOS are a bit different because they are designed for diagnostic purposes.

453
Ann: To.

454
Ann: Sure, no I understand that.

455
Jess: Here, but yeah there's a few I've got in mind that would.

456
Jess: Do what you're saying in terms of provide a detailed assessment of where the main issues are, which would allow you to prioritise.

457
Jess: where to intervene at first but that's certainly something we can help with, I'm really aware of the time, I do have more questions, but what I wondered, is if we I was thinking, it would be really good to have a series of focus groups.

458
Jess: and could come back with the next questions, but also from these focus groups, I can also bring things to the table, because a lot of the stuff I'm doing just now.

459
Jess: is around a literature search so the actual nature of my literature search just now is about the prevalence and

460
Jess: And the kind of you know issues around asd in mainstream and then I'm looking at.

461

Jess: research around ASD & inclusion, particularly how that's done effectively and most effectively, and the third part of the literature search is what are the evidence-based interventions that are.

462
Jess: out there that provide the greatest outcomes and I suppose, what I would say from my reading would be that there's not exactly what you've said today, there is no one shoe that fits all.

463
Jess: But there would be a basket of interventions which would be highly evidence based we would pick from depending on that detailed assessment that's done at the beginning to see what the greatest needs are.

464
Jess: Em but also like a lot of you've mentioned today about training and building capacity and making sure there's a model for that.

465
Jess: Em that kind of tackles all the different angles of that and all the different areas of that.

466
Jess: So, these are the some of the things I was thinking about I was thinking, this is, this is something that we come up with, as a group, together, and I suppose what I bring to the table would be.

467
Jess: What the research says

468
Jess: I am ordering up the latest documents the latest books from the University and provide and what we've what I've really found is there are actually very few.

469
Jess: Properly evidence-based interventions with young people with autism, but we need to know exactly what they are and exactly how they affect with what you're all trying to do within the AOT.

470
Jess: So, it's just to see how that sits with you because that's my idea for How does that sit with you, because this is about you, this is not about me this is actually about you and your team.

471

Jess: is that something you would find as helpful.

472
Victoria: yeah, we'll just throw in there too from the secondary experience is when I'm looking for materials or resources 99% are very primary oriented and not.

473
Victoria: Not very specific or useful for a secondary pupil and they look at so it's I've actually really had to.

474
Victoria: kind of almost bypass things or adapt because it's like they're just it doesn't it doesn't read well it doesn't look it's far too babyish for them and they just won't touch it with a bargepole.

475
Victoria: that's.

476
Jess: Something that we typically.

477
Victoria: Find if you find anything that you think is looking very good for a secondary pupil because I've been searching for a long while it.

478
Jess: would also like you to do is offer you access to a research assistants services.

479
Jess: And Dani is a research assistant, and if you do need research services for something in particular, you're doing then you're very welcome to draw on that service as well.

480
Jess: and, obviously, if I see anything in my in kind of journey that I think is particularly good for you, as a group, then I'll certainly let you know bit of what I'm still trying to do still trying to find out more.

481
Jess: em how can I help you all better, how can I help the service.

482
Jess: em and first thing is to find out all about you enough I've not managed to ask you all my questions, but I've realized I've been very ambitious in the number of questions I

was trying to ask because you're getting great in terms of giving me lots of rich information.

483
Jess: I wondered whether people would have availability in around three weeks, not to make them dead it often but not in three weeks so that we can get another meeting in before easter.

484
Molly: A.

486
Jess: we'll send John home and I'll say come on from home John next time don't come on from XXXX.

(end of editing in transcript)

Appendix B4

<u>Focus Group 2 transcript (Names have been changed)</u>

1

Jess: I wonder, can I press that and record I seen or has somebody to type.

2

Abby: I can see the recording so.

3

Jess: So, what we did last time, we did a thematic review we had to look at transcript in some parts, because it seems like can a mess, there were some sentences that needed changed.

4

Victoria: Can people see that as again yeah that's great.

5

Jess: Do you want me to switch is that going to be off putting will switch that on.

6

Abby: It's a bit distracting I'm reading, that is.

7

Abby: Fine, I don't mind.

8

Jess: Okay so suppose I hope it's recording it all because what we did, the last time we did a thematic review of what was said, and it gives us a lot of insight to where everyone is sitting just now.

9

Jess: So, what we'll do after todays in session is we'll do the same again, and then we want to feed back to you want to feed back all the data we've gathered so we've gathered data from class teachers.

10

Jess: from parents.

11

Jess: we've gathered data in from other professionals and we've also kind of themed the transcripts of the focus groups so we're going to.

12

Jess: arrange a date to feed that all back to you Hello Chris.

13
Chris: hi sorry I was on a call with HR so.

14
Jess: Hi Chris.

15
Chris: that's Nice that without.

16
Chris: My dry hair is driving me nuts.

17
Chris: I'm going to trim it oh dear that's going wrong it's a short one.

18
Jess: Okay we're going to get started with the questions and Chris please excuse the live transcript we're just trying to see how that is in.

19
Jess: fact we can switch off it's just a new button on zoom, so we just thought why don't we just press.

20
Chris: Absolutely.

21
Jess: So, got a set of questions and what I wanted to do is hopefully John will join us in here not got John.

22
Jess: him, we've not got Tom, he's going to be a bit later, but we know that already, so what I wanted to do, I wanted to get. (2:22)

23
Jess: answers from the primary and from the secondary team separately so that we can see, the kind of similarities and differences between how the two teams work just know.

24
Jess: him, and then we can look at that because what we're looking at support for longer term is some level, there will be differences in practice, but some more continuity in practice, across, the teams.

25

Jess: And so, I wonder if we can start with the primary team and then pass the secondary team and the first question is, and I suppose, Abby it's yours.

26
Jess: Because Tom and John and.

27
Abby: everybody else.

28
Abby: Just.

29
Jess: tell me the processes that you use to assess the needs of children and young people, so what are your kind of assessment processes and I know we've touched on that before but just to drill that down a wee bit. (3:09)

30
Abby: Well, first of all well reading their rfa just you could pick things from that for me personally everybody's different totally different the way we approach things.

31
Abby: and

32
Abby: I mean observation like when you go for observation, sometimes for some children em depends on you know their needs and you could just.

33
Abby: Have it we don't have such thing as a checklist like if they do, but I think it comes from experience you just have a look to see if the child is able to do certain things and socially how.

34
Abby: comfortable that child is and then you could just take it from there, based on your own observation I don't know but anyway.

35
Jess: Ladies, thank you very much, so I'll pass it to the same question to the secondary colleagues, again that's it on one. (4:09)

36
Jess: so, the question is around processes for the assessment for your children and young people.

37
Victoria: Is it just me in.

38
Jess: Anybody is.

39
Victoria: I think it's just me I can't see Ann there.

40
Chris: Is no God, no, I think.

41
Chris: I think Ann's there yeah.

42
Victoria: I can see.

43
Victoria: I can see the picture of you there you go, you are there.

44
Chris: You can just take it in turns.

45
Victoria: And I was just going to say, probably the rfa's usually my starting point as well and, but I think since I've been working in schools, quite a bit now often I get caught by a teacher.

46
Victoria: Who will actually tell me about a pupil before an RfA goes in. (4:54)

47
Victoria: I'm often getting that and more of an informal conversation around some of the needs of people so that's probably where I am now.

48
Victoria: And then I say you need to speak to Chris to go through the rfa process, so I kind of sometimes have a bit of an idea, sometimes because typically at the moment that I'm working in a school.

49
Victoria: And I'm actually sometimes picking up on things that other people haven't picked up on and I'll say look, I think you might want to put in a referral.

50
Victoria: and others, probably not the way it's done but that's kind of what's happened when you actually observing and I guess obviously observation, similar to what Abby saying opportunity to observe pupils.

51
Victoria: Often in secondary it's a very different kind of experience, because they've had an ASD diagnosis, often for quite a number of years of either, if I haven't worked with them in transition.

52
Victoria: So, my transition role's obviously getting to know them and getting them into the school, but then I then often it becomes very targeted pieces of work with them, so I do a lot of individual work so from the RfA it could be usually it's around some kind of anxiety or social difficulty.

53
Victoria: So, they'll be very specific things that I'll be doing with them, and I just use a range of different things I've been picking up, I suppose, over the years that I use always use my art as a as a way in if hopefully if they're arty not always.

54
Victoria: So, getting to know them and usually I usually try and meet the pupil and try and get to come in on what their key interests are that's usually my way in.

55
Victoria: build the relationships and building relationships is key for me.

56
Victoria: To able to do sort of that one-to-one piece work with them to help them so that's what my rfas tend to look like very much a one-to-one kind of working.

57
Victoria: and more recently kind of like try and in working in schools, may be being together into groups, so my S1 nurture group, which is a with an ASD nurture group as well.

58
Jess: Chris, but you have anything you want to add to or Molly which you have anything you want to add to that just around assessment.

59
Ann: And I would.

60

Ann: *hope for me, of course, you're stuck with it at a one-to-one and.* (unclear audio)

61
Jess: your sound's not great I'm not hearing you that well

62
Jess: is it just me or is it.

63
Dani: No, I wasn't picking up there Ann either Sorry.

64
Ann: That that better.

65
Dani: yeah that's.

66
Ann: Better Thank you and okay.

67
Ann: So, as Victoria said you're starting off with your rfa although sometimes not and to your point to one you're building your relationship getting to know them through the interest.

68
Ann: And I suppose, and that you're using so that you're getting your observation and their preferred how they communicate and

69
Ann: and so, I get a lot of information through the parents or of informal interview thing and often I give sensory checklists to parents.

70
Ann: And, and as well as the other.

71
Ann: Information so that's why I think that I would really like some really good.

72
Ann: assessment materials, they are not good enough, you know because it's (unclear) to get the information I think we can get in half the time, but the thing is I've used lots and lots of sensory checklists, some are too long some are too short, you know and it's.

73

Ann: about.

74
Ann: it's getting the right one, I think that's giving you the right amount of information that you need to make choices yep.

75
Jess: And that's something we'll definitely work on together, and now.

76
Ann: Examples of.

77
Jess: What I wanted to ask him.

78
Jess: back and as Tom has arrived welcome Tom and Abby, what, how is that assessment information being used so the assessment information that you gather how is that being used. <mark>(</mark>9:07)

79
Dani: And Tom as well, if you want to chime in like just a tiny bit at all on assessment Maybe you can just talk about that before how it's used since you missed the wee start there.

80
Dani: don't know if you're on mute still maybe.

81
Chris: What we've actually got there is.

83
Abby: It is.

84
Chris: yeah, Tom is here, no.

85
Chris: All right, I was, I was going to say we've actually got.

86
Chris: an observation checklist.

87
Chris: and

88
That was.

89
Chris: compiled last year put together.

90
Chris: Last year.

91
Chris: And I think that was sent to you, I think that was one of the things.

92
I.

93
Abby: Chris I'm really sorry, actually, we have a checklist and I do use it.

94
Abby: Actually, on the new paperwork and I do use it on a send it out as well I'm sorry.

95
Okay.

96
Jess: Absolutely fine.

97
Abby: Aw Tom where have you been.

98
Chris: Not at all, not at all, but I think it is, I mean, as you can.

99
Chris: Tell from the discussion a lot of it is about observation and information gathering from the school, you know either.

100
Chris: The referrer, or very often in secondary, maybe more broadly than that maybe you know, several teachers, em so it might be guidance and pupil support and it might be specific subject teachers as well and also.

101
Chris: The family's so, certainly Ann.

102
Chris: And I'm not speaking for primary but Ann and Victoria.

103
Chris: Always you know have.

104
Chris: conversations with the parents fairly soon after the that's one of the first things that we do and start to build up that information there as well and.

105
Jess: See in primary How would you then use that assessment information that you've gathered What would you the primary colleagues do with it.

106
Abby: Can I just sorry Tom.

107
Abby: kind of like really, I do use the checklist, and that is, for me, is next step when I go back then I know how I could support the child so looking at the things that they are available already, and what I need to do provide more support or the child that's what I wanted to.

108
Tom: Thank you yeah, the assessment and the assessment checklist is basically used for us to cross reference what strategies that need to be implemented and how they and then pass that on to the school as to how they can then put things in. place either a with our support, or a going to. (12:10)

110
Jess: Get, thank you what about our secondary colleagues so how is that assessment information being used.

111
Victoria: Think from my point of view, the assessment information helps me with.

112
Victoria: Particularly in transition to put together pupils' passports, so that information is shared with the secondary school teachers and the use of the pupil support teacher principal teacher shares that information and then, if things or there are issues that come up.

113

Victoria: I can address particular things, especially some teachers don't always read the information that is being shared and often issues come up, so I've also done classroom conferences with.

114
Victoria: A group of teachers around a pupil because they're not really understanding that that child's particular issues so that's kind of how I use that information from gathering all the stuff from the parents and getting to know the pupil.

115
Victoria: And then obviously there are things to go to the guidance teacher is key in a secondary situation to pass information on.

116
Victoria: Anything that gets updated like a recent pupil have been diagnosed with ADHD and has medication and it's totally transformed.

117
Victoria: His concentration in school and so that's not been noted by the teachers yet so that's all shared through guidance and passed on to teachers.

118
Victoria: But I always make myself available for teachers to talk to as well, and again it comes down to how long you spend and that the relationships that you've actually built up it's not something that happens, unless they kind of know who you are.

119
Jess: yeah, and there's some good stuff going on that sounds like some really great interventions and.

120
Jess: Strategies the next one or the other things.

121
Chris: Like one of the other things, is that em very often the information that's gathered leads on to a specific a bespoke piece of work, so you know it might be that Victoria or Ann would then work with the individual pupil on them understanding their own eh how.

122
Chris: What ASD is for them how it's impacting on them and looking at them being aware of their own triggers and you know, being able to identify their own.

123

Chris: Emotions and then looking at emotional regulation and strategies that they can deploy so you know it's got a kind of a two-fold in fact a threefold because very often the information that parents give.

124
Chris: And the information is gathered often helps to feed back to parents and things that they've noticed, but they haven't maybe.

125
Chris: Been aware of them, the implications of so it's also very often Victoria and Ann both.

126
Chris: will be eh giving advice and support to families about strategies that they can use in the home, that will then you know, support the child being able to get into school because they're maybe not having the meltdowns that you know they're not having the.

127
Chris: As much stress around you know whether it's evening routines or morning routines or whatever the issues are going to be.

128
Victoria: Yes.

129
Victoria: Sorry.

130
Ann: so, I agree with what Chris is saying, and I think the information that you get through the assessment it then gives you a clue as to what strategies to try.

131
Ann: So, you pick a strategy for example if the pupil has got proprioception issues, then you may think well okay let's try a weighted blanket.

132
Ann: But then you then have to individualize that strategy, and then you have to decide when we're going to use that really how's that going to work.

133
Ann: And then, so you may try something, and it may not work quite the way you think and then you have to be the keep fine tuning it until you, you get the right.

134

Ann: The right recipe really you know, so I think your information gives you gives you a place to start and then.

135
Ann: Then also then fine tune that information.

136
Tom: I think, also in the primary sector, certainly the information that you gather, although we can have a specific input.

137
Tom: towards certain em challenges that that pupils may be facing the school might be facing or the family may be facing.

138
Tom: But it's also we can come from an informed point of having worked with other specialists, so we can then help advise through.

139
Tom: Whether it's involvement in tac meetings or informal meetings with staff and.

140
Tom: Or the referrer that we can say, well, it may be, we may today's that, in this situation, you could do a referral to AOT, because there are certain things, they are that they may be helped, be able to help with so.

141
Tom: And I started to use it as widening the support services that are available and making sure that people are aware of.

142
Jess: The same.

143
Tom: yeah.

144
Jess: I'll ask this to the primary team, first of all, what are the most successful interventions that you use the ones that you find these are working for our children, these are things we want to take forward what are those (17:33).

145
Tom: and

146

Tom: From my perspective, and the outreach cases that I've worked with.

147
Tom: The main the main successes have come from me, being in the school and doing have a period of work with a child and with someone who is.

148
Tom: designated support for that child, so they can see, they can I can model for them, and they can then carry that on with the child and then use me in an advisory capacity.

149
Jess: Great okay Abby do you have anything you want to add to that yes.

150
Abby: Actually, I just tell you about a recent case I had.

151
Abby: This little girl P3 and I think the teacher.

152
Abby: Hello.

153
Abby: It was kind of.

154
Abby: When I am gone for first observation and.

155
Abby: I noticed that the.

156
Abby: teacher wasn't really aware that she's got she needs support and is kind of like talking to the teacher and then the.

157
Abby: classroom assistant and offering strategies and things like that it makes such a big difference that you could see a different child and I feel so.

158
Abby: You know I just felt oh that was really good that they could actually change the way they were doing things in a classroom and.

159

Abby: She was feeling happy going to her class and she was included, while when I went for the first observation, she was kept in a room and then you know it was just so nice to see how she progress, as she could be part of her class.

160
Jess: Okay, what about our secondary colleagues what are the interventions that you use that you find really work with young people.

161
Victoria: Em I think a lot of the times I've been calling in it's often one to one work and sometimes it's around the social interaction issue, often with bullying or.

162
Victoria: misunderstanding circumstances, and I use comic strip conversations, which helped kind of like talk through what has happened, trying to get them to understand the other person's point of view.

163
Victoria: And as an art teacher it kind of works really well for me I'll sit and just scribble and draw and we can actually do it that way it works really well.

164
Victoria: I have to say I do use art a great deal with all of my pupils and I've also.

165
Victoria: included an art intervention is part of my program, which is a six-week course that I undertook, which is about using a sensory sort of art activities to help reduce anxiety that's something that I'm just trying out and have been the last year or so, but.

166
Victoria: But I also do use emotion works I don't know whether you've actually used that that that's been an excellent resource in going through looking at.

167
Victoria: Actually, understanding themselves a wee bit understanding themselves is a huge part of it.

168
Victoria: what's happening in your body, what does anxiety feel like, or anger feel like I'm helping them give like words or voice to it now, this system also has PECs symbols as well, so it can be the people that.

169
Victoria: feel you know have difficulty with communicating verbally it's also got word lists and it helps them kind of put words and examples to it.

170
Victoria: And then through the triggers works through the triggers and what the emotions are and what their behaviors are and then it goes to a place of like what self-regulation techniques to use.

171
Victoria: And also use five-point scale also is another method of kind of working through anger and anxiety, more recently, I've just done training.

172
Victoria: And I hope to use that with another a fifth-year pupil I've got that's just been recently given to me who's got terrible anxiety issues.

173
Victoria: So those are the tools, probably that I've been using but I'm constantly looking for new things to use because it's it, you know sitting and talking and helping them through things, but I need to have like a tool to use so that's the stuff I'm using at the moment.

174
Jess: That sounds good as well and Chris or Ann do you have anything you want to add to that and then Molly, I'm going to ask you if you can have a bit of view on what kind of interventions you might use when you work with this client group, but em Ann or Chris do you have anything to add.

175
Ann: I mean, for me, and a lot of kids I work with.

176
Ann: To.

177
Jess: Ann I'm struggling to.

178
Ann: again.

179
Ann: yeah.

180
Ann: yeah.

181

Ann: So, a lot of the kids I work with are not in school and so really, (Audio lost)

182
Jess: Oh, Ann your sound's really intermittent.

184
Ann: Is that better.

185
Dani: yeah.

186
Ann: Let me just.

187
Ann: I can hear you.

188
Ann: I can't hear you now.

189
Dani: I know.

190
Jess: Can you hear us now.

191
Jess: no.

192
Victoria: She needs to pull out her ear set

193
Ann: I can't hear any of you now.

194
Ann: You can hear me I can't hear you.

195
Ann: Can you hear me now.

196
Jess: yep.

197

Ann: And I just think the word is the parents, working with the parents and it's about you know I think team around the child is what the.

198
Ann: Teachers feel and, most importantly, and raising awareness and trying to support child support that ah.

199
Ann: Child in the house.

200
Ann: And if there's lots and lots of things in the house.

201
Ann: (audio lost)

202
Okay.

203
Jess: Chris and Molly do you have anything you'd like.

204
Jess: To add.

205
Chris: One of the things that Ann doesn't mention I thought I thought it would maybe mention, there was the homunculi (24:33)

206
Chris: Because it was certainly something that Ann as you used quite a bit during last session or used as part of your post Grad when you were doing your action research eh with that a so that certainly something else that has that Ann has been using.

207
Chris: Ann's you want to say anything about that.

208
Ann: yeah, well that's a really ah visual, visual approach you're probably.

209
Ann: In the.

210
Jess: sound's intermittent again.

211
Jess: Ann.

212
Chris: see when you the see when you took the headphones off.

213
Chris: We could hear you really well, did you take the John out did you pull the John out the side.

214
Ann: That.

215
Chris: You did oh well.

216
Jess: You couldn't hear us.

217
Ann: You know.

218
All right.

219
Jess: yeah okay.

220
Jess: By.

221
Ann: typing will I.

222
Jess: think sometimes if you move back, we lose the sound.

223
Ann: See if I can hear you now.

225
Dani: Can you hear me.

226
Jess: OK.

227
Ann: I can hear you.

228
Tom: up the volume up maybe on your computer once you've taken the headphones out.

229
Victoria: It may have for two minutes here.

230
Victoria: She can't hear.

231
Jess: What kind of interventions are you aware of that work really well with this kind of population of young people.

232
Molly: And it's again, I mean for me, I always use I use scerts quite a lot or using that framework, to look at it and for the emotion regulation bit em there's zones of regulation that I mainly use and so again, making it to the tools and things.

233
Molly: and obviously pushing the visuals a lot trying to get people to use those consistent visuals in the schedules and now and next, the environmental kind of stuff as well.

234
Molly: And so, I've also more recently, because I've had a few calls today with some schools been recommending some like block-based therapy for some of them so.

235
Molly: Looking at pupils peer it structured peer interactions and trying to build that up and, but a lot of the time is the visuals and I think a lot of people are having troubles with board maker and board maker isn't working for lots of schools.

236
Victoria: that's right it's not.

237
Molly: So, I'm finding I'm just kind of saying okay I'll make it and I'll send it to you, and you can just print it off because it's working for us so that's kind of a barrier.

238
Jess: So, can we go back to SCERTS.

239
Molly:

240
Jess: You talked about SCERTS, and I was on a conference of (ASPEP?) and the kind of conclusion of the group which I don't know enough about it.

241
Jess: But the conclusion of the group was scerts was more appropriate for a severe and complex population as opposed to a moderate population, what would your view on that be.

242
Molly: I wouldn't really agree To be honest, I think, because obviously it breaks it breaks it up into three different parts and your conversational partners are those ones that you would be using you know the comic strips.

243
Molly: Like we were talking about you know social stories where you are talking about that whole thing about bullying, because they are the ones that you know have those language skills to do it.

244
Molly: And, whereas the more you know very severe ones might be more the language partners or even the social partners where there's less language, and you are more talking about kind of getting those immediate needs met so.

245
Molly: I've certainly used across the board with the whole range because before I worked in XXXX I worked in a school for ASD children and challenging behavior.

246
Molly: That went all the way up to age 20 so have done it with the secondary school one's kind of the more verbal ones as well, but quite often you end up.

247
Molly: Looking more at that emotion regulation part of it and getting more of the kind of ownership and actually the independence and things like that, and those social interactions, but I think it can certainly be used for everyone okay.

248

Jess: Okay, what I wanted to ask you about were interventions, you find less helpful em what are the interventions that are least successful in terms of things that you've tried that you've thought actually that doesn't give me quite what we thought.

249
Jess: And just asking the primary colleagues, first of all, I suppose you probably have stopped using them and thinking about them, but what kind of things have your trialled that haven't worked with this kind of group of young people.

250
Jess: So, Abby and Tom, first of all, if you don't mind.

251
Tom: that's a hard one because.

252
Jess: you're no longer doing it.

253
Tom: anymore and.

254
Tom: aye, and it really depends on the situation so really, it's very hard to pinpoint certain strategies that haven't worked, because as

255
Tom: working through those strategies with children is the trial-and-error thing, especially in the early days of getting to know people and building that relationship with them so.

256
Tom: I guess by the time that you have, especially if you're working one to one and with a child you by the time you've built that relationship, you kind of have a good feeling and a.

257
Tom: good knowledge of what you think is going to be successful em or else, or else you wouldn't be pursued, because at the end of the day, the goal is success for the child.

258
Tom: And so, to go down the route of something that you think works but may not work for that particular child is fruitless at the end of the day, and so I find that kind of difficult to.

259

Jess: yeah, I suppose it's like the behavioral strategies and the strategies you would use in other situations may be less successful in that situation are you may have found that.

260
Jess: those kind of strategies are adaptable, I suppose it's just checking out with you is there anything that you think you know, in terms of intervention wise gives you less outcome.

261
Jess: Ah it's a really difficult question, but if you can't think of it, please don't worry because it's a difficult question.

262
Tom: The stick I've stopped using the stick because it never worked out well.

263
Tom: Even as Ann said even.

264
Tom: a firm tone with some children when you know they're having a particular difficulty it works, so I can think of children in our own base that actually where

265
Tom: What might be perceived as being really firm and maybe overly firm, at times, but that can have a beneficial effect with some of the children that we have in our bases whereas some would take that in a totally different way, so it's kind of horses for courses.

266
Jess: yeah, and I think that's the thing about every young Person's different every family 's different every school.

267
Jess: What about the secondary team, and it is a really hard question if you don't know that's absolutely fine.

268
Victoria: I think one of the things I've.

269
Victoria: found is.

270
Victoria: A lot of the strategies that have been put in place for pupils at primary don't necessarily translate particularly well into secondary.

271
Victoria: mainly because the kids become much more conscious and self-conscious of the peers and their age that they're growing up and things that they quite accepted at primary school.

272
Victoria: they're not wanting to accept in secondary so that's kind of hard, sometimes I work with them very often say that.

273
Victoria: They would use an ear defender to cope with noise, I try to encourage things like using earbuds as if they were like all the other kids in the school that kind of thing, so I think you have to really conscious of their personal.

274
Victoria: changes into adolescence, and a lot of the materials that you see are very child like you kind of have to.

275
Victoria: take it up a step into a sort of secondary sort of process for them so.

276
Victoria: yeah, that that's where I've had a lot of things that have worked in primary, you're having to kind of reinvent the wheel for secondary because again I'm not doing that, I don't want a visual timetable, no, no, no, no, no.

277
Victoria: No that's not me it's different I don't want to be like it, you know it become so much more conscious of themselves so working with them to find sneaky strategies, if you like, to help them get through a day without everybody, knowing that they're different, in their own minds yeah.

278
Victoria: That makes sense.

279
Jess: It does.

280
Jess: anyone else got any thoughts.

281
Jess: to add.

282
Chris: So sorry I was going to say picking up.

283
Chris: On what was being said earlier about visuals I think probably something that most people would agree on is the visuals need to be used a lot more generally and it's kind of thought of as an as an extra add on a.

284
Chris: where if it was more built in.

285
Chris: Then ah you know that that could support a lot of pupils but not just asd pupils, but a lot of pupils you know.

286
Victoria: Absolutely, and they wouldn't feel that it was so different coming from primary to secondary if there's something that was universally used for it's not it doesn't look different because they're already here.

287
Chris: And I think there's that there's that misunderstanding that if.

288
Chris: it's a visual it's got to be a picture.

289
Chris: Yes, exactly so.

290
Chris: So, I think you know in secondaries they may be not used as much because they because that that that misconception, is there, you know or that's part of it anyway.

291
Chris: And so, I'm just adding.

292
Abby: that's good, something sorry before we move on to the next question as we were talking about visuals, I would say them are so different and sometimes I know, like a one-off basis, one in XXXX me of.

293
Jess: What we've lost your sound.

294

Abby: So, some of the children and in base one like the younger children visual they don't work with them, so it depends really on you know, children and their needs, so you can't really say, you know I can use this for all the children because it depends really.

295
Jess: Okay how do the primary team currently identify evidence-based interventions, the interventions that have got a research base how's that what's the process for that, and how does that happen just know.

296
I think.

297
Abby: Tom knows better if you mean like em how we how school ask for help for from outreach Is that what you mean or.

298
Jess: What I mean so suppose if you've done an assessment and assessment has led to kind of a profile of need

299
Jess: And how would you best match that up to an intervention it's kind of got a research base that it works with young people em as it in have you got any processes in place for that just now so that you find out about evidence-based practices that are out there.

300
Tom: no, I would say no to that.

301
Abby: Yes, not yeah, I agree with Tom.

302
Jess: Okay it's quite it's actually just a difficult question, but something it's kind of worth keeping an eye on about research and practice is developing kind of nationally and internationally as well.

303
Jess: What about our secondary colleagues are there any processes in place that aim to kind of evidence-based interventions.

304
Chris: I wouldn't say we've got.

305

Chris: Specific processes in place, other than if we identify a need for us for a resource that.

306
Chris: You know that people would do their own research into what is out there what is you know.

307
Chris: what is the evidence around that I wouldn't say we've got a robust process in place though, but definitely you know.

308
Chris: Before anybody asks for a resource you know they've always looked into it in detail and say you know we'll come back and say that's worked really well in this circumstance, but we haven't I would have to see no that's definitely an area that we're needing to put a process in there.

309
Jess: Just thinking obviously I've been doing a lot of reading about evidence-based practices and actually within autism there are very few strong evidence-based practices but starting to draw those out.

310
Jess: into that and keeping that up to date as well, in terms of practice, it might be, it would be worth looking at that or I'm thinking of a particular LA, who spent millions of pounds on a parenting program

311
Jess: which claims to be in the literature very evidence based highly research based and actually when people looked at, if you took out the people that designed the package.

312
Jess: There is very little evidence outside the people who designed the package doing the research themselves in which obviously isn't objectively evidence based, though.

313
Jess: It says it is so things like that just be tracking and it can happen, but when you actually really drill down to it what are the evidence-based practices for autism there are.

314
Jess: Few but you know obviously it's a really very, very developing area all the time, em so it was just something I was just thinking about because certainly the last time I looked was many, many years ago and it seems as though lots has changed since then in this area

316
And [x].

317
Dani: Ann.

318
Dani: we're not getting any.

319
Ann: can you.

320
Ann: hear me now.

321
Dani: Yes, Hello.

322
Ann: Can you hear.

323
Jess: The little thing.

324
Ann: I'm just going to.

325
You.

326
Victoria: Yes.

327
Ann: I can hear you.

328
Ann: Anyway, I was going to say about evidence.

329
Ann: base is that you're right there's very few evidence-based practices out there just because it's a very kind of heterogeneous population it's you know it's hard to get evidence, but there are.

330

Ann: practices such as ABA, applied behavioral analysis it's very discredited amongst the autism.

331
Ann: Community so I agree, in that you need to be careful about where you're getting your information from and what you're using I mean even the teach you know, a.

332
Ann: teach program I mean it's a I used to use that a lot, you know and but very little evidence base, you know associated with it, but it worked really well you know and because it worked really well, and everyone is happy then.

333
Jess: Why would you know.

334
Get.

335
Jess: Why would you not.

336
Jess: em and I think ideally, it's about, the combination of the two things that you find that works well in the ground and help you in your job, but also.

337
Jess: some things that you can draw on, if you need to that are highly evidence based just when cases come up that you need to do that for.

338
Jess: Okay, and how do you how do you currently select what is best for each individual child and how, how can how many ranges be there for that, in terms of.

339
Jess: If you were to put a number on the types of interventions, you can draw on what would those be or do they tend to run along the same lines, but with individual more like kind of modifications.

340
Jess: that's quite a difficult question I'm asking isn't it.

341
Victoria: set to primary or secondary which were you.

342

Dani: Start with primary yeah please.

343
rate.

344
Jess: Really drilling down so we are asking lots.

345
of hard questions I'm so sorry.

346
Abby: guys.

347
Abby: I'm just going to say what I think um you know.

348
Abby: the famous checklist that I totally forgot about it, I think that is a very good way to start and.

349
Abby: Now you know what I kind of like I forgot what I wanted to say.

350
Abby: it's kind of checking and, as I say, it depends on the child, you could actually choose and based on again your own experience, and it might work might not, but you could try to see but.

351
Abby: I would say I would use that my own observation notes and I will take it from there don't know if I answered your question, I'm sorry.

352
Jess: No, that was.

353
Dani: Great Thank you.

354
Jess: what about our secondary colleagues and just ask it again, because it was a quite a confusing question.

355

Jess: And how do you select the best intervention for the young people that you've got so we've talked a lot about how every individual is different every classrooms different every family is different.

356
Jess: you know I'm kind of talking about the range of interventions that you would be able to pick from and how would you decide what the right one is.

357
Victoria: I mean I've used social stories in a particular context with the transition pupil that that would work best for, but I wouldn't say that I would use that with every transition pupil because it wouldn't have been suitable it was more to do with her.

358
Victoria: Her processing and what she needed to have and how clearly, I think I've done it with a couple of pupils, but other ones it's very different it's more relationship building.

359
Victoria: But some of the interventions these sometimes it is a mishmash and sometimes I'm actually thinking on my feet, because it may depend on.

360
Victoria: you might be asked to work with people on something and then something's come up and the teacher tells you on the way in oh this has happened.

361
Victoria: So, you almost got to think okay what am I going to do to help discuss this with them well I use.

362
Victoria: It sounds like a five-point scale because they've obviously (unclear) back, but they could have been times, where they could have made different choices here and work with that.

363
Victoria: Or it might be that they've fallen out, sometimes it is just with thinking as I need it and I'm an as I'm become more familiar with using each of the different interventions, then you can kind of make the kind of.

364
Victoria: You know hotchpotch, if you like, of what you what you're actually going to use.

365

Victoria: Again, I think, after I've built a relationship, it becomes a little bit easier for them to work with you that you don't need to have, if you like, those same structures to work with them that makes sense?

366
Tom: I think Victoria's very correct and once she's saying just now.

367
Tom: Certainly, when using strategies and depending on the pupil you do need to be really kind of reactive to what their needs are the time.

368
Tom: Because, if you are going to enter a school things may work well last week, but then there's been an incident two minutes before you walked into school, for instance.

369
Tom: Whenever we were at schools, or I remember going to see one pupil who was marching out round the front of the school and I was like I wasn't prepared for this this isn't what I was coming to do with you today.

370
Tom: But you have to kind of be reactive and think on your feet and just and be fluid in the choices that you make as you're working with that pupil because.

371
Tom: Once you build that relationship, you can then change tack to at times so the fluidity of what you do is really vitally important.

372
Molly: Can I just chime in there sorry Jess, I think, for me, it's maybe a bit easier because I'm looking at one particular area, so I think for mine it is a bit more generally think about what.

373
Molly: level they're at in terms of scerts and then from that you know if they're a language partner, there were certain strategies that you would use.

374
Molly: Certain you know visuals that would be appropriate versus ones that wouldn't be but then individualized and then based on each individual so it's kind of a bit clearer cut once a fill in a form to say okay they're at this stage, look at X, Y Z so it's a bit more focused, I think.

375

Jess: it's definitely something I'm interested in learning more about so that's great Molly, thank you.

376
Jess: em in the last focus group, one of the themes that came out was building capacity em and I wondered if we could start with the primary team again how do you currently build capacity within eh staff with staff.

377
Tom: I think the easiest way to build capacity with staff and is by, by modelling.

378
Tom: and staff can see what you're doing and how you're doing it and you're able to encourage them to copy what you're doing and then pull back from that that's The easiest way of building capacity and.

379
Tom: And I think that's probably something that needs to be to be worked on more with staff because.

380
Tom: Quite often you'll have you can have referrals for children, albeit they're all individuals, but you can quite often have a number of referrals from.

381
Tom: The same school and, possibly, maybe it's been the same teacher over a period of years the time and.

382
Tom: that's had children with asd in their classes, so you may have you may have had input three years ago, but then they're not they've not taken out on, so I think there's probably other ways of looking at how we build capacity across the authority with staff.

383
Jess: What about our secondary colleague's em how do you, what do you feel about ways in which you build capacity just now.

384
Victoria: I think I think that more since I've been able to be in one school and I think Ann has had the same experience the more time that we've had in one school has given us opportunities to build capacity, more so because building relationships with the staff, so I work.

385

Victoria: Obviously, with the pupil support staff, but you also get to work with all the classroom assistants, and they were always with your pupils all day long and they.

386
Victoria: They will tell you constantly what's been happening what's the changes have been, and I think.

387
Victoria: They take a real active role in the support that they're offering the pupils and maybe they're picking up on and learning thinking, you know that.

388
Victoria: You know they start to pick up and they can feed back, and I think they're becoming more empowered as classroom assistants, because they sometimes are with our pupils far more than teachers are.

389
Victoria: I think, and they often miss out on actual CPD you know they're obviously kind of left at the bottom rung and they're, the ones who probably need a lot more support, because I do think they carry those pupils throughout the day and make sure that they have a successful day.

390
Victoria: other past years obviously staff training and I know we've rolled out autism toolbox about three or four years ago and.

391
Victoria: We have we did quite a few sessions between us something or something like 8 sessions that we did.

392
Victoria: But I think out of the eight sessions, I think I probably have maximum of 10 secondary teachers in that group and they all were pupil support teachers.

393
Victoria: Not one mainstream secondary teacher opted to learn about it more because there is a.

394
Victoria: Almost a belief that that's not their role, I think, in the way that dyslexia used to be kind of.

395
Victoria: Not our not our deal with secondaries is happy to accept like I've got dyslexic people's what modifications made.

396

Victoria: To my class, but they seem to kind of keep that separate, so I think there's definitely work to be done in building capacity with secondary schools and secondary teachers with asd training.

397

Victoria: That they're quite reluctant to take up anything that's offered Sorry, I think I think I'm diverse diverged.

398

Jess: Next questions on training Victoria, so you just must have known that.

399

Chris: I think one of the other things to manage and at that point is the kind of em the case conference, I feel like the child's conference set up that Victoria has done.

400

Chris: And Ann as well.

401

Chris: we're you know getting the group of teachers together, who are working with eh with an individual to be able to talk through what the what the triggers are what the strategies are, and I think.

402

Chris: The benefit of that is that that those teachers get the opportunity to talk about their perception of those issues.

403

Chris: Or those behaviors that they're seeing from the people and then they can have a discussion around well actually that you know, this is why these behaviours happen or this, this is actually what that means so it's not just about.

404

Chris: Delivering a document that says here are the strategies to use it's kind of giving the knowledge that goes behind that why those strategies are needed.

405

Jess: A how often would a case conference happen Chris just now.

406

Chris: Well, right now.

407

Victoria: It doesn't.

408
Chris: Right now.

409
Chris: And in previous years, I mean you could certainly try to do it for each pupil, but Victoria was doing it for children, where there's been a transition where Victoria supported the transition.

410
Chris: So, I would say, probably about two years ago.

411
Victoria: It wouldn't happen with every class I wouldn't say all the teachers would come together it's always usually pupil support staff.

412
Victoria: But it's only been when issues have arisen, where the pupils that are class conferences that actually taking place for me when basically teachers don't know what to do.

413
Victoria: yeah, so that's the only time I've really come together and sorry it's not normal practice because teachers don't have time within the day because I think they were forced to come during their lunch time so it's not something they want to do they don't have.

414
Chris: It's definitely an issue in terms of class a non-contact time hasn't so you know because, obviously, that is a.

415
Chris: That was an issue and it's been an issue, not just for ASD but also for VI as well and trying to you know if it's not built in, and if it's not built into the plan at the beginning of the year, but then I think there have been times when it's happened.

416
Chris: Certainly, before there were huge issues, initially, if you, if you remember Victoria, I think we did that, when you first started supporting the transition into ZZZZZ, and there were there were planned case conferences, where.

417
Chris: Teachers were invited, but they didn't always.

418
Victoria: you know, not everybody would attend or always show up.

419
Chris: No, that was.

420
Chris: So, we did try to get it as part of the this will be our standard practice but actually getting the buy-in was the issue and so it then evolved to be when there's an issue that absolutely needs to be addressed, then it's needed and the DHT, which often would do a kind of.

421
Chris: EM three-line whip.

422
Chris: that everybody has to attend, but even then, I don't think absolutely everybody attended the thing.

423
Victoria: You.

424
Chris: will have to.

425
Chris: yeah.

426
Victoria: I think I think I think the one that had the and they did.

427
Chris: So, I but I mean.

428
Chris: yeah.

429
Chris: Obviously not absolutely every pupil needs it depends on the level of need, of the pupil doesn't it.

430
Chris: And it depends on the kinds of strategies that are needed and how an operationally difficult the class teachers might find that to implement yeah.

431
Tom: I was just going to say I've just been thinking about while everybody's talking and one of the things that would.

432
Tom: Certainly, in the primary sector for building capacity is probably beginning by building understanding and empathy and.

433
Tom: Not as much anymore, but all too often, you may be gone into school and there is kind of a lack of empathy and understanding or knowing what those needs may be and.

434
Tom: The kind of acting out behaviours and the challenging behaviours that may be experienced were often too often misread as just bad behaviour in certain instances, that I can remember and.

435
Tom: At times I would have used awareness raising and in a variety of formats to kind of challenge that and maybe set up how things would proceed from there, so I think.

436
Tom: In the respect of building capacity across the authority of also need to kind of build understanding first, and certainly the empathy for children with it as well,
437
Jess: Molly in terms of speech and language how do you, you as a team build capacity in terms of children with autism in within the LA, what kind of strategies have you been using.

438
Molly: And so, one thing I've kind of been doing as a little bit of a QI project and just a small, I have a group of about 19 families, at the moment of pre-schoolers.

439
Molly: And what we've been doing is offering monthly drop-in so.

440
Molly: That they can access the support as and when they need it so they don't need to come and see me every month, but if there's one month, they want to talk to me they can.

441
Molly: And then from there, you know we can have, whatever the actions are if that's visuals if that's.

442
Molly: A specific piece of work that they need to have someone to one sessions within system they have that.

443
Molly: And so, I've been doing that and then also making.

444
Molly: Some learning sessions that are pre-recorded and sent it to them so they can watch it themselves and their own time so kind of giving that parent education but it's available.

445
Molly: You know, because a lot of them will say they're not sleeping I can't come to an arranged thing or we're doing toilet training we can't do that, so they've been able to watch them in the evening and that seems to be going down quite well so.

446
Molly: kind of having that information and. Other sources as well

447
Jess: that sounds like some really good innovative strategies I like the sound of that pre-recorded

448
yeah.

449
Molly: yeah, as long as they just don't get sick of listening to my voice.

450
Molly: droning on in their house for.

451
Jess: Sure, and the drop-ins as well sounds good okay that's really everything.

452
Jess: in terms of training, we touched on training how often is training delivered by the team.

453
Jess: in the last focus group, we talked about NQT training, and we talked about the toolbox training, but in terms of training, what training, is currently offered by the AOT and how does that support teachers just now, maybe start with primary colleagues again if that's okay.

454
Tom: and

455
Tom: Realistically, the kind of training that we offer is more awareness, for us, and that kind of just occurs as and when it's needed and.

456
Tom: We are available, we are available to do in-service training and to deliver at in services, and we can deliver on the strategies that are used, but it's probably not something that's taken up very often.

457
Tom: And it's more kind of in-house training with schools at times and groups of staff, but again that's not something that happens, particularly often even though it is it's there and available

458
Jess: What about our secondary colleagues.

459
Victoria: Similar to what to what's been said, obviously we've offered the training we have done before, during covid we haven't really been able to offer the sorts of training, I did an NQT online training.

460
Victoria: a few months ago, and went down pretty badly because I didn't know what the hell, I was doing on this thing, so I couldn't see anybody I didn't know, and it was a.

461
Victoria: I'm a much more face to face interactive person, so I was struggling with it, so, for me it didn't work but that's because I wasn't very experienced in doing this.

462
Victoria: But it was just you know information share so that's, the only thing I've done recently and that's something, kyle contact me as one of my cluster schools, once a year, just to deliver a wee bit of training to their NQTs in school.

463
Victoria: So, they're obviously thinking about it, so I think it just depends again on the school itself, but we are probably due for doing another round of offering.

464

Victoria: Some training, but sometimes it's you wonder whether we're clashing because I know educational psychologists, have a lot of training online, so you thinking that's been already offered so.

465
Victoria: Where do we fit in what will we be offering that's different.

466
So

467
Victoria: that's always been something I'm not really sure where.

468
Jess: So, it's more than anything.

469
Jess: that's an excellent point.

470
Dani: Excellent point.

471
Jess: Is there shared roles, and I think it's about how we coordinate those, and it has been.

472
Jess: We are often asked for training and it's making sure that you are an included in that, and then, as we have three autism coast modules that are on coast, but when.

473
Jess: I was recently just last week in a school meeting, and it was two different school meetings in the same school and for both it was.

474
Jess: Can you come in and observe these children and get strategies for autism, and I said, have you referred them to AOT, and he said no, we have not done that, and I have said, have you watched a COAST modules from psychological services he said we didn't know about them.

475
Jess: So, there's stuff went to head teachers that hadn't filtered down or they had forgotten or with covid it's gone out their mind.

476

Dani: But.

477
Jess: I suppose it's, how do we work together.

478
Victoria: How do we want to absolutely.

479
Jess: Not like there's no point in you doing training and us doing training and but we're not.

480
Jess: Working together, and you know, so where you can it's good that you're signposting people to the psychological services coast modules or.

481
Jess: I think the NQT training is a great thing getting in there really early and letting them see, but then people forget, how do we then make sure that they because the key is the class teachers know what to do, isn't it that's the.

482
Dani: Key.

483
Chris: And I think, I think.

484
Tom: So, I think you're aright Jess about the kind of having everybody working together, because one thing I've experienced is that if you're going to a TAC meeting and you've been.

485
Tom: yeah, what I'm struggling to get out what I'm.

486
Tom: trying to say here, but that.

487
Tom: or like I'll find I'll find it I can sometimes be struggling for strategies em to recommend to schools and for pupils because, with.

488
Tom: Unbeknownst to each other.

489
Tom: An ed psych might have recommended a list of the things that I think would be absolutely ideal and then I'm like oh you've already implemented that and then.

490
Tom: Which is very hard and as a member of staff and that way, because it means we are thinking along the same lines it's just that we haven't had that kind of.

491
Tom: correspondence to tie up, and so the working together things really important.

492
Jess: I would absolutely second that what would also say Tom is psychologists have the same sometimes they struggle to know what to do, and you sit and scratch your head and actually.

493
Jess: See being able to have that contact with you guys and see what you think and get your expertise and sometimes everybody's here scratching their heads together.

494
Jess: I think that's okay, I think that's kind of real life and natural, but I mean we can.

495
Jess: share that load if you like it's not just lying on one Person you know it's not like that and but also where there's differences of opinion that there's a really good.

496
Jess: Professional discussion, I think that, because you may have a totally different perspectives so it's just about that really good rigorous discussion and it's not just lying solely but working together isn't it.

497
Victoria: yeah, I actually really been you know I've really liked when I've had an educational psychologist as part of one of the tac's or with pupils, I don't have it with all of my pupils that I work with and I know that's not necessarily that's probably the way it goes, but it does make.

498
Victoria: A huge difference having that other input.

499
Victoria: In what you're doing with a pupil it's like sometimes I think I'm doing totally the wrong thing and I'm like you give me a bit of a hand here and just give me some other suggestions.

500
Tom: Is that is that is one of the questions.

501
Jess: On.

502
Tom: This one of the questions I'll ask when I when I do go out but who's the educational.

503
Tom: psychologist and all too often I well, it's great because I know so many of them now, I'll just pick up the phone and say right what's your thoughts on this, is there.

504
Tom: Are the schools going down the right track with this, and then, so this great good but to kind of formalise that really would be really beneficial.

505
Jess: Definitely.

506
Victoria: yeah, I was just chatting to [EP] today and it just it was actually quite Nice because thinking, the same thing, but I felt like I couldn't put it into a typed-out message you know, like we're meeting in secret about things because it's not been formalized.

507
Jess: Okay, good em moving on and we're nearly and I realized the time so, I don't bore you all rigid, but how do, how do the primary and secondary team evaluate the impact of the service first of all at the service level, how do you evaluate the impact of the service.

508
Jess: we'll ask our primary colleagues first, because you deal with the youngest group.

509
Tom: probably from the feedback that we received from the schools, a.

510
Tom: I suppose with.

511
Tom: With we kind of need to tighten that up and see how it is and do an end of term kind of evaluation of it make sure that we are, we are delivering the service that we want to, but I mean generally, I would say.

512
Tom: Probably speak for Abby and John as well to say that the feedback that we do get is always really good.

513
Tom: And, and we do ask we do ask and follow it up to see if there is anything else that we're always there to be able to help but and certainly it's generally verbal feedback that's that comes to us the most.

514
Chris: Or what we use in sorry Abby were you going to say.

515
Abby: I just wanted to say that I agree with what they're Tom said.

516
Jess: Thank you, thank you.

517
Chris: So, for a secondary we.

518
Chris: asked for feedback from schools and from parents and from pupils that have been supported annually and then last was it last year, the year before we introduced a kind of evidence of impact scale where a.

519
Chris: At the start of and end of support and there would be a sort of.

520
Chris: Arbitrary levels which have been given a descriptor you know, to see what the impact of asd is just now on this child's access to education and ah and what is the impact further on, so we introduced that stuff just last year, the year before I can't remember.

521
Victoria: yeah, last year was a write off, so it must have been the year before.

522
Chris: That was the year before.

523
Chris: So, a yeah so that that's that that's what we use and just know as a kind of a as a service.

524
Victoria: The other thing is we have an action plan that we do, which is at the start of working with the pupils which kind of plans what we're going to do.

525
Victoria: And that has an evaluation and kind of next steps at the end of it, so that gets completed and sent to the school so they've got that where we where we are and maybe what might come after that so that's kind of another way of evaluating the input that we've had.

526
Victoria: sometimes it's ongoing it's sometimes never ends.

527
Victoria: You know, when you think you've actually finished with a pupil.

528
Victoria: yeah, like I said ASD doesn't go away.

529
Ann: For.

530
Ann: can you hear me no yes.

531
Ann: Oh, my goodness.

532
Ann: And I think it's about the impact, I think sometimes and like a family, working with pupil who is no not in school not able to go and so.

533
Ann: Then as and so I've not been able to get them, for example, back into school So then, and you know it may be seen as well, that was a failure, or you haven't had.

534
Ann: impact there, but there's different ways of assessing impact.

535
Ann: And really, you're talking about the impact will be in their self-awareness, the in the using of us a.

536

Ann: family members, they are just there, you know as the situation better than it was, a year ago, even though they are still not in school (prev 2 lines poor audio quality, unsure)

537
Jess: yeah, that's a really good point how do you capture that just now Ann.

538
Ann: Just in the way that Chris and Victoria.

539
Ann: Because there's just a bigger picture there.

540
Jess: yeah, definitely okay in terms of the individual level or practitioner level how do you evaluate impact at the individual as individual petitioners rather than service level.

541
Jess: ask our primary colleagues again first so Tom.

542
Abby: Sorry I'm sorry, could you say.

543
Jess: yeah, I was just asking about an individual level, how do you evaluate the impact of what you have done with a school, as opposed to a service label.

544
Abby: I think the outcome of whatever and the services we are offering that would be after why you would have a feeling about it, I just wanted to add that, as well the.

545
Abby: Observation notes, we have target setting as well, so usually for me I'm talking about the way I do it, I will set one target really not many and.

546
Abby: in certain time if that child achieves that target that would be kind of something that Okay, I have done this, but now we can move on to next steps, so does kind of give me um you know feeling like Okay, I think we're on the right track.

547
Jess: that's great that's really good.

548

Tom: I think I know I've done a good job, whenever I get a teacher going, please don't leave can you know just stay a bit longer.

549
Jess: As.

550
Jess: Normally as a psychologist it's please can you leave.

551
Tom: We never ask the psychologist to leave.

552
Jess: It can happen.

553
Jess: What about our secondary colleagues, what do you think.

554
Ann: It.

555
Ann: I agree with Tom I think that, and I think you feel the more I've been in a school if the school have incorporated you within their school, I think that you become more and more valued within a school.

556
Ann: And absolutely they'll us tell you, you know as Tom says, 'please don't leave' and that's really nice you know it makes you feel part of something.

557
Ann: Not so yeah, I think the key thing is, the more you're there the more you're involved with everybody, you know the management support staff teachers, pupils, and you know we become incorporated, and you know, everybody....

558
yeah.

559
Jess: Okay.

560
Chris: As far as evaluating individual input as Victoria had said earlier, they evaluate that action plans and obviously.

561
Chris: A you know, on a regular basis, so it's not just about evaluating action plans I know that both to Victoria and Ann.

562
Chris: are constantly adjusting and I'm sure it's the same for Abby and Tom and John, constantly adjusting or, as you know.

563
Chris: What has gone down as a target and sort of an adjusting their practice to try and meet that target, so I think those evaluations are going on, you know all the time and then more formally at the end of that action plan period, the plan is evaluated and next steps.

564
Jess: are people for every pupil are people doing in action plans, for each pupil.

565
Chris: If they're doing a targeted work with a pupil so, for example, a not all of the work is like that, but most of it is.

566
Chris: But this session, Ann has been involved with YYYYY and setting up a couple of or setting up a pilot group and also looking at.

567
Chris: A working party being involved with that so obviously there isn't there isn't something for that, because that's a group of pupils and it's not it's not individualized but whenever anybody is working with an individual.

568
Chris: Then, yes there's an action plan and that's evaluated three times annually.

569
Jess: who is it that develops the action plan with them.

570
Chris: So that so that the teachers do the action plan, but it's in conjunction with the you know, though they'll be discussing that with the PT pupil support and the discussions with the parents as well, so it is kind of you know is a collaborative document.

571
Jess: that's good so who is it that initiates that and starts the action plan is that someone at school themselves.

572
it's usually.

573
Victoria: yeah, we.

574
Jess: got targets in it for each pupil yeah?

575
Chris: So, each pupil has their own and then it's like the staged, it is part of the staged intervention paperwork our Action Plan mirrors the stint paperwork the schools have so that it can just be part of the child's em stint.

576
Victoria: I.

577
Victoria: would add one thing about the individual's often an action plan.

578
Victoria: Typically, with like pupils that are doing transition or in my transition might last for a year, but then it might flow on to the next year, even though my inputs not.

579
Victoria: individualized I'm still kind of a key person so there's sometimes a.

580
Victoria: An end to the action plan, but there's, not an end to the relationship or the input, you might have when you're in and out of the school so you're still feeding in support if you like, to the to the teachers and stuff like that, as it goes and that's.

581
Victoria: that's probably something I don't always have that completely year sometimes I'm helping a lot more than probably what I've got.

582
Victoria: You know evidence for.

583
Jess: so, see the action plan is that shared with other professionals would that be shared with like Molly or the school psychologist em or is it just within the school.

584

Victoria: Just within the school before when I've when I've had the speech and language service, we just send the referral and if they see an input I would actually then kind of provide a wee bit of input into that but.

585
Victoria: yeah.

586
Jess: That seems great I mean that sounds really good and it's a bit about, making sure everyone's contributing to that as you're saying.

587
Jess: And that the targets are clearly identified in who you know but that's great to hear that every pupil you know, has that action plan em.

588
Jess: See the pupils taught before you've been in schools in covid time there's pupils that you haven't had RFAs for that you've been contributing to would they have an action plan as well or maybe not have an action plan.

589
Victoria: Not the ones that I'm supporting.

590
Victoria: I'm not sure of it yeah, it's more that I'm there as because the way that we've been utilized we like we're there to support the school.

591
Victoria: And it just happens to be Victoria you've got the asd pupils and I and I've got to know them.

592
Victoria: Throughout the year and I have also done, the S one nurture group, which again is in like Ann's group it's not based on I think there's one pupil in it, I have an action plan for, and the others are just pupils that have ASD within the school yeah.

593
Victoria: They.

594
Victoria: Should do a there should be some follow up material that comes from that that that's in the pipeline.

595
Chris: I think the rule this year with COVID

596
Chris: has been so different.

597
them.

598
Chris: You know, and I think, as sometimes in other situations if schools were asking for a bit of advice about a pupil and there was going to be a very you know small bit of observation and.

599
Chris: and passing on information, then we wouldn't have an action plan and we wouldn't have an RfA, but if it if it was going to look like this is going to be a sustained piece of work and this pupil needs is going to need you know.

600
Chris: Support over several weeks, then we would ask the school to put in a rfa and it would be, and then it would be formalized so if there was a an RfA, the chances are there's going to be an action plan and.

601
Chris: and

602
Victoria: Yes, like example it's like we both I mean I've had to I've been observing her all year in ZZZZ

603
Victoria: And kind of like noting that she had some issues she doesn't have an asd diagnosis, but that's been put forward.

604
Victoria: And now I have a referral for now I'm working with her, but I've had like almost like six months of observing her and getting to know her and it's been a lot easier, just to go in and start doing some anxiety work with her.

605
Jess: some really great stuff going on em certainly within both teams I realized we've been sitting for a long time you'll be glad to hear to questions comes to an end and is there anything you want to ask, or you want to say about the questions today and anything else that you think might be important.

606

Ann: Just because I've been based in YYYYYY, but because they know that I'm there that has then prompted other things to happen and.

607
Ann: So, it was I would get staff that came to me and said, you know, and I'd really like to you know, would you like to start off a group in.

608
Ann: The first years, yes, so that, and then the autism awareness group that kind of, a with psychology, that really happened as a result of.

609
Ann: You know me being there and then that kind of just gather momentum in, and the reason there's other things that have happened increasing autism awareness, because I'm there, that would not have happened.

610
Ann: And you know I'm just thinking that you to have somebody like any of us in the school itself makes a big difference, I think, in general, to that awareness to that acceptance into the knowledge that I think that that's.

611
My feeling. Is that we are facing.

613
Jess: just missed the last part of what you said just the last sentence background just kind of cut I.

614
Ann: Just I just think that's my experience in Prestwick certainly it's been a very positive one, it seems to be the right thing.

615
Ann: To have happened.

616
Jess: that's great to have had.

617
Chris: I think one of the things that's been really good for about covid and this situation being forced upon us, is that actually.

618
Chris: we've been able to see the difference that it makes because Previously, it was always going to be, you know, a targeted piece of work for an individual child.

619
Chris: Ah we had already started to move towards can we allocate days, because referrals weren't really coming in until very often until it was too late.

620
Chris: You know until children had already you know already had very poor attendance records and had already.

621
Chris: reached a point of no return, if you like, with school and.

622
Chris: And so, the fact that that we've kind of accelerated the process, where it was good to be two days in school in two days in that school and it's actually been you're in that school full time.

623
Chris: You know those relationships have formed much more quickly and a and we could really see.

624
Chris: That that has that has had a huge impact, and I think that that will definitely obviously we don't have an eight members of staff to go across each school.

625
Chris: But I think it gives us a good starting point for if that's going to have the most impact, how can we replicate that across the eight schools, without 8 teachers, you know.

626
Chris: How do I do that.

627
Victoria: I think, also having a key person in a secondary to work with the primary clusters, is a great thing too, because you become a key person of those cluster.

628
01:17:45.300 --> 01:17:56.190
Victoria: people to come in and they get to know you as well, so and I probably have two strong clusters that I've worked with transition which has been SSSSS and ZZZZ.

629

Victoria: And I mean we were basically saying we don't need any more transitions coming from any of the other schools, because I physically can't do it so there's that kind of yeah.

630
Jess: Well, the other thing The other thing Jess that I would like just to.

631
Chris: reiterate, as what Tom was saying before about the joint working for the training.

632
Chris: I think that that would make a huge difference because obviously we've got slt that deliver training we've got you guys Ed Psychs delivering training and we've got 2 outreach services, and so it makes total sense to pull that together.

633
Chris: and make sure that we're planning that and I.

634
Tom: You know.

635
Chris: Combined planning for that so.

636
Chris: That em we're not overlapping and.

637
Jess: Andin the research Chris coming through is a very strong theme that teachers are saying to support inclusion, they need more training they need more.

638
Jess: support and it's.

639
Jess: One of the things is as clear as day.

640
Chris: and

641
Chris: Did you remember, we had the remember, we had them.

642
Chris: asd a working party, a couple of years ago.

643
Chris: And I'm trying to Jennifer was on it.

644
Chris: And we did a survey with.

645
Chris: Schools a with a SMT about what training they felt they needed.

646
Chris: and obviously we had so we've got that information.

647
Chris: you're probably doing, you may be already done something similar.

648
Chris: or you may be going to be doing that Jess, but I can share with you what came out.

649
Chris: That when that was a couple years ago.

650
Jess: That would be. great

651
Tom: I don't know I don't know what your plans are out of this, but I think one thing that is always I've always thought would have been.

652
Tom: In the way forward with us, certainly in the primary sector was to kind of mirror and what's already been done with dyslexia friendly schools.

653
Tom: ICT champions, and things like that, where I think one thing that could really be beneficial for lots of schools, is well, every school is that there was some sort of kind of ASD champion or communication champion within the school.

654
Tom: That could be an initial point of reference to say.

655
Tom: Em for strategies, so I mean I don't know how you would do it and that's maybe above and beyond me at this stage but.

656
Tom: Looking at that having a cohort of people from all the primary schools who were working on strategies that can be implemented really quickly and.

657
Tom: As Chris said, certainly, and with a lot of children by the time the RfA is in you're kind of really, you're at a level where you're having to do a significant input, whereas if it was.

658
Tom: On the basis of very quickly dealt with in school strategies could be implemented and maybe that would be easy and across the secondary across the primary sector.

659
Yes.

660
Dani: Absolutely.

661
Jess: Okay, what I was thinking was and I wanted to ask you was it would be a good opportunity having another session for me to share with you the.

662
Jess: Results of thematic analysis from the focus group & the results from the surveys that we've done.

663
Jess: And then I was thinking that would probably take a whole session, just to feed that back to you see if what you thought.

664
Jess: And then look at what we've done and where we go from here, you know where you think the next steps would be.

665
Jess: suggestions and then we can discuss

666
Jess: and see what you think

** end of transcript edits **

Appendix C1

ASD Outreach Online Questionnaire - **Education staff**

I am conducting a retrospective evaluation of the autism spectrum disorder (ASD) outreach service (AOT) in XXXXX covering the period of the last two years (i.e., 2018 & 2019). This form will ask about a prior experience with the service, so if you could reflect as best you can and give a holistic picture of the service that you, the child or young person, and their family received.

If you have any further questions, please feel free to contact Carole Campbell email address given

1. Name
2. Education establishment
3. Role
4. Email
5. Child who received outreach support (please fill out a separate form for each child to ensure unique data for each referral). If completing this form about partnership working or more general experiences with the AOT, please indicate this here:
6. Prior to making this referral, how would you rate (very low, low, neutral, high, very high)
   a. Your expectations of the outreach service
   b. Your understanding of the AOT's role
7. Please rate your confidence in supporting the inclusion of children and young people with autism & social communication difficulties (very low, low, neutral, high, very high)
   a. Before working with the AOT
   b. After working with the AOT
8. How do you feel the AOT supported inclusion?
9. What worked well in your interactions with the AOT
10. What strengths or skills to support inclusion were elicited as a result of linking with the AOT
11. What could have gone better in your experience with the AOT's service? (what were the challenges, if any)
12. Please rate how satisfied you were with the following aspects of your interaction with the outreach service
    a. Contact with pupil
    b. Contact with parents
    c. Contact/communication with you and your service
    d. Advice and strategies given
    e. Any training delivered
13. Further comments on the AOT's involvement with pupils and parents?
14. Further comments on advice and strategies given by the outreach service

15. Further comments on training delivered by the outreach service
16. Any additional comments?

Appendix C2

ASD Outreach Partner evaluation online questionnaire

We are conducting a retrospective evaluation of the autism spectrum disorder (ASD) outreach service (AOT) in XXXXXX. This form will ask about a prior experience with the service, so if you could reflect as best you can and give a holistic picture of the service that your service, the child or young person, and their family received.

If you have any further questions, please feel free to contact Carole Campbell email address given

1. Name

2. Agency/Organisation (SLT, social work etc.)

3. Role

4. Email

5. Child who received outreach support (please fill out a separate form for each child to ensure unique data for each referral). If completing this form about partnership working or more general experiences with the AOT, please indicate this here:

6. Prior to making this referral, how would you rate (very low, low, neutral, high, very high)

	Very low	Low	Neutral	High	Very high
Your expectations of the outreach service					
Your understanding of the AOT's role					

7. Please rate your confidence in supporting the inclusion of children and young people with autism (very low, low, neutral, high, very high)

	Very low	Low	Neutral	High	Very high

Before working with the AOT					
After working with the AOT					

8. What worked well in your interactions with the AOT?

9. What strengths or skills to support inclusion were elicited as a result of linking with the AOT?

10. What could have gone better in your experience with the AOT's service? (what were the challenges, if any)

11. Please rate how satisfied you were with the following aspects of your interaction with the outreach service

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	N/A
Contact with pupil						
Contact with parents						
Contact/ communication with you and your service						
Advice and strategies given						
Any training delivered						
Involvement in any systemic work						

12. Further comments on the AOT's involvement with pupils and parents?

13. Further comments on advice and strategies given by the outreach service

14. Further comments on training delivered by the outreach service

15. Further comments on any systemic work

16. Any additional comments?

Appendix C3

ASD Outreach Parent/Carer online evaluation questionnaire

We are conducting a retrospective evaluation of the autism spectrum disorder (ASD) outreach service (AOT) in XXXXX. This form will ask about a prior experience with the service, so if you could reflect as best you can and give a holistic picture of the service that you and your child received.

If you have any further questions, please feel free to contact Carole Campbell email address given

1. Your name

2. Child's education establishment

3. Child's name

4. Email

5. Prior to making this referral, how would you rate (very low, low, neutral, high, very high)

	Very low	Low	Neutral	High	Very high
Your expectations of the outreach service					
Your understanding of the AOT's role					
Your awareness of strategies to support your child					

6. What worked well in your interactions with the AOT

7. What strengths or skills to support inclusion were elicited as a result of linking with the AOT

8. What could have gone better in your experience with the AOT's service? (what were the challenges, if any)

9. Please rate how satisfied you were with the following aspects of your interaction with the outreach service

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	N/A
Contact with your child						
Contact/ communication with yourself						
Advice and strategies given						

10. How do you feel the AOT supported the inclusion of your child?

11. Further comments on the AOT's contact with you and your child?

12. Further comments on advice and strategies given by the outreach service

13. Please give details on any additional input from the AOT that has not yet been covered

14. Any additional comments?

ASD Outreach Evaluation – Brief Summary of parent, education staff & partner responses

Parents/Carers

The evaluation form sent to parents & carers was completed by 12 individuals and included a mix of closed and open-ended items. 8 individuals were parents/carers of a primary school child, 2 were parents of a secondary school child, 1 was the parent of a child in an EYC, and 1 mentioned primary & secondary schools. The open-ended items resulting in qualitative data were summarised using Thematic Analysis, the results of which may be seen below. Parents/carers were also asked to give their views on three quantitative items relating to their perspective prior to the referral made to the outreach service:

1. Your expectations of the outreach service
2. Your understanding of the outreach service
3. Your awareness of strategies to support your child

Ratings were given on a 5-point scale, 1 'very low', 2 'low', 3 'neutral', 4 'high' and 5 'very high' (See figure 1).

Figure 1. Parents/carers' responses to 3 quantitative items
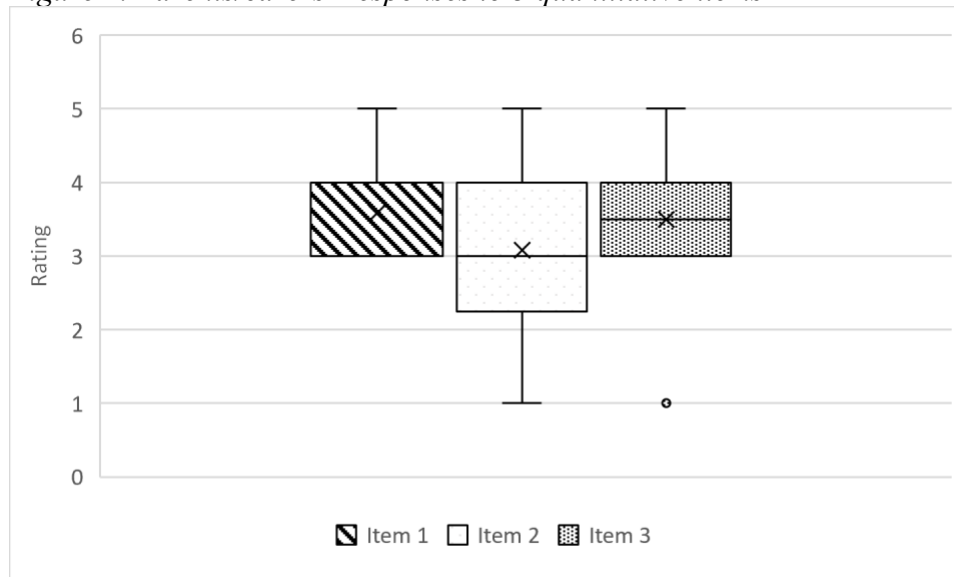
When asked, "What worked well in interactions with the AOT", parents' comments centred around several key areas:

- School support
  - Some parents felt they received insightful input (x1), or that the AOT supported their child to settle in school (x1).

- o Mention was made to the support & strategies shared with the school by the AOT through TAC meetings & in class (x2)
- Relationships & relational skills
  - o A few parents felt that the AOT member had a good relationship with themselves and/or their child. Mention was also made to team members being personable (e.g., easy to talk to, readily available, committed to wellbeing) (x4)
  - o It was also felt that the link person from the AOT had a good understanding of their child (x1)
- Role confusion
  - o Several parents seemed to confuse the role of the AOT and commented on supports & services received or not received from partners, such as Speech & Language or Occupational Therapy (x2).
- 2 individuals reported little to no interaction with the team.

When asked "what strengths or skills were elicited as a result of linking with the AOT", the key areas discussed were:
- Social emotional support
  - o For instance, the positive relationship/connection between a pupil and the member of the outreach service was mentioned (x2), as was progress made around self-regulation and self-insight (x1).
- Practical support
  - o Parents commented on strategies given to support their child or young person at home and/or at school (x3). These strategies were generally viewed as helpful, and for one pupil supported them to stay in a mainstream setting.
  - o Speech and language support (x2)

When asked, "what could have gone better in your experience with the AOT's services (what were the challenges, if any)?", while 3 parents felt nothing could have gone better, some parents also discussed:
- Communication
  - o It was felt by some that more regular feedback, contact & communication from the AOT would be appreciated (x1). Two parents felt that communication & dynamics between the school & AOT could be improved.
- Areas of support
  - o Parents suggested areas in which they felt additional input would be helpful, such as social interaction or parent workshops around strategies for the home (x2).
- Delays in being able to access outreach service (x2)

Parents/carers were also asked to give their views on three quantitative items relating to their satisfaction with areas of their input from the outreach service:
1. Contact with their child

2. Contact & communication with themselves
3. Advice & strategies given

Ratings were given on a 6-point scale, 1 'very dissatisfied, 2 'dissatisfied, 3 'neutral', 4 'satisfied and 5 'very satisfied' – parents could also respond N/A (See figure 2).

Figure 2. Parents & carers satisfaction with input from the AOT
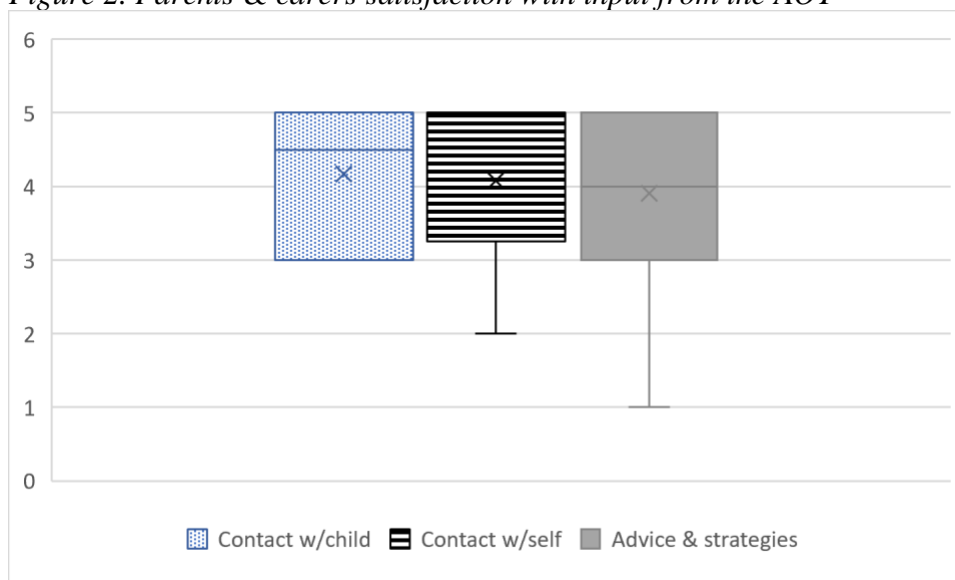
When asked "how do you feel AOT supported the inclusion of your child?", the 8 parents who responded to this item said that the team did very well, despite 1 acknowledging "difficult circumstances".

When asked for "further comments on the AOT's contact with you and your child", parents largely discussed:
- Contact with the AOT
  - One parent would prefer more regular contact, one appreciated that the AOT kept in regular contact, and 2 others felt that most or all contact was via the school rather than the AOT, limiting their experience.
- The AOT members were also described as lovely & friendly (x2).

When asked for "further comments on advice and strategies given by the outreach service", 3 of 4 parents who responded described it as helpful – the other parents stated that their child was already settled due to new medication.

When asked to give details on additional input from the ASD AOT that has not yet been covered, one parent responded, indicating that people should not assume physical restraint is best during a meltdown, as some children may not like being touched.

When asked for additional comments, parents' input centred around several different areas.

- Some expressed difficulties with other services (x2).
  - In particular, one individual expressed a need for more input around speech & communication.
  - Another felt that AOT & SALT should continue with follow-up assessments after children are discharged.
- The need for additional communication from the outreach link was shared by two parents – another parent felt they couldn't comment as they had no experience or contact with the AOT.
- Lastly, one individual felt that the input they received helped their child to maintain a mainstream placement.

Education Staff

The evaluation form sent to education staff was completed about 30 individuals' interactions with the AOT and included a mix of closed and open-ended items. 18 staff members worked in primary schools, 6 worked in secondary schools, and 6 worked in early years centres. The roles of the respondents were as follows: pupil support coordinator (x7 – 1 of those was also a depute head), class teacher (x6), head teacher (x4), principal teacher (x4 – 3 of those were PT of pupil support), depute centre manager (x2), depute manager (x2), acting deputy head (x1), centre manager (x1), senior early years practitioner (x1), or member of SLT (x1). The open-ended items resulting in qualitative data were summarised using Thematic Analysis, the results of which may be seen below. Practitioners were asked to share their views on 2 aspects of the autism outreach service, prior to making a referral – expectation of the service & understanding of the service's role. Ratings were given on a 5-point Likert scale, with points 1 – 'very low', 2 – 'low', 3 'neutral', 4 'high' and 5 'very high' (See Figure 3). Education staff members were also asked about their confidence in including children and young people with language and/or communication difficulties before and after input from the outreach service – their confidence was again rated on a 5-point Likert scale, with points 1 'very low', 2 'low', 3 'neutral', 4 'high' and 5 'very high' (see Figure 4).

Figure 3. Education staff's views of the autism outreach service, prior to making a referral
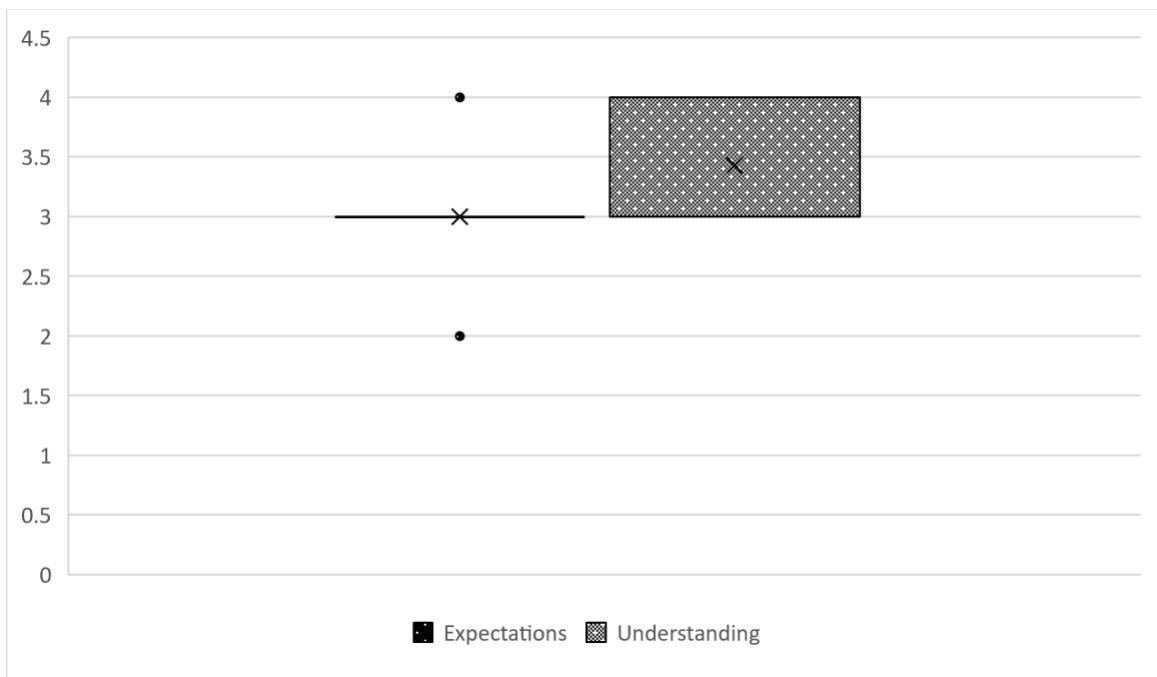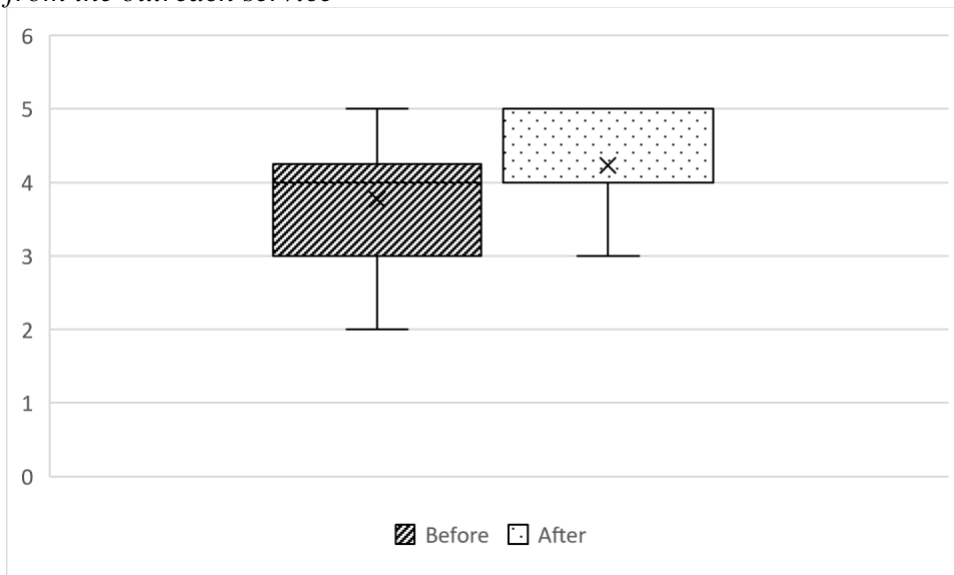
Figure 4. Education staff's confidence including an autistic pupil before and after input from the outreach service

Education staff were asked to comment on the way(s) they feel the AOT supported inclusion, their comments fell in the following areas:

- Support at the school level
  - 'Outstanding support' (x3) & knowledgeable input (x3)
  - Partnership working (x3)

- Whole-class/whole-school inputs (x2), generally upskilling staff (x2) and awareness raising sessions (x2)
- Input with resources and support to increase nurturing practices (x1)
- Boosting staff morale (x1), giving positive feedback (x2), building on existing strategies & modelling new ones (x5.
- Social and emotional support
  - Supporting social engagement (x1), self-regulation/understanding (x3), building relationships with family/young people (x6)
  - Strengths-based approaches (x2) supporting self-esteem (x1), discussions around anxieties (x1).
  - Being readily available for communication/consistent (x6)
- Support around inclusion
  - Transition support (x7)
  - 1:1 or individualised support (x1)
  - Input around school refusal (x1), supporting mainstream inclusion (x3)
- Input went against classroom ethos & was not inclusive (x1) or was limited (x1)

When asked "what worked well in your interactions with the ASD AOT?", education staff made comments around:
- Communication as a strength
  - The AOT were in regular contact (x1), with good, professional communication (x8)
  - AOT gave feedback on strategies and interventions (x2)
    - Extending good practice, increase confidence of staff (x1)
  - Advice & strategies shared with class teacher (x6)
  - Supporting home-school communication (x1)
- Relationship-building
  - AOT built good relationships with pupils (x5)
    - Pupil responding well to AOT (x1)
    - Gave 1:1 pupil support, individualised work (x3)
  - Good relationships & links with family (x2)
- Professional skills
  - AOT provided timely advice (x2), education staff praised their availability, team was viewed as approachable (x3) and knowledgeable (x3)
  - Team were courteous with good timekeeping (x1) attendance & input at TACs (x5)
- As an aside – COVID caused issues (x2)

When education staff were asked, "what strengths or skills were elicited as a result of linking with the AOT?" they mentioned the following themes:
- Improvements of staff's knowledge & understanding
  - Staff increased their knowledge awareness of existing supports & interventions (x5)

- ▪ Increased confidence (x3)
  - o Understanding around specific needs & how to meet them was also improved following work with the AOT. (x2)
    - ▪ Both within individual pupils and within core needs, e.g., sensory needs (x1)
  - o Teamwork (x1) & positive communication (x1)
- Changes for pupil
  - o Pupils received 1:1 support (x2), the AOT supported staff to best support pupils (x4), one child was described as happier & calmer (x1).
  - o Support around transitions (x2) & placements was also discussed (x1).
- Did not feel any strengths or skills were gained (x1) or struggled to link with the team due to circumstances (x1)

When asked to describe what could have gone better in their experience with the AOT's service, education staff shared comments in the following areas:
- Time/capacity
  - o Increased capacity to see pupil more regularly would have improved service (x3, as would more time to build relationship with pupil & family (x3).
  - o More time in school from the outreach worker was suggested (x3).
  - o More time spent helping pupil understand their own needs (x1), or more time spent around peer-to-peer social interactions were also mentioned (x1).
  - o More consistent input would have been preferred (x2) (COVID main barrier to this, COVID/lockdown was mentioned 9 times as a challenge).
- More information, guidance, or awareness.
  - o Guidance on mainstream inclusion would have been appreciated by staff (x1)
  - o More information on the secondary AOT (x1), or general information on support available from the AOT would have been preferred (x1).
  - o Better understanding of ethos around play based learning (x1) and shared target setting would have been positively received (x1)

Education staff were also asked to give quantitative ratings of several items relating to their satisfaction with areas of their input from the outreach service:
1. Contact with pupil
2. Contact with parents
3. Contact & communication with school
4. Advice & strategies given
5. Any training delivered

Ratings were given on a 6-point scale, 1 'very dissatisfied, 2 'dissatisfied, 3 'neutral', 4 'satisfied and 5 'very satisfied' – parents could also respond 0 'N/A' (See figure 5).

Figure 5. Education staff's satisfaction with various aspects of input from the outreach service
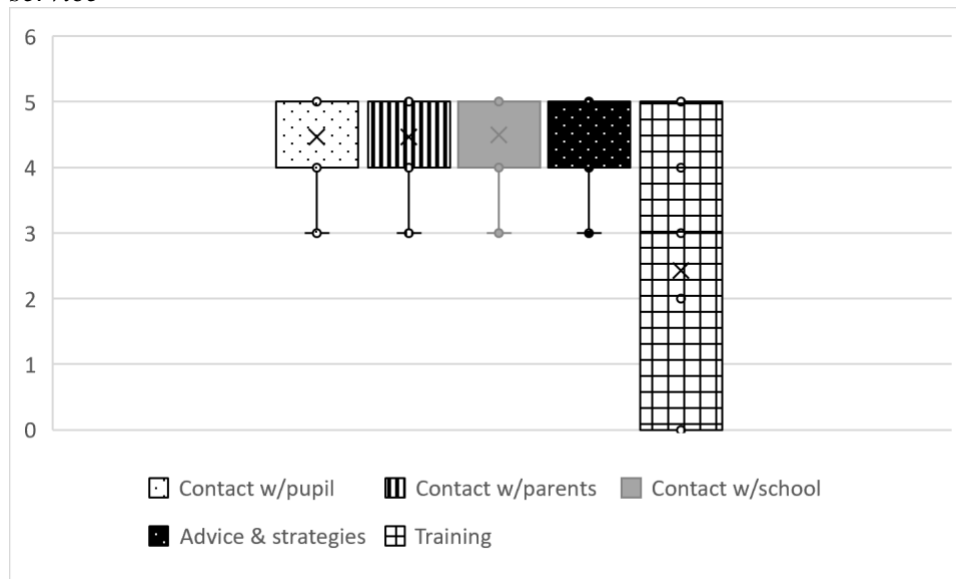
Staff's further comments on the AOT's contact with pupil & parents was largely commended, with a few contradictory statements.
- Positive view of family contact
  - Excellent/positive support (x5), appropriate contact with pupil & family (x2).
  - Good understanding of pupil (x1) & positive relationships (x1)
  - AOT was in regular contact with family (x4), including in one case continuing support during lockdown.
- Contradictory view
  - A few individuals were unaware of parent support (x1), stating that contact with the family was non-existent (x1) or only occurred during meetings (x1).

When asked to make further comments on advice & strategies given, the 7 members of education staff who gave brief input to this item said that input was timely, supportive, appropriate, practical & realistic. 2 individuals stated that they had limited input or contact and thus could not comment.

Likewise, when asked for further comments on training delivered by the outreach staff, the 3 members of education staff who responded about receiving training stated the input was helpful, supported engagement, and liked by pupils. It was mentioned that having an annual calendar of training events would be helpful.

When asked for any additional comments to conclude, staff's comments mentioned:
- Appreciation for what was viewed to be a high quality, positively appraised support (x3), which was appreciated by the school, pupil & family (x4).

- Two staff members felt their interaction with the team had been limited, due either to limited support given or to low attendance by the pupil.
- One individual commented that it would be helpful to have a school-based service moving forward.

Partners

An evaluation form was also sent to partners who work collaboratively with the autism outreach service to gather another perspective on their work with children and young people. This form was completed by 7 individuals from 2 different organisations – psychological services and occupational health. Individuals reported that they were completing this form regarding partnership working with the team, rather than about an experience supporting a specific child or young person. Again, responses to the open-ended items were collated using thematic analysis, and the results are shared below. Professionals were asked to share their views on 2 aspects of the autism outreach service, prior to making a referral – expectation of the service & understanding of the service's role. Ratings were given on a 5-point Likert scale, with points 1 – 'very low', 2 – 'low', 3 'neutral', 4 'high' and 5 'very high' (See Figure 6).

Figure 6. Professionals' views of the outreach service prior to making a referral.
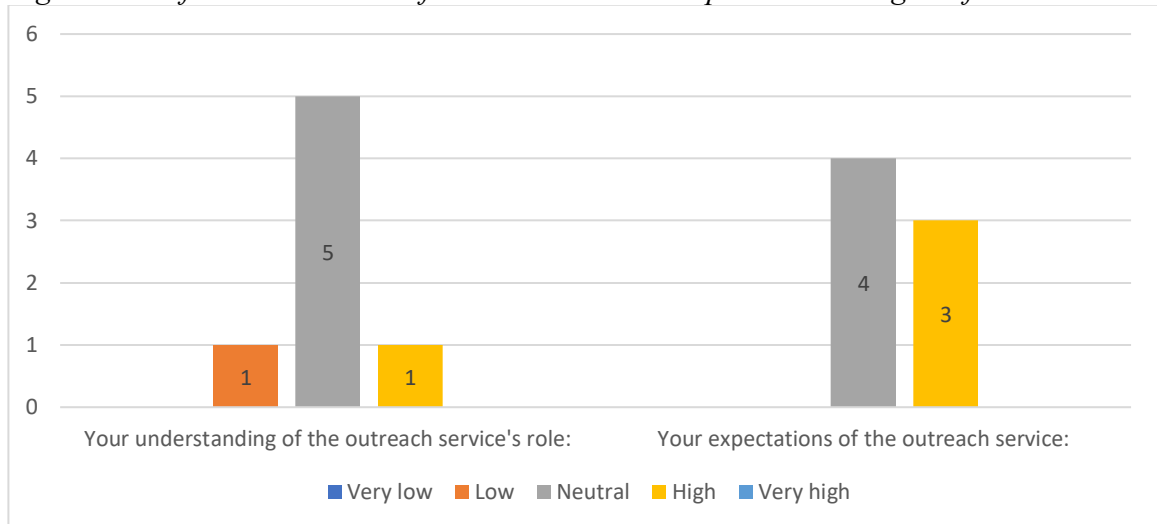
Professionals were also asked about their confidence in supporting the inclusion of children and young people with autism before and after input from the outreach service – their confidence was again rated on a 5-point Likert scale, with points 1 'very low', 2 'low', 3 'neutral', 4 'high' and 5 'very high' (see Figure 7).

Figure 7. Professionals' confidence in supporting inclusion before and after input from the autism outreach service.

Legend: ■ Very low ■ Low ■ Neutral ■ High ■ Very high

BEFORE WORKING WITH THE OUTREACH TEAM	AFTER WORKING WITH THE OUTREACH TEAM
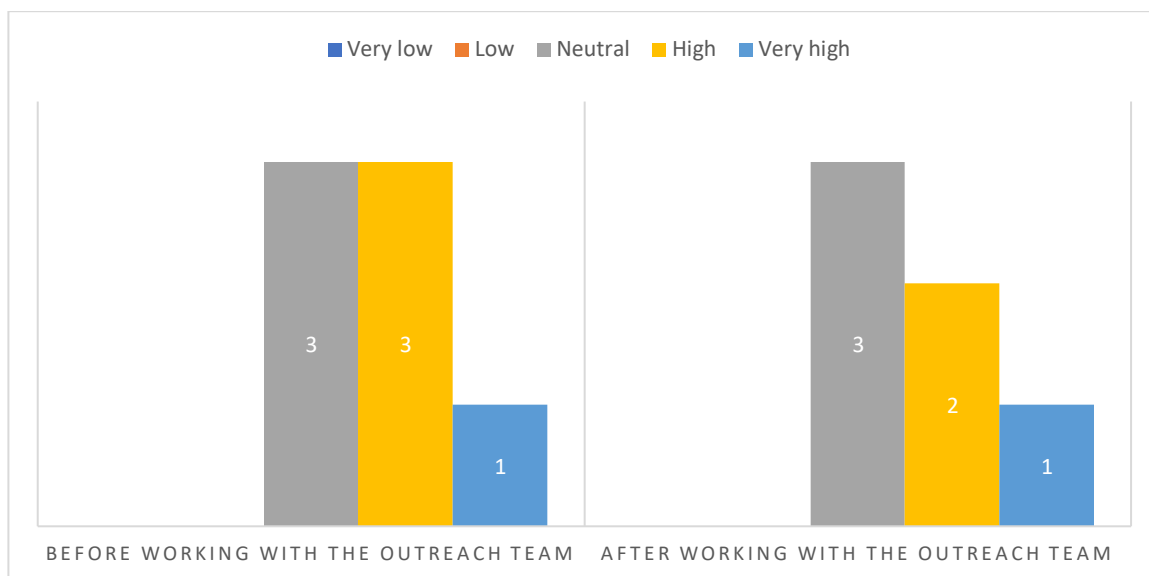
When asked to describe what worked well in their interactions with the AOT, while 2 respondents mentioned that they hadn't worked directly with the AOT, others shared:

- They felt their agencies should work together better, & be more joined up (x1)
- Most often, partners discussed the AOT attending & sharing feedback at Team around the Child (TAC) meetings & contributing to multiagency discussions (x3).
- It was mentioned that team members were often friendly & worked well with class teachers (x2).
- Lastly, one individual mentioned linking with the outreach service to support an awareness-raising group

Next, individuals were asked to share the strengths or skills to support inclusion which were elicited as a result of linking with the AOT. 3 of the 4 individuals who gave input stated that awareness of strategies to use with autistic pupils increased in school staff as a result of linking with the AOT, as well as the team sharing knowledge of practical supports (x1). The team were also viewed as supporting a move towards a more inclusive viewpoint (x1).

When asked "what could have gone better in your experience with the AOT's services? (What were the challenges, if any?)", partners stated:

- It would be helpful to improve communication (which is true for all partners) (x1)
- One individual suggested shared creation of SMART targets (x1), developing a service delivery policy (x1, or using an evidence-based framework to support evaluation (x1)
- Upskilling all education staff on top evidence-based strategies was suggested (x1) – schools were often looking for bespoke support & strategies rather than common good practice (x1).

- Would be helpful for the team to coach & model strategies in a more hands on way (x1), & to support implementation of new strategies (x1. Furthermore, it was suggested that they should help evaluate the effectiveness of these strategies to determine next steps (x1).

Professionals were also asked to give quantitative ratings of several items relating to their satisfaction with several areas of input from the outreach service:

1. Contact with pupil
2. Contact with parents
3. Contact & communication with school
4. Advice & strategies given
5. Any training delivered
6. Involvement in any systemic work

Ratings were given on a 6-point scale, 1 'very dissatisfied, 2 'dissatisfied, 3 'neutral', 4 'satisfied and 5 'very satisfied' – parents could also respond 0 'N/A' (See figure 8).

Figure 8. Associated professionals' satisfaction with various areas of input from the outreach service.
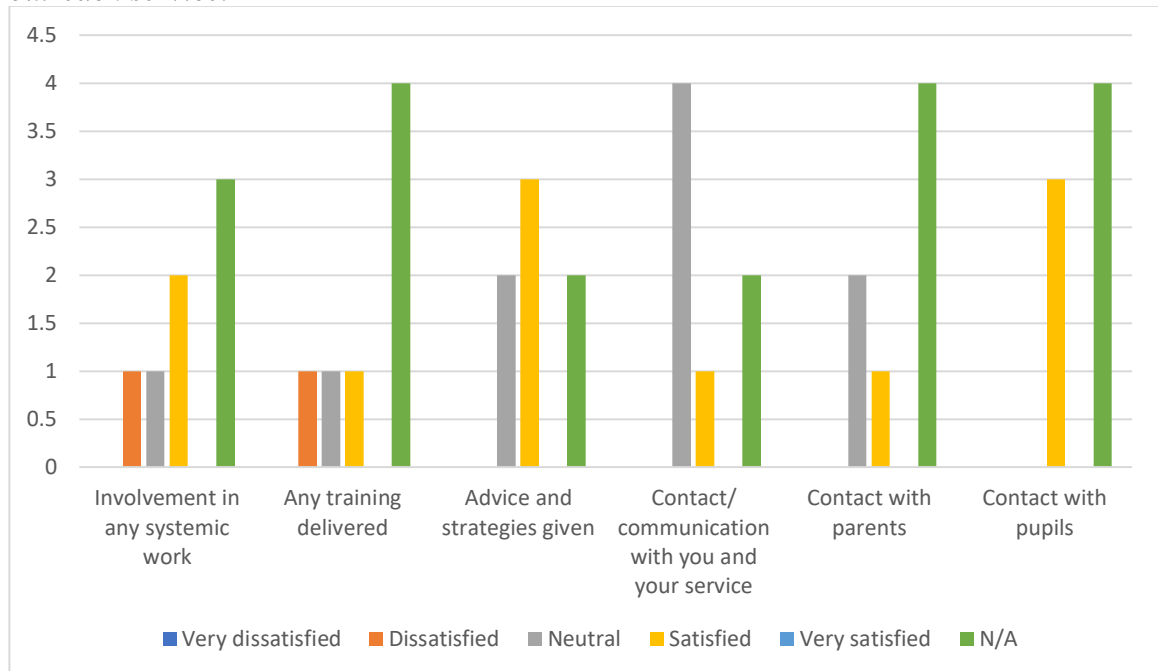
Partners were asked for further comments on the above areas. Their responses were as follows

- Comments on contact with pupils and parents
  - Only had experience via TACs – N/A (x1)
  - Team should provide more hands-on support with coaching & modelling and avoid making comments on placements & non-mainstream provisions (x1).

- Comments on advice & strategies given
    - Difficult for all partners to be aware of the advice given (x1).
    - There needs to be continued support, if strategies are difficult to implement (x1).
- Comments on training delivered
    - Neither individual had heard of or experienced any training from the AOT (x2).
- Comments on systemic work
    - Neither individual had experienced or been aware of any systemic work by the AOT (x2).

Lastly, all partners were asked for any additional comments. They stated –
- It would be useful to have an update on the role of the AOT (x1) (a previous comment requests a service delivery policy for the AOT)
- AOT team would like to have more involvement with AOT, as presently feel they have very little – suggested that joint goal setting would be helpful (x1)
- Service delivery from the AOT is inconsistent (x1).

Appendix C5

ASPEP – Autism Outreach Service Scoping Exercise – Online Questionnaire

We are currently conducting an evaluation of the autism spectrum disorder (ASD) outreach service (AOT) in XXXXX, with the aim of identifying good practice and areas of development to further enable the service to support children and young people. To better inform our understanding of autism outreach services, we are conducting this national scoping exercise. This form will ask about your awareness of and experiences with the outreach service in your authority, so if you could reflect as best you can and give a holistic picture of the service it would be greatly appreciated.

If you have any further questions, please feel free to contact Carole Campbell (carole.campbell@XXXXX.gov.uk). If you leave your email, we will share our findings upon conclusion of this research.

Please note, responses will be collated and used anonymously to increase our awareness of good practice. This depersonalised information will be used to inform and further develop the XXXX approach to autism outreach support in line with similarities and differences to the national picture.

1. Name

2. Local Authority

3. Email

4. Does your authority have an autism outreach service?
   a. Yes (if yes, straight to Q8)
   b. No (answers Q5-7 then ends form)

5. If not, are there plans to develop this support within your authority?
   a. Yes
   b. No

6. What will this support look like when developed?

7. How are children and young people with ASD currently supported in mainstream in your authority?

8. How many people work within the outreach service?

9. Does the autism AOT support children and young people from age 3-18?
    a. Yes
    b. No

10. If not, what age range does the team support?

11. Is a diagnosis of autism required to access this support?
    a. Yes
    b. No

12. What is the process of accessing/being referred to the service?

13. How are the impact & outcomes of the service measured for individual children and young people?

14. How is the autism outreach service as a whole evaluated?

15. What are the strengths and value added of including the autism AOT as a support?

16. What, if any, are the areas of development for your authority's autism outreach service, in your opinion?

17. Please rate the following:

	Very low	Low	Neutral	High	Very high
The effectiveness of the autism AOT in supporting inclusion					

18. What particular practices of the team facilitate the inclusion of children and young people with ASD?

Appendix C6

ASPEP – Autism Outreach Services Scoping Exercise

I am currently conducting an evaluation of the autism outreach service in ******with the aim of identifying good practice and areas of development to further enable the service to support children and young people. To better inform our understanding of autism outreach services, we conducted a national scoping exercise and asked principal educational psychologists from all 32 LAs to share their experiences with outreach services. We received input from 17 members of ASPEP – representing a return rate of over 50% - and their collated responses are as follows. The authorities we received input from varied, and included urban, rural and remote areas.

11 of 17 participating authorities reported that they had an autism outreach service. Of the 6 that did not, 1 stated that they had plans to develop this support, and 5 did not. For the authority who planned to develop their autism outreach support, it was envisioned that this team would be part of the mainstream outreach support.
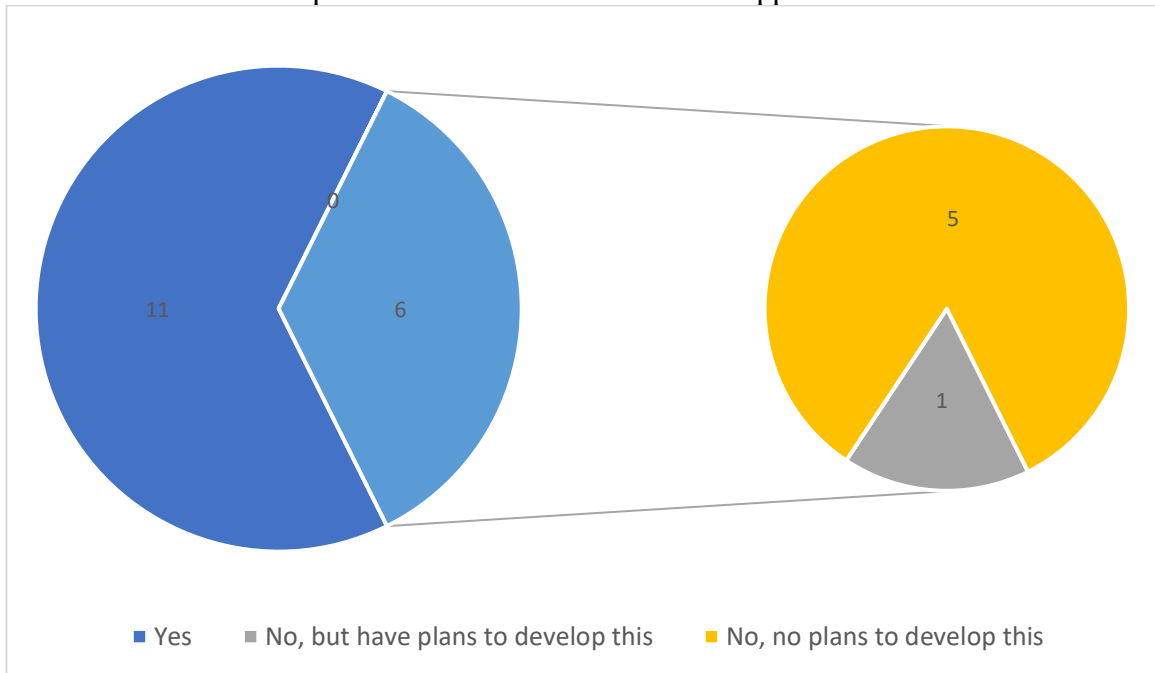
The 6 authorities without autism outreach support services were asked how children and young people with autism are currently supported within mainstream in their authority. They stated that –
- For 2 authorities, it varies according to need.
- Some stated that children and young people are supported locally (1) & with whole-school, mainstream approaches where possible (1). For some pupils

though, a further staged approach through targeted supports, enhanced provisions or bases was necessary (4).

- For two authorities, upskilling or professional development of a wider range of staff to support additional support needs helped maintain children and young people within mainstream.

Questions for Authorities with Autism Outreach Services

PEPs were asked how many people work within their authority's outreach service – the average team size was 4.6, with teams ranging from 1 full time individual with a temporary part-time staff member to a team of 8 or 10.

9 outreach services supported children and young people from age 3-18 – one authority reported starting support at age 2, and another reported that they support school age children.

Is a diagnosis of autism required to access this support?

6   5

■ Yes ■ No
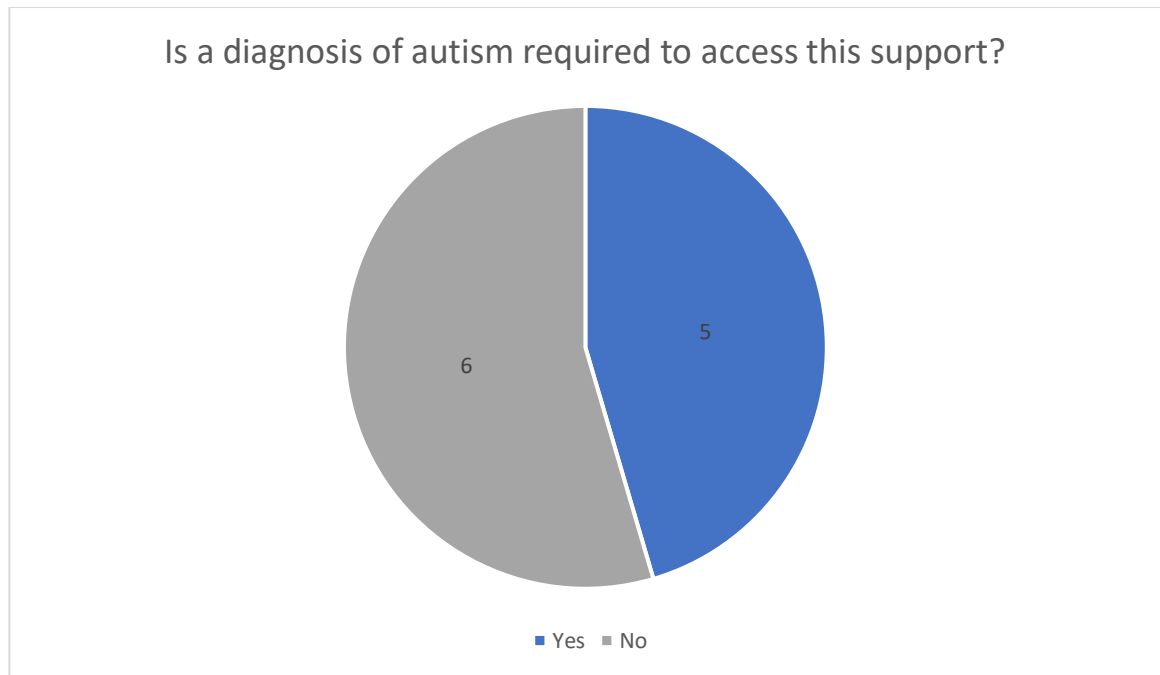
Those with an outreach service were asked how individuals' access or are referred to the service, they stated:
- Referral from school (x6)
- Referrals from health or diagnostic team (x2)
- Referrals also go via an allocation group/referral panel/education outreach group (x3)
  o RFA by named person (x2)

Key to the purpose of this survey was gathering information to support the evaluation processes of the autism outreach service. When asked how the impact & outcomes of the autism outreach service are measured for individual children & young people in their authority, individuals mentioned:

- Annual reporting (x1)
- Feedback on progress via child's plan (x3)
- Action plan using SHANARRI indicators to evaluate impact (x1)
- Individual targets and support plans for children (x1)
- Through GIRFEC process & feedback (x1)
- Post-intervention questionnaires given to parents & school – usually outreach service work within child's plan, so documented there also (x1)
- Parent feedback & external evaluation. (x1)

Participants were also asked to share how the outreach service as a whole is evaluated within their authority, and while 5 individuals commented that this was an area for development or isn't currently evaluated, others stated that the methods in their authority for wider evaluation included:

- Evaluated over time via the autism strategy plan (x2)
- Through quality improvement officer/manager linking with the AOS (x1)
  - Plan to evaluate against quality indicators of an HMIE inspection (x1)
- The quality assurance measures used within the wider supporting learner's department, also through ongoing supervision & team meetings (x1)
- Through a generic feedback form (x1)

When asked what the strengths & value added of including the autism AOT as a support are, ASPEP members mentioned:

- Meeting a massive demand (x1)
- Specialist knowledge & experience (x3)
  - Can give support & advice with strategies (x5)
- Training, coaching & modelling (x3)
- Support families with understanding & increasing consistency between home & school (x4)
- Providing direct, operational support to schools around ASD (x1)
  - EPS's can't provide the increased level of ASN support in schools, so AOS staff members can help fill this in. (x1)
- Engage in partnership working with health colleagues (x1)
- Also support assessments for the ASN forum for placement considerations (x1)

Individuals were asked to share areas of development for their authority's outreach service, the areas shared were:

- Pre-school working in the home (x1)
- Moving to a strengths-based approach based on needs vs a deficit model (x1)
  - Include more strategic priorities

- - Streamlined approach across services
  - Also looking at a good way to evaluate outcomes
- Access to CLPL, training for new staff, & career development (x1)
- Reviewing the model of delivery, to reduce waitlists. (x1)
- Evaluation, improvement planning & impact measurement (x2)
- Increased staffing to enable service development – see also, extending autism champions across authority. (x2)
- Closing files after input (x1)

100% of respondents stated that the perceived effectiveness of the AOT in supporting inclusion was high.

Lastly, members of ASPEP were asked about the particular practices of the team that facilitate the inclusion of children & young people with ASD –
- SCERTS (x2)
- Knowledge & experience – sharing practical strategies, appropriate resources/supports & advice (x4)
- Building resilience & confidence in staff (x2)
  - Providing training & development opportunities (x2)
- Supporting school staff to make adaptations to the learning environment to increase inclusiveness (x1)
- Partnership working with other agencies & co-planning to support inclusion (x2)
- Accessing the views of the young person (x1)
- Supporting families and pupils to understand diagnosis (x1)
- Support creation of establishment ASD development plans (x1)

Pupil Evaluation short summary of responses

Responses were received from 13 pupils across 6 secondary schools.

Pupils were asked to rate the following statements on a 4-point Likert scale from 1 – 'strongly disagree' to 4 – 'strongly agree', according to how much they agree based on their own experiences – See Figure 1.

1. I enjoy school
2. My school is a good school
3. I know how well I am doing in school
4. I understand that I was referred to the AOT
5. The AOT explained their role to me
6. The outreach teacher has helped me to understand myself better
7. A plan was put in place to help me
8. The AOT are interested in my views and opinions
9. The plan that we put in place helped things to get better
10. I learned some strategies to help me
11. The AOT made me feel supported to share my thoughts and feelings

The ratings also included the following representative emojis:

Strongly agree	Agree	Disagree	Strongly disagree
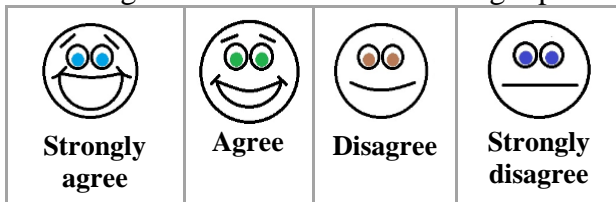
Figure 1. Young people's experiences of education and working with the autism outreach service (averages)
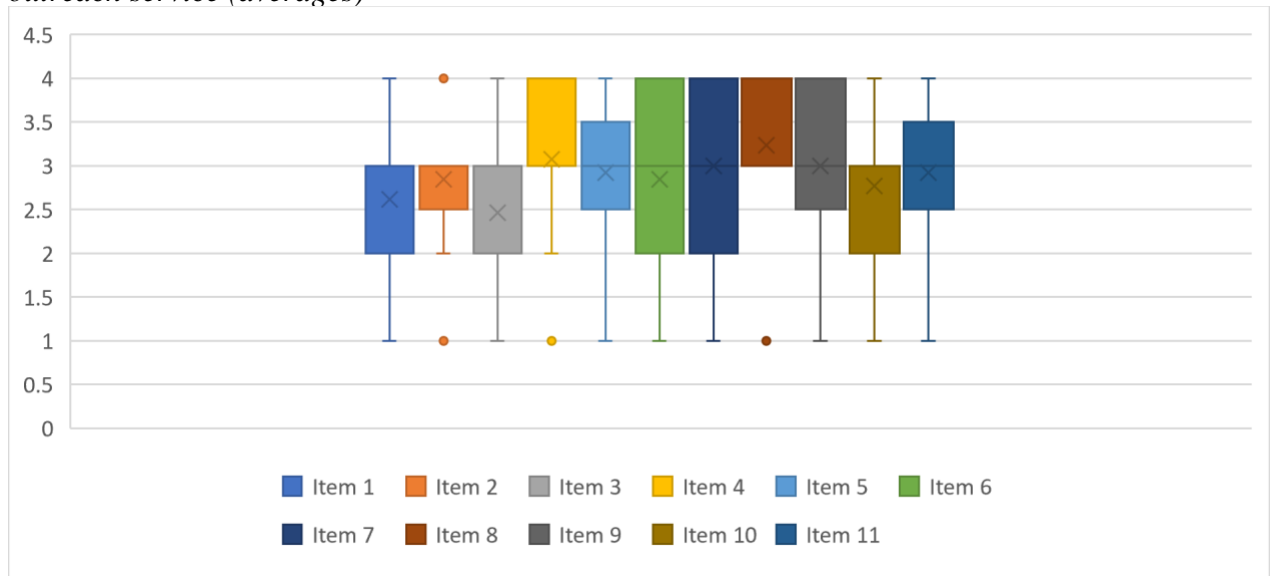
When asked what they enjoy most about working with the AOT, pupils mentioned:
- Artwork (x1)
- Sharing thoughts, opinions & feelings (x4) & speaking openly (x1)
  - "Someone to talk to & help me" (x1)
- Like meeting with (outreach worker) & time out of class (x1)
- 1 to 1 support to help cope & manage school & schoolwork (x2)
- Meeting different people (x1)
- Fidget toys (x1)
- Don't know (x3)

Pupils were also asked what things were difficult about working with the AOT, and while 5 pupils said nothing, 1 said they had forgotten everything, and the other 7 mentioned being taken out of class, the volume of information, finding somewhere to work or starting something new (x2), and talking (x3), respectively.
When asked to share what they didn't like about working with the AOT & if there was anything that could be done to improve this in future, 11 of the 13 young people who responded said there was nothing, or that they really enjoyed it. One individual stated that they had only been twice, and the other mentioned:
- 'There were too many questions about how "I as an autistic person" felt, which made me feel awkward'

Young people also shared the following ways that the AOT has helped them:
- Managing assessments & preparation, manage different situations, staying calm (x2)
- Don't know (x3)
- Helped change the way I see things, & understand what's a "bad" situation (x2)
- Out of class card (x1)
- Helped express frustrations or share thoughts & feelings (x3)
- Helped return to school (x1) or with problems in school (x1)
- Helped to be able to ask for help (x1)

Pupils were asked to comment on anything they learned from working with the AOT that they feel will help them in the future. The 4 individuals who completed this item mentioned:
- Deep breathing to calm down, activities to self-regulate & mindfulness (x1)
- Fidget toys (x1)
- Support in place for things like assessment (x1)
- Be myself & speak up for myself (x1)
- How to do stuff & have other people help if needed (x1)

Lastly, young people were asked for any other comments. The 3 pupils who gave additional comment stated that "It was very useful and benefitted me at my time at Marr", "[outreach link] is a fantastic lady who cares about everyone she works with. She

is a genuine person I really like her", & "I would like to see [outreach link] more often & would like more help with her autism which makes her life a 'living nightmare'".

Appendix C8

Pupil evaluation – Paper questionnaire
PUPIL QUESTIONNAIRE

Please rate the following statements from strongly agree to strongly disagree according to how much you agree or disagree with them based on your own experience. Remember to circle one rating for each statement.

		Strongly agree	Agree	Disagree	Strongly disagree
1	I enjoy school.	Strongly agree	Agree	Disagree	Strongly disagree
2	My school is a good school.	Strongly agree	Agree	Disagree	Strongly disagree
3	I know how well I am doing in school.	Strongly agree	Agree	Disagree	Strongly disagree
4	I understand that I was referred to the Autism outreach team.	Strongly agree	Agree	Disagree	Strongly disagree
5	The Autism outreach team explained their role to me.	Strongly agree	Agree	Disagree	Strongly disagree
6	The outreach teacher has helped me to understand myself better.	Strongly agree	Agree	Disagree	Strongly disagree
7	A plan was put in place to help me.	Strongly agree	Agree	Disagree	Strongly disagree
8	The Autism outreach team are interested in my views and opinions.	Strongly agree	Agree	Disagree	Strongly disagree
9	The plan that we put in place helped things to get better.	Strongly agree	Agree	Disagree	Strongly disagree
10	I learned some strategies to help me.	Strongly agree	Agree	Disagree	Strongly disagree
11	The Autism outreach team made me feel supported to share my thoughts and feelings.	Strongly agree	Agree	Disagree	Strongly disagree

What did you enjoy most about working with the Autism outreach team?

What things about working with the Autism outreach team were difficult?

Was there anything you didn't like about working with the Autism outreach team? Is there anything we could do to improve this in future?

In what way(s) do you think the Autism outreach team has helped you?

Please comment on anything you have learned from the Autism outreach team that you think will help you in the future

Any other comments:

Appendix D

<u>Qualitative options for analysing focus group data</u>

Research Questions:
Overarching
How can an AOT increase and improve inclusive practices to further support positive experiences in the mainstream classroom for young people with social communication difficulties including ASD?
Study 1
1. What are the AOT currently delivering to support learners with ASD/ social communication difficulties in mainstream classrooms?
2. To what extent is the service currently meeting users' needs?
3. What are the differences for teachers, parents, and pupils because of the involvement of the AOT?
4. What are the next steps for improving the service?

Study 2
1. How well do stakeholders feel transitions are undertaken by the LA?
2. What do stakeholders feel will assist in more positive transitions?
3. What guidance do stakeholders feel school staff need to implement more effective transitions and provide better support?

Purpose for which the data is collected:
- Evaluation of the current service & impact of the current service
- Establish stakeholders' beliefs about the current situation re ASD/ Social communication transitions
- Identify current good practice and encourage the consistent application across the wider LA
- Identify potential improvements for transitions that can inform good practice guidance
- Co-created good practice transition guidance for children with ASD/ social communication issues.

Qualitative analysis methodology styles	Detail	Benefits	Drawbacks	Feasibility/ accessibility
Coding (Strauss & Corbin, 1990)	Assigns code labels to categorise data sets. Exploring the diversity themes and patterning of meaning in the data set – labelling specific segments Codes are the smallest unit of analysis Coding is a central feature in many forms of qualitative analysis. Codes can be developed into 'themes'	Identifies a concept of meaning associated with particular segments of data

Can both reduce the data content & provide an analytic take on an area of interest. More focus on volume & breadth Can be coded according to data type | Little information of depth & meaning.

Risks stripping out important contexts & fragmenting holistic data therefore losing the 'whole picture'.

The researcher can become swamped with codes | Feasibility Requires more than one coder to reduce bias

Requires a codebook to be developed

Time expensive

Accessibility

Inter-rater reliability supports the validity of data |
| Thematic analysis (Braun & Clark, 2006) | A method of identifying and analysing patterns/ themes within research. Can capture important information in relation to the RQs. Braun & Clark reference a six-step process | Can be used to interpret meaning Relatively easy to conduct

Flexible around epistemological & theoretical stance. | Need to ensure not merely paraphrasing the data. Need to develop an analytic narrative.

Can be subjective | Feasibility

The six- step methodology is easy to follow and can be applied to many forms of qualitative data.

Accessibility |

				Highly accessible for a wide variety of research experience
Thematic Framework analysis (Ritchie & Spencer, 1994)	Sits within the content analysis family. Allows data to be organised in line with the researcher's salient themes. Identifies five main stages On the basis of reviewing the data researchers develop a framework A codebook is constructed from analysis of the data. Most suited for interview data (Gale et al, 2013)	Identify similarities & differences in data then relationships between different parts of the data Draws descriptive/ explanatory conclusions Systematic & flexible. Facilitates team working in analysis. Used extensively in health services research. Flexibility around epistemological stance. Framework analysis allows for themes to guide the development of a framework, balancing pre-defined questions (or assumptions one may have going into coding	Can be time consuming and resource intensive. High training component. Can lead to trying to quantify qualitative data (Gale et al, 2013). More complex & requires more experience than an approach like thematic analysis, which is suited to qualitative research novices.	Feasibility Provides a more structured approach Can be time consuming & resource expensive Accessibility An experienced researcher in thematic analysis is required. There can be a high training component required.

		the data) with freedom to be flexible based on themes emerging in the data. (Parkinson et al., 2016)		
Content analysis (Glacer & Laudel, 2013)	Summarises and reporting data Making inferences about data by identifying classes or categories of data. Often involves counting, coding comparing, contrasting and categorising elements A criterion for selection is identified before the data is analysed	An un-obtrusive technique Systematic and verifiable The rules of analysis are explicit making re-analysis possible Epistemology focusses on co-creation, but there are concerns about epistemological uncertainty (Schreier et al., 2019)	Doesn't explore associations or causal relationships between variables. Less flexible than other approaches.	<u>Feasibility</u> Relies on more than one coder & coder inter-reliability Inter-rater reliability is time intensive <u>Accessibility</u> A codebook or coding frame needs to be developed Once developed approach is highly accessible
Narrative analysis (Gee, 2005)	Focuses on the interpretation of narratives generated by participants and the analytic procedures associated.	Can bring fresh insight into familiar situations. Can look at the main features being reported. Views participants as 'telling their story'	Is strongly interpretivist & the authors construction. Can be difficult to separate facts from observations.	<u>Feasibility</u> Data set is too large Will be time expensive

	Creates unity out of disparate elements. Rooted in a social constructivist paradigm. Can use thematic analysis and structural analysis.	rather than merely contributing data in response to prompts from researchers (Parkinson et al, 2016)		Main focus not on individual narrative Accessibility Processes can be less concrete
Interpretative phenomenological analysis (IPA) (Smith, Flowers & Larkin, 2009)	Focusses on & seeks to examine lived experiences, & how individuals make sense of these first-hand experiences. Phenomenological & experiential.	Seeks to understand experiences 'Participant-oriented' Open to different epistemological stances (Larkin et al., 2006)	The focus on each individual's first-hand experience is very time intensive. Can't impose existing theory or concepts.	Feasibility More akin to smaller samples. This sample is too large Deeper analysis of items Looking for actionable outcomes. Accessibility Focuses on the details of each case before looking at themes across cases Focus groups are data source and not detailed interviews.

Grounded Theory (Glasser & Strauss, 1967)	Deductive approach As the name suggests, seeks to derive theory or meaning which is 'grounded' in the data. Data collection & analysis occur simultaneously.	Flexible, able to be used in various fields of study. Suitable for looking into new fields or exploratory research (Burck, 2005). Recursive/cyclical allows for sensitivity to the data (Toloie-Eshlaghy et al., 2011). Grounded theory allows for questions to be adapted during data collection/analysis – in the case of our study, consideration of the most appropriate qualitative method was undertaken following data collection, reducing the appropriateness of GT (Noble & Mitchell, 2016)	Better suited to analyses focussing on social relationships or processes than experiences. Doesn't take account of pre-existing thoughts or theories of researcher.	Feasibility Interviewing is the typical methodology of GT Samples tend to be smaller and homogenous. The pathway can be complex Time consuming Accessibility Can be lengthy and complex Not ideal for identifying patterns in data
Template analysis (Langdridge, 2007)	Applying a template (categories) based on prior research and theoretical perspectives and initial engagement	Facilitates the production of similar findings.	Less concerned with interpreting the data than other approaches	Feasibility Can be more difficult for novice researchers (developing the

	Emphasises the use of hierarchical coding. Encourages the development of themes were the richest data is found (e.g., around RQs).	Allows a focus on important research areas and a level of depth of analysis. Provides a high degree of structure but can be used flexibly. Can be tailored to the research. Not bound to one particular epistemology	Focus across cases rather than within case analysis The initial template can be difficult to establish	template and the structure of the template) Can be less time consuming than other methodologies. Accessibility The initial template can be difficult to structure

Content analysis of authority transition plans codebook

Email sent to all Headteachers to request copies of transition policies or written processes for nursery to primary and primary to secondary transition. Nil returns (i.e., schools that don't have one) were requested – follow up emails x2.

Purpose of content analysis

- To establish the current practices for transition within the LA (i.e., looking outward for the transition team).
- To identify areas of strength & areas of development – this will give the AOT more information on how they can support transitions (value added)
- To identify where schools need support from the AOT

Research questions

1. How often are the identified supports from the literature referred to in schools transition policies?
2. What are the most commonly referenced supports in school transition policies for each sector i.e., nursery, primary & secondary?

The review of the literature

A review of the literature using the Strathclyde University Suprimo search with terms transition, pre-school, nursery, primary, secondary, ASD, schools, autism, additional support needs, ASN and using Google Scholar using the terms transition, school, additional support needs, ASN and autism was undertaken.

The purpose of this review was to identify what the academic literature identifies in terms of supports for transition. From the search the following items were identified as supports for transition:

- Collaboration of all staff involved **
- Relationships – peer/ teacher
- Effective pre –planning – pro-active
- Staff knowledge of transition processes
- Staff knowledge of ASD & how to support children/ yp.
- Staff/ parent expectations & collaboration
- Support from parents & parental involvement
- Environmental supports - sensory, visual, nurture
- Social supports – buddies, safe person/ space, peer bonding
- Visits, programs, schedules & timetables
- Information – for parents, pupils & staff

- Effective communication – key personnel
- Student centered planning
- A clear student profile.
- Self-regulation – strategies, supports.
- Coping strategies/ supports.
- Use of social stories
- Curriculum at their level & continuity
- Kindness & understanding
- Engagement & motivation

Three researchers will look at school transition policies in sectors to answer the RQs. It was agreed that quantitative content analysis would be used most effectively to answer the RQs and that the approach would include a deductive epistemological stance due to the desire to reduce the policies/ practices to those which have been identified by the academic literature as being effective in supporting transition. The coding's/ coding strategy will be agreed prior to coding.

The researchers met to agree potential codes for the content analysis and one transition policy was selected for analysis to trial the use of the identified codes (Appendix 1).

The unit of analysis to be coded was discussed as being the sentences within the text. Headings were excluded from the content analysis.

The process of coding

Titles and quotations will not be coded. The aim is to code actions taken by the school. Other information related to other areas e.g., other areas in a handbook will not be coded

Units that are not coded, within transition information, will be kept in the section of the form to allow for grounded analysis of uncoded data.

Each sentence will only be coded once (i.e., in one category). Where more than one category is referenced in a unit that information will be allocated to additional units' section. Where there are additional units, the unit will be coded under the first item mentioned.

Appendix 15. 1 – Codes

Concepts

A. Collaborative process involving all relevant professionals (including current and receiving establishments)
- i.e., clear communication between establishments/staff
- sharing of information/assessment information

B. Collaborative process involving parents
- i.e., clear communication of information & expectations
- parents consulted throughout
- parental input valued

C. Relationships are promoted (child and teacher)
- Reference to the importance of relationships and identified strategies for promoting positive relationships.

D. Relationships are promoted (child and peer)
- Reference to the importance of relationships and identified strategies for promoting positive relationships.

E. Effective preplanning
- i.e., pro-active
- clearly defined processes around timing of transition supports
- CYP are given opportunity to visit receiving establishment prior to transition
- clear protocol re visits, schedules & timetables

F. Key personnel identified to ensure appropriate processes are followed & supports in place
- i.e., in current and receiving establishments
- overseeing ongoing support after initial transition

G. Information available for parents, pupils & staff to access
- i.e., clear guidance
- information packs containing info re new school, new staff, new environment
- Information evenings/ parent meetings

H. Staff knowledge
- i.e., of transition processes
- how to support CYP during times of transition
- references to staff training

I. Staff knowledge of ASD & how to support CYP with ASD/ ASN during times of transition i.e., references to staff training/knowledge

J. Environmental supports
- i.e., sensory, visual, nurture, social stories
- safe space identified for CYP to access should they require this

K. Student centred planning
- i.e., a clear, detailed student profile is available which acknowledges individual need
- curriculum aimed at their level; continuity of support received in previous establishment
- opportunity for CYP to share their views

L. Self-regulation supports and strategies
- i.e., use of emotional literacy program/supports
- support for CYP to identify and utilise coping strategies

M. Nurturing approach
- i.e., kindness, patience & understanding
- Reference to consideration of young people's mental health & well being
- Acknowledges anxiety around transitions that can occur/ references support.

N. Engagement & motivation –
- i.e., offering CYP opportunities to engage in the transition process – tailored supports
- reference to the importance of engaging young people in the transition process

  N. Reference to Covid
- Outlines changes to policies/ practices in line with Covid restrictions

- **O. Does not meet the criteria for any concept**

In Form Appendix

Content analysis Form

- We are using a deductive approach to template analysis as we are using existing theory and literature to create a coding strategy prior to coding
- A grounded theory approach analysis will be undertaken on the 'uncoded' data using an emergent approach.
- The unit of analysis is the sentence.
- Explicit and implicit presence within text – agree examples of implicit references which may appear.
- Complete pilot exercise as a group to agree coding protocol. Agree on data not to analyse i.e., headings

Transition document:
Total number of units for analysis:
New total after analysis:

Example Concepts	Code	Presence (explicit)	Presence (implicit)	Additional Unit	Frequency within text total
Collaborative process involving all relevant professionals (including current and receiving establishments) - i.e., clear communication between establishments/staff - sharing of information/assessment information	A				
Frequency within text					
Collaborative process involving parents - i.e., clear communication of information & expectations - parents consulted throughout - parental input valued	B				

Frequency within text					
Relationships are promoted - i.e., peer/teacher	C				
Frequency within text					
Relationships are promoted - **Peer to peer**	D				
Frequency within text					
Effective planning i.e., pro-active - clearly defined processes around timing of transition supports - CYP are given opportunity to visit receiving establishment prior to transition - clear protocol re visits, schedules & timetables	E				
Frequency within text					

Key personnel identified to ensure appropriate processes are followed & supports in place - i.e., in current and receiving establishments - overseeing ongoing support after initial transition	F				
Frequency within text					
Information available for parents, pupils & staff to access - i.e., clear guidance - information packs containing info re new school, new staff, new environment - Information evenings/ parent meetings	G				
Frequency within text					
Staff knowledge	H				

- i.e., of transition processes - how to support CYP during times of transition - references to staff training					
Frequency in the text					
Staff knowledge of ASD & how to support CYP with ASD/ ASN during times of transition i.e., references to staff training/knowledge	I				
Frequency within text					
Environmental supports - i.e., sensory, visual, nurture, social stories - safe space identified for CYP to access should they require this	J				

Frequency within the text					
Student centred planning - i.e., a clear, detailed student profile is available which acknowledges individual need - curriculum aimed at their level; continuity of support received in previous establishment - opportunity for CYP to share their views	K				
Frequency within the text					
Self-regulation supports and strategies - i.e., use of emotional literacy program/supports - support for CYP to identify and utilise coping strategies	L				

Frequency within the text					
Nurturing approach - i.e., kindness, patience & understanding - Reference to consideration of young people's mental health & well being Acknowledges anxiety around transitions that can occur/ references support	M				
Frequency within the text					
Engagement & motivation - i.e., offering CYP opportunities to engage in the transition process – seeking their views, tailored supports - reference to the importance of engaging young people in the transition process	N				
Frequency within the text					

Reference to Covid - Outlines changes to policies/ practices in line with Covid restrictions	O			
Frequency within the text				
Does not meet the criteria for any concept - Include details for grounded analysis	P			
Frequency within the text				
Other un-coded unit				

Appendix E2

Content analysis Form

- We are using a deductive approach to template analysis as we are using existing theory and literature to create a coding strategy prior to coding
- A grounded theory approach analysis will be undertaken on the 'uncoded' data using an emergent approach.
- The unit of analysis is the sentence.
- Explicit and implicit presence within text – agree examples of implicit references which may appear.

Example Concepts	Code	Presence (explicit)	Presence (implicit)	Additional Unit	Frequency within text total
Collaborative process involving all relevant professionals (including current and receiving establishments) - i.e., clear communication between establishments/staff - sharing of information/assessment information (move to K)	A	(A1) Work and plan collaboratively across our learning community (line 29) (A4 – F1) Sound arrangements for transferring information from one named person to another to ensure continuity of plans (line 41-42) (A7) Primaries should also send appropriate completed assessment for children e.g.: Boxall, Ecological assessments,	(A3) Agreed approaches to record keeping and passing on of information (line 39) (A5) Primary Schools will also be asked for their advice regarding the formation of classes i.e., which pupil pairings should be avoided. (line 88-89) (A6) Guidance, PT PS and SLT will visit Primary Schools in **May (Dates tbc).** (line 96)		

		Literacy/Numeracy assessments, GL Screeners, CAP/Wellbeing Assessment, IEP Transition Targets, Speech & Language, any other relevant (line 119-122 agreeing) (A8) *Annual Pupil Support Co-ordinators meetings will take place within each school to discuss staged intervention for children in P5-P7 (line 132-133)* (A10-I7) XXXX (Acting DHT) and XXXX (PT Pupil Support) will visit all associated Primary Schools to observe P7 pupils in situ, meet the pupils and (line 140-141)	(A9) *These meetings will also be attended by the link Educational Psychologist. (line 135)* (A11) XXXX staff, and representatives from other appropriate agencies, should be invited to ensure that relevant information is shared. (line 175-176) (A12) (A13) Post transition meetings for identified young people will be called via TAC meetings during the month of September. (line 187-188) (A14) Youth Workers split their time between allocated primary schools and XXX. (line 211-212)		
Frequency within text		5	7		12
Collaborative process involving parents	B	(B1) Actively engage young people and their parents and carers in transitions at all	(B4) The evening will take the form of presentations from senior members of staff, a tour of the School conducted by prefects and visits to curricular departments to		

- i.e., clear communication & sharing expectations - parents consulted throughout - parental input valued		stages of learning (line 44-45) (B2-I2) Arrangements to involve families and relevant agencies in designing transitions… (line 46-47) (B3) The Parents of P7 pupils are invited to a Parents' Information Evening on **Monday 13th June 2022**. (line 81-82) (B5) Arrangements for pupils to visit XXXX with their parents on an individual basis can be put in place by contacting XXXX (PT Pupil Support). (line 162-164)	meet with teaching staff. (line 84-86) **(B6)** If appropriate, Transition Reviews can take place in xxxx if parents would like a tour of the School and the Pupil Support facilities (line 181-182)		
Frequency within text		**4**	**2**		**6**
Relationships are promoted - i.e., peer/teacher	C	(C1-D1) Guidance staff and S3/Senior pupils will be involved with P7/S1 as buddies. (line 94) (C2) All S1 pupils will receive a 1:1 interview with their			

		<mark>Guidance Teacher very soon after arriving in XXX. (line 227-228)</mark> (Amy coded as F, change this) (C3) <mark>This pastoral contact is to ascertain how they are settling in and also to start building a relationship with their Guidance Teacher. (line 230-231)</mark>			
Frequency within text		**3**			**3**
Relationships are promoted **- Peer to peer**	D	(D2) <mark>All S1 pupils will have a small 'family group' of Senior buddies (e.g., 6 S1 pupils & 3 Senior Pupils) meeting them in their first week of school. (line 239-240)</mark> (D4) <mark>These pupils may be assigned an S6 peer supporter (buddy) to work with them in some of their classes (line 249-250)</mark>	(D3) <mark>Regular check-ins with this group will be planned throughout the session. (line 242)</mark>	(D1-C1) <mark>Guidance staff and S3/Senior pupils will be involved with P7/S1 as buddies. (line 94)</mark>	
Frequency within text		2	1	1	4
Effective planning i.e., pro-active	E	(E2) <mark>We will put in place a comprehensive, well-planned</mark>	(E5) <mark>The two mornings are spent following their S1 timetable and afternoons will focus on sports</mark>	(E3 – M1) transitions and to take very good	

- clearly defined processes around timing of transition supports - CYP are given opportunity to visit receiving establishment prior to transition - clear protocol re visits, schedules & timetables		programme of transition arrangements (line 32-33) (E4) P7 Pupils visit XXXX for two days in June. (line 73) (E6) They will visit the XXXX for a least 4 periods, one per week, prior to the main P7 Primary visits (line 153-154) (E7) A range of curricular transition events will be agreed (line 201)	activities and activities around school values. (line 75-76) (E8?) The first topic in their Personal and Social Education classes is entitled 'Starting Secondary School'. (line 233-234) (2 agreeing N)	account of mental, emotional, social and physical needs when planning transitions. (Line 49-50)	
Frequency within text		4	2	1	7
Key personnel identified to ensure appropriate processes are followed & supports in place - i.e., in current and receiving establishments - overseeing ongoing support after initial transition	F	(F2) Primaries should liaise with XXXX should they wish to arrange Reviews in. (line 184-185)		(F1 – A4) information from one named person to another to ensure continuity of plans such as a Child's Plan or coordinated support plan (line	

				41-43)	
Frequency within text		1		1	2
Information available for parents, pupils & staff to access - i.e., clear guidance - information packs containing info re new school, new staff, new environment	G		(G2) They will also take samples of the XXXX uniform and highlight the School Website. (line 101-102) (G3) Transition Group parental letters will be issued by individual Primary Schools once children are identified. (line 159-160)		
Frequency within text		0	2		2
Staff knowledge - i.e., of transition processes - how to support CYP during times of transition - references to staff training - Staff knowledge of autism/ASN, including references to staff training	H				

Frequency in the text					
Discussion of support for ASNs - Differentiation of transition processes	I	(I3) The transition planning for a primary school child with identified additional support needs should begin, where possible, no later than 12 months before the commencement of the secondary school placement and the final exchange of information from relevant schools no later than 6 months before the placement is due to start. (line 107-111) (I10) This is particularly useful for pupils who will become part of the extended support for learning base. This may begin at any point from P5 onwards. (line 166-167) (I13) For pupils with additional support needs, associated with behaviour and learning, there will be contact with the Pupil Support Department. (line 256-257)	(I4) Enhanced transition will begin at the start of the new session, however, for some identified pupils' transition may start earlier in P6. (line 113-114) (I5) Staged intervention plans should be provided by feeder primaries to the PT of Pupil Support at XXXX by **the February holiday week 2021**. (line 116-117) (I6) Pupils who may need an enhanced transition should be identified to XXX (PT Pupil Support) no later than the end of January 2021. (127-128) (I8) These discussions will focus on those pupils on Staged Intervention and identify enhanced transition support needs. (line 145-146) (I9) The Enhanced Transition Group is for pupils for whom the transfer process might prove	(I1 – A1) ensure transition arrangements are effective for all learners, including those requiring additional support and in line with legislative requirements. (Line 29-31) (I2-B2) Arrangements to involve families and relevant agencies in designing transitions for those requiring additional support. (Line 46-47)	

		particularly problematic and challenging. (line 150-151) (I11) Those children on Staged Intervention 1b-3 should have a pre-transition planning meeting convened by the Primary School. (line 172-173) (I12) Any additional supports required to be in place can be formulated at this meeting and the roles and responsibilities of staff can be identified. (line 178-179) There are also a number of lunchtime clubs specifically targeted at this group of vulnerable pupils. (line 253-254)	(I7-A10) discuss with teachers any additional support needs and any supports already in place. (line 142-143)	
Frequency within text		3	8	3	14
Environmental supports - i.e., sensory, visual, nurture, social stories - safe space identified for CYP to access should they require this	J				

Frequency within the text				
Student centred planning - i.e., a clear, detailed student profile is available which acknowledges individual need - curriculum aimed at their level; continuity of support received in previous establishment - opportunity for CYP to share their views	K	(K5) XXXX will seek a copy of the audit provided to XX for pupils whilst in P6 to allow analysis of data and identify potential school assistant (SA) need. (124-125) (K9) These programmes are flexible to adapt to each primary school context and the needs of pupils in their cohorts with focus on preparation for transition. (214-215)	(K3) It is our goal to ensure continuity and progression in learning across all curriculum areas at all stages of learning and enable learners to continue to build their knowledge, skills and attributes and maintain an appropriate pace of progress. (12) (line 51-54) (K4) They will speak to the P7 pupils and engage in a short activity session which is designed to answer any questions or concerns they may have. (line 98-99) (K6) PPRs should arrive in the XXXX before **16th August 2022.** (line 192) (K7) CfE profiles should be forwarded separately, preferably, in **early June.** (line 194)	(K1 – A1) …personal learning planning to help children and young people identify strengths and next steps in learning (line 36-38) (K2 – G1) Effective information sharing about learners' progress and needs (line 40)	

		(K8) CEMs/ InCAS/National Assessment should be provided when appropriate. (line 196) (K10) It requires them to reflect on their transition from Primary and aims to address any concerns they may have. (line 236-237) (K11)		
Frequency within the text		2	6	2	10
Self-regulation supports and strategies - i.e., use of emotional literacy program/supports - support for CYP to identify and utilise coping strategies	L		(L1) In addition to the extensive transition package in place, prior to transfer, there is an extensive support package in XXXX for S1 pupils. (line 224-225) (2 researchers in K)		
Frequency within the text			1		1
Nurturing approach - i.e., kindness, patience & understanding	M	(M1) Our aim is to ensure a high level of social and emotional support for young people in their transitions and	(M3) Transferring to Secondary School can be an unsettling experience; therefore, it is important that the transition from		

- Reference to consideration of young people's mental health & well being Acknowledges anxiety around transitions that can occur/ references support		to take very good account of mental, emotional, social and physical needs when planning transitions (48-50) (M2) XXXX…have 2 Senior Youth Workers leading a Health and wellbeing programme in P7 and to support P5/6 enhanced transition. (line 206-209) (M6) For some pupils this may involve being part of one of the Nurture Groups, receive EWO input or involved in our school hubs in the school. (3) (line 259-260)	Primary School is as trouble free as possible. (line 220-222) (M4) Some pupils will find settling in to XXXX quite difficult. (line 244) (M5) Some may have some emotional or social problems and could be viewed as quite vulnerable. (line 246-247)		
Frequency within the text		3	3		6
Engagement & motivation - i.e., offering CYP opportunities to engage in the transition process – seeking their views, tailored supports - reference to the importance of engaging	N				

young people in the transition process					
Frequency within the text					
Reference to Covid - Outlines changes to policies/ practices in line with Covid restrictions	O				
Frequency within the text					
Does not meet the criteria for any concept - Include details for grounded analysis	P	(P1) and it is our aim to establish the highest quality transitions for all young people. (line 25-26) (P2) Primaries should complete the TPS3 form and forward to the Centre and XXXX by **the end of January 2022. (line** 59-60) (P3) This form contains the names and addresses of those P7 pupils who wish to attend XXXX. (line 62-63)	(E1) This document outlines the primary transition process for the transfer of P7 pupils into S1 at XXXX. (line 22-23) move to P		

		(P4) Please note, the numbers of P7 pupils joining XXXX for individual primaries may be required before this date to enable projected roll figures to be calculated. (line 65-67)			
Frequency within the text		4	1		5
Other un-coded unit					

- Complete pilot exercise as a group to agree coding protocol. Agree on data not to analyse i.e., headings

Transition document: Sec School 1
Total number of units for analysis: 66
New total after analysis: 72
Number of units agreed by 2 coders: 6
Number of units agreed by 3 coders: 62
% agreement by all coders: 86%

Appendix E3

Uncoded data from content analysis – Grounded data techniques grid

Raw data	Initial code	Axial code	Category
In this policy, 'transition' describes the movement that takes place from one familiar setting to another.	Definition of transition	Definition	Definition Process Support Aims
It is defined as the process where policy and practice has been adapted to support children and young people in settling into their new learning environment in preparation for future learning and development.	Defining terms	Definition	
	Review of process	Process	
At _____School, we continually make transition a focus and strive to regularly review our processes and make changes where they are necessary.	Defining transitions	Definition	
When we speak about transitions, we have the following stages of transition:	Defining Different transitions (micro & macro)	Definition	
Transition from EYC into P1. (11)		Definition	
Transition between classes.	Defining different transitions	Definition	
	DDT	Definition	
Pupils may move up a class the following academic year or move into the school during an academic year	Defining transitions	Definition	
Post-School Transition	Additional support	Support	
To support young people to make a gradual transition onto their post-school destination or new class	Administration/ consultation process	Process	

Work experience options are discussed, and the pupils and parents/carers meet the careers advisor (SDS) initially, to discuss transition options	Review processes	Process
This policy has been drawn up in consultation with the Senior Management Team.	Defining transitions including micro & macro.	Definition
It will be reviewed and if necessary updated as required and on an annual basis otherwise.	Defining key personnel	Process
Transitions include home to nursery, indoors to outdoors, moving between areas and activities within the nursery, including lunchtime, arriving at nursery and home time.	Supporting positive experiences	Support
This process will include Centre Manager/Depute.	**	**
	Logistics/ procedural info.	Process
Lunchtime transitions include staff being aware of the make-up of the day and staff will encourage and sit with children during this time to ensure they get the best experience they can have.	Logistic/ procedural info	Process
'Varied activities delivered around various'	Procedural info on classroom set up	Process
There can be as many as 10 or 11 early years centres feeding into the Primary 1 class.	Procedural/ logistic information	Process
The way the classroom is set up next year is changing.	Impact/ outcome of children	Aim
However, for play based activities, pupils will be able to flow freely between the two classes to access a larger variety of learning.	Outcome focus/ experiences	Aim
	Description	Descriptor

' The teachers will team teach all the children in the class'	Procedural information	Process	
It encourages imagination, language, creativity, problem solving, exploring and experimenting and natural curiosity.	Procedural information	Process	
	Procedural information	Process	
Skills and capabilities are developed through a range of experiences that can be transferred from one context to another	Preparation for transition	Aim	
Activities in the classroom are a well-balanced mix of: adult led - direct teaching	Reference to independence skills	Aim	
adult initiated -arise from adult's planning but open ended for children to work independently	Additional support	Support	
'child initiated - children use resources etc around them to initiate their play and learning.'	Working with parents	Support	
Settling in there are some personal skills that will help your child greatly in the way he/she will settle in and be comfortable in school.	Impact of transitions	Aim	
These include dressing, blowing and wiping their nose, going to the toilet, washing hands, feeding and sharing.	Importance of transition	Aim	
The majority of children already have these skills but if you know your child has difficulty in any of these areas, please let us know so that extra support can be provided	Reference to national guidance	Process	
Queries/Questions: If you have any queries or questions once your	Ongoing nature of transition	Aim	
		Aim	

child starts school, please do not hesitate to call us.	Ongoing nature of transition		
'In _____ Primary School + EYC we understand the importance of transitions and the need to address the impact of transitions in children's lives.'	Key factors in transition		
		Process	
'We believe that this is critical to each child as they move from the Early Years Centre to the Primary Classroom.'	Key components of transition		
The adult's role in the transition from Early Years to Primary 1 is governed by the Realising the Ambition: Being Me document and the 5Cs that contribute to a positive transition (Burns, 2019)	Statement of aim	Aim	
	Procedural information	Process	
'Transition into Primary One is not a single or isolated event at XXX Primary School + EYC.'	Supporting activities	Process	
'It is an ongoing process.'	Transition prep	Aim	
Communication	Transition prep	Aim	
'consistency'	Transition prep	Aim	
Culture	Transition prep	Aim	
Focus on play, pedagogy, curriculum and reflection.	Procedural info	Aim	
	Procedural info	Process	
'At ____ Primary School + EYC we can guarantee that a smooth and happy transfer of our pupils from EYC to the school is achieved.'	Procedural info	Process	
Our PT/Primary One teacher's remit is to oversee the day to day running of the EYC.'	Information sharing	Process	
		Aim	

Participate in three read and storytelling projects such as, We're going on a bear hunt	Importance of effective transition		
'independent and eager to learn'		Aim	
'able to listen and concentrate'	Statement of aim		
'interested in books and storytelling'		Aim	
'positive about going to school	Curricular information		
The transfer forms are returned to ____ mid-April and the allocation of pupils to Guidance Houses can then begin.	Procedural information	Process	
	Procedural information	Process	
No transition arrangements can be made with _____ until a placing request is granted by XXXX Council.	Procedural info	Process	
Guidance colleagues at _____ teach all PSE lessons.	Procedural info	Process	
'Topics covered include fire drill/assembly points, corridor/classroom behaviour, attendance procedures and late coming'	Gathering information	Process	
The need for a smooth transition is essential to ensure that academic attainment is maintained, and pupils feel happy, safe and supported.'	Gathering/ sharing information		
	Sharing information	Process	
' By providing this supported environment _____endeavours to make sure that every child has the opportunity to maximize their potential from the very beginning of their secondary education experience'	Curricular information	Process	
	Monitoring transition	Process	
	Curricular information	Process	
	Sharing aims	Aim	

These are used to promote literacy, numeracy and STEM activities	Procedural information	Process	
Return of Transition Forms	Procedural information	Process	
A database of the new S1 intake is compiled.			
Pupils with siblings already at _____ are identified & automatically go into the same House	Procedural information	Process	
Transfer forms are filed in Pupil records and Guidance Staff ensure all records are present.			
'All pupils are given a spelling assessment'			
'Further assessments may be completed where appropriate and shared with staff, parents and pupils.'			
'A copy is passed to Guidance.'			
'S1 Pupils attend Personal Support every morning and follow themes of the week'			
Friday Feels – used to monitor S1 pupils through transition.			
'PSE programme focussed on Relationships and settling in.'			
and it is our aim to establish the highest quality transitions for all young people.			
Primaries should complete the TPS3 form and forward to the Centre and _____ by the end of January 2022.			

This form contains the names and addresses of those P7 pupils who wish to attend _____. Please note, the numbers of P7 pupils joining _____ for individual primaries may be required before this date to enable projected roll figures to be calculated.			
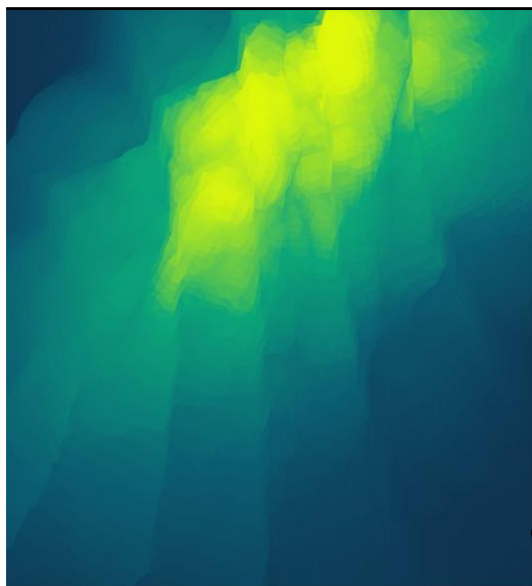
Carole Campbell

Co-producing transition guidance within ██████████

Aims

Overall aim:

To investigate and promote **factors that support inclusion** at the level of the classroom for young people with **ASD/ social communication** difficulties.

- Co-production of transition good practice guidance with teachers, pupils and parents

Research questions

What transition practices are currently used with children with ASD/ social communication difficulties within the local authority?

Does the production of good practice guidance, support the outreach team to promote the inclusion of children and young people with ASD & social communication difficulties?

What is co-production

Co-production is when an individual or group of individuals influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.

- Equal partners model with **staff, parents and young people.**
- In line with UNCRC – article 12
- Based on Lundy's (2007) model of participation
- Benefits – lets people be affected in decision making that affects them.

Participation

3 groups – school staff, parents, young people

Session 1 – Introductory session – experiences of transition, current practices, some indication of changes needed.

Session 2 – Further information gathering – what needs to be in guidance, what assessment information is needed, what interventions might help?

Session 3 – Feedback from other groups, potential framework shared, discussion around implementation, evaluation of co-production process.

Recruiting young people

All staff should consider if they wish to support the recruitment process

Staff should feel free not to – without consequence

Staff can consider any young person with ASD/social communication difficulties aged 12+

Staff should consider young people who would feel comfortable saying no

Staff should consider young people who they feel may wish to be involved in a research project.

What is coercion?

Coercion is the practice of persuading someone to do something by using force or threat.

Coercion occurs when an overt or implicit threat of harm is intentionally presented by one person to another in order to obtain compliance.

The importance of informed consent - that people are free to choose

How can I approach a young person and limit coercion

Allocate sufficient time to communicate & explain the study

Give the young person the Participant Information Form (PIS)

Check if they have any questions

Give the young person adequate time to consider the information before making a decision

Explain to the young person they should only be involved if they want to. Check understanding/ concerns.

Re-assure them they can say no without consequence

Answering questions

If staff are unable to answer any questions and the answers are not on the PIS they should contact the researcher.

Support for sessions

Interested staff will be asked to:

- Support digital access as chosen dates/ times (during school day)
- Provide pastoral support (with researchers support) after each session of required.

Any questions?

Participant Information Sheet for Teaching staff

Name of department: School of Psychological Science and Health
Title of the study: Supporting inclusive practices in mainstream schools through outreach support for pupils with ASD or social communication difficulties.
Introduction

My name is Carole Campbell, and I am a researcher as Strathclyde University on their Doctoral Program. This information sheet aims to tell you more about our research and my role as the researcher.
Our research is to co-produce transition good practice guidance, for use by school staff and teachers. We would like to invite you to be involved.
My supervisor/ chief investigator assisting me with my research is Dr Clare Daly. We are also supported by Clara Davidson who is the research assistant within psychological services.

What is the purpose of this research?

The guidelines, we wish to create, will focus on children and young people with autistic spectrum disorder (ASD) or social communication concerns. We are aware school transitions are major events for children, young people and families and we are keen to develop practices in this area together. We will be investigating what the research indicates in this area, but we are keen to know more about current school practices as well as young people & parents lived experiences. We are interested in what strategies go well and what areas we need to improve. Over the last year we have been looking at how we can develop our autism AOT and this year we are looking at supporting effective transitions.

Do you have to take part?

You are being invited to be part of this research. You do not need to take part in this research. Participation is entirely voluntary. To opt into the research please email me on **carole.campbell@strath.ac.uk.** You can also withdraw at any time. All data taken will be taken anonymously. This does mean that you will not be able to withdraw any information, later, due to it being anonymised and unidentifiable.

What will you do in the project?

You will be asked to attend three online zoom meetings alongside other volunteer school staff. We would like to recruit 12 members of staff to be part of the research. The meetings will be between an hour to an hour and a half long. I will run separate meetings for young people, parents and school staff. They will all be online and will be a few weeks apart. The school staff sessions will be run after the school day i.e., 3:45pm. At the sessions you will be asked about your direct experiences of school transitions. You will be asked about what went well and areas of development. You will be asked your opinion on what you feel needs to be in the new guidance. Two people at the meeting will take anonymised notes on what is being said within the group and at the end of each session these notes will be checked for accuracy. A summary will be shared, in session three, of what each group reflected. No-one will be identifiable from the summary.
In the third session we will ask you to complete a short evaluation of the co-production and online process. We will then use this information to make sure the process is more efficient in future. You will not need to give your name in the feedback and the feedback will also be summarised.
We will email you a first draft of the guidance for your feedback and I will look to incorporate as much of the feedback as possible in a second draft of the guidance.

Why have you been invited to take part?

You have been asked to take part as a member of the LA teaching staff. The nature of co-production involves everyone working together as equal partners. This is the aim of this research. It is important the good practice guidance for teaching staff is influenced by current good practice and is also achievable in terms of implementation. I believe that by involving teaching staff in this process it will ensure the guidance is as effective as it can be.

The criteria for teachers to take part is:

- Fully qualified teacher
- One year + experience of teaching children with ASD/ social communication difficulties in mainstream school.
- Or Member of the AOT
- Or Additional support for learning teacher

What information is being collected in the project?

The views of young people, parents and school staff will be gathered during the process of this research. The summaries of the three groups discussions will be shared. All data will be written up as part of the overall research project.

The first draft of the good practice guidance will be sent to you by email for your feedback. We will store your email address to do this. We will look at the feedback from the groups on the first draft and will create a second draft. We will send the second draft for you to see by email. We will delete your email address from our notes once we have completed the second draft.

Who will have access to the information?

The researcher, the chief investigator and the research assistant will all have access to the summarised data. We will then store the notes in a secure cloud within the University drive that only I have access. We will create a short summary of what has been said in each group, which will be shared within the third session, and other people will be able to read if they ask to see it. I will also use the information within the write up of my doctoral thesis and potentially in future journal articles.

Where will the information be stored and how long will it be kept for?

The summary may be kept for up to five years. The information will be utilised in the final guidance which may be available to people in XXXX and at the University for many years

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

All personal data will be processed in accordance with data protection legislation. Please read our Privacy Notice for Research Participants for more information about your rights under the legislation.

What happens next?

If you have any questions or would like to receive any further information, please contact me on 01292 612810 or email me on carole.campbell@strath.ac.uk. If you are willing to participate, please complete the attached consent form and email it back to me. I will then send you the dates and times of sessions and the first zoom joining link. If you do not wish to participate in the research, I would like to thank you for reading this and for your attention.

You are welcome to provide feedback on any aspect of this research once the research is complete to either myself or our research assistant C D (name and email address given_. A summary of the research will be made available to any interested parties at the end of the study. Please contact me if you wish a copy of the research summary.

Researchers contact details:

If you have any questions about the research my contact details are Office telephone: Telephone number given; E-mail: carole.campbell@strath.ac.uk

Chief Investigator details:

My supervisor at the University of Strathclyde is Dr Clare Daly (clare.daly@strath.ac.uk).

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street

Glasgow
G1 1QE
Email: ethics@strath.ac.uk

Consent Form for Teachers

Name of department: School of Psychological Science and Health
Title of the study: *Supporting inclusive practices in mainstream schools through outreach support for pupils with ASD or social communication difficulties.*

- I confirm that I have read and understood the Participant Information Sheet for the above project and the researcher has answered any queries to my satisfaction.
- I confirm that I have read and understood the Privacy Notice for Participants in Research Projects and understand how my personal information will be used and what will happen to it (i.e., how it will be stored and for how long).
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, up to the point of completion, without having to give a reason and without any consequences.
- No personal data will be taken about you for this study.
- I understand that anonymised data (i.e., data that do not identify me personally) cannot be withdrawn once they have been included in the study.
- I understand that any information recorded in the research will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in the project.

(PRINT NAME)	
Signature of Participant:	Date:

Participant Information Sheet for Parents/ Carers

Name of department: School of Psychological Science and Health
Title of the study: Supporting inclusive practices in mainstream schools through outreach support for pupils with ASD or social communication difficulties.
Introduction

My name is Carole Campbell, and I am a researcher at Strathclyde University on their doctoral program. This information sheet aims to tell you more about our research and my role as the researcher. We are looking to invite you to be part of this research.

The aim of the research is to co-produce, good practice transition guidance for school staff. The transition can be from nursery to primary or primary to secondary. We want to improve our practice in this area, and we think that parents will be able to provide a unique insight into their experiences of transition and will be able to help us get this right.

My supervisor/ chief investigator assisting me with my research, is Dr Clare Daly. We are also supported by Clara Davidson who is the research assistant within psychological services.

What is the purpose of this research?

The guidelines will focus on children and young people with autistic spectrum disorder (ASD) or social communication concerns. We are aware school transitions are major events for children, young people and families and I am keen that we develop our practices in this area.

We will be investigating what the research says in this area, but we are keen to know more about young people & parents lived experiences. We are interested in what went well and what areas we need to do better in. Over the last year we have been looking at how we can develop our autism AOT and this year we are looking at supporting transitions.

Do you have to take part?

We are looking for parents and carers to opt into this research. You do not need to take part in this research if you do not wish to. Participation is entirely voluntary. To opt into the research please email me on **carole.campbell@strath.ac.uk.** You can also withdraw at any time. You will not be able to withdraw any information once you have given it, as your data will not be able to be extracted due to it being anonymised.

What will you do in the project?

You will be asked to attend three online meetings alongside other parents. The meetings will be run online on zoom and will be between an hour to an hour and a half long. The meeting will run in the evenings at 7pm and will be a few weeks apart. We will run separate meetings for young people, parents and school staff. We would like help from up to ten parents. At the sessions you will be asked about your experiences of school transitions. You will be asked about what went well and areas of development. You will be asked your opinion on what you feel needs to be in the new guidance. Clara and I will take anonymised notes, at the meeting, on what is being said within the group and at the end of each session these notes will be checked, with you for accuracy. A summary will be shared, in session three, of what each group reflected. No-one will be identifiable from the summary.

In the third session I will ask you to complete a short evaluation of the co-production and online process. We will then use this information to make sure the process is more efficient in future. You will not need to give your name in the feedback and the feedback will also be summarised.

I will email you a first draft of the guidance for your feedback and I will look to incorporate as much of the feedback as possible in a second draft of the guidance.

Why have you been invited to take part?

You have been invited to take part because you are a parent of a child or young person who has experienced a transition. Your child/ young person may have additional support needs. We are interested in your experiences and your views on how we continue to grow and develop the services we provide. We believe your/ your young person's feedback will help us do this better in future. We are keen that both parents and young people be involved in decision making and policy development within the LA.

The criteria to for parents/ carers to take part is:

- Have a child with social communication difficulties or ASD or suspected to do so.
- Child attends a mainstream school & has experienced a transition i.e., nursery to school or primary to secondary school.

What information is being collected in the project?

The views of young people, parents and school staff will be gathered during the process of this research. They will be gathered anonymously and collated and summarised. The summaries of the three groups discussions will be shared. All data will be written up as part of the overall research project.

The first draft of the good practice guidance will be sent to you by email for your feedback. We will store your email address to do this. We will look at the feedback from the groups on the first draft and will create a second draft. We will send the second draft for you to see by email. We will delete your email address from our notes once we have completed the second draft.

Who will have access to the information?

Myself, the research assistant Clara and the chief investigator Clare will all have access to this data. We will then store the notes in a secure cloud within the University drive that only I have access. We will create a short summary of what has been said in each group, which will be shared in the third session and other people will be able to read it if they ask to see it.

We will use the information in my doctoral thesis write up and may also use the information in its summarised form in future journal articles.

Where will the information be stored and how long will it be kept for?

The summary may be kept for up to five years. The information will be summarised in my final report which may be available to people in XXXX and at the University for many years.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

All personal data will be processed in accordance with data protection legislation. Please read our Privacy Notice for Research Participants for more information about your rights under the legislation.

What happens next?

If you have any questions or would like to receive any further information, please contact me on 01292 612810 or email me on carole.campbell@strath.ac.uk. If you are willing to participate, please complete the attached consent form and email it back to me. I will then email you the scheduled dates and times and the link to the zoom session. If you do not wish to participate in the research, I would like to thank you for reading this and for your attention.

You are welcome to provide feedback on any aspect of this research once the research is complete to either myself or our research assistant C (Name and email address given). A summary of the research will be made available to any interested parties at the end of the study. Please contact me if you wish a copy of the research summary.

Researchers contact details:

If you have any questions about the research my contact details are Office telephone: Telephone number given; E-mail: carole.campbell@strath.ac.uk

Chief Investigator details:

My supervisor at the University of Strathclyde is Dr Clare Daly (clare.daly@strath.ac.uk).

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building

50 George Street
Glasgow
G1 1QE
Email: ethics@strath.ac.uk

Consent Form for Parents/ Carers

Name of department: School of Psychological Science and Health
Title of the study: *Supporting inclusive practices in mainstream schools through outreach support for pupils with ASD or social communication difficulties.*

- I confirm that I have read and understood the Participant Information Sheet for the above project and the researcher has answered any queries to my satisfaction.
- I confirm that I have read and understood the Privacy Notice for Participants in Research Projects and understand how my personal information will be used and what will happen to it (i.e., how it will be stored and for how long).
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, up to the point of completion, without having to give a reason and without any consequences.
- No personal data will be taken about you for this study.
- I understand that anonymised data (i.e., data that do not identify me personally) cannot be withdrawn once they have been included in the study.
- I understand that any information recorded in the research will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in the project.
- I consent to my child/ young person being part of the project (if applicable)

(PRINT NAME)	
Signature of Participant:	Date:

Child's name   Date

Participant Information Sheet for Young People

Name of department: School of Psychological Science and Health
Title of the study: Supporting school transitions
Introduction

My name is Carole Campbell, and I am currently undertaking a research project with the University of Strathclyde. I also work for XXXX Council. This information sheet aims to tell you more about our research so that you can decide if you want to be involved. We would like to invite you to be involved in our research.

Our research is looking at how teachers and schools can make the support better that they give to children and young people changing schools, for example nursery school to primary school or primary school to secondary school. This is also called school transitions. We would like to give advice to teachers and schools on how to make school transitions better. We would like your help with this. My supervisor's name is Clare Daly, she helps me make sure my research is the best it can be. Clara our research assistant is also helping us, she will be at the sessions with me. She really enjoys working with young people too.

What is this research for?

We are aware that changing school can be difficult for some young people. We also know that for other young people changing school has been a good thing. We are going to see what the research says but we would also like to know what young people, parents/ carers and teachers think would help. We want to create guidance with young people, parents/ carers and teachers. We are going to have three separate groups. A group for young people, a group for parents/ carers and a group for teachers. All groups are going to take place online.

Do you have to take part?

You do not need to take part in this research if you do not want to. If you do not want to take part that is okay. If you do want to take part, you can let one of your teachers know. If you do decide to take part, you can also withdraw at any time.

All young people under the age of 16 will need your parent or carer's permission to be part of the research. If you say that you wish to be part of the research the school will contact your parent or carer and will give them information about the research and will ask them to give their permission. Unfortunately, if your parent or carer does not give permission you will not be able to be part of this research.

What will you be asked to do?

You will be asked to come to three online zoom meetings during the school day. This will be during class time, so you will need to come out of class. It will only be three time between March and June. The sessions will be between an hour and an hour and a half long. One of your teachers will help you log in to the sessions in school. They will be a few weeks apart. Other young people will also be asked to come to the same three sessions. There will be around 10 young people there. If you are worried about joining a session with other young people that you do not know, please let your teacher know. Your teacher can speak to me and we can think about how to make you feel more comfortable, for example, you might want to meet myself and Clara before the meeting, If you are worried or concerned or if you are feeling upset after a meeting you can speak with your teacher or with me, we can ask the school counsellor to help or we can tell you about our digital support service for young people.

At the sessions you will be asked about your experiences of changing schools. You will be asked about the positives and negatives of your change of school. You only need to tell the group what you feel comfortable with. I will ask your opinion on what should be in the new guidance and what teachers need to think about when someone is changing school. Clara and I will be writing the ideas that are discussed at the meeting. They will not be writing down who in the group said it, so all the notes will be anonymous. Once the information has been written down it will not be able to be taken out as we won't know who said what.

 I will ask you to complete a questionnaire on your opinion on the group sessions at the end of the third session. You will not need to put your name on this questionnaire. I will then send you a copy of

the guidance we create. You can let me know what you think of it. Both what you think is good and what you think needs added or changed.

Why have you been invited to take part?
You have been invited to be part because you have experienced a move from primary school to high school. You may also have an additional support need. We feel it is important that young people are involved in the decisions that are made within XXXX including what we ask staff and pupils to do. We want to know what young people think about what we do well and what we need to get better at. We understand that this research may not be helpful to you just now, but I hope it will help other children and young people, parents and teachers in the future, so I am keen that young people are fully involved. We are hoping that up to ten young people from XXXX will agree to be involved in the online group. You will not be need to have your camera on for the online group. You can keep it off if you want to.
The criteria for young people to take part is:

- Aged between 12 & 17
- Have additional support needs around social communication or autism
- Attends a mainstream school

What information is being collected in the project?
The research will find out about young people's, parents and teachers experiences and thoughts about transition. I will create a summary of what is said in your group and in the parents & teachers' group and I will share it with each group. I hope that we can then create some good practice guidance for teachers.
The first draft of the good practice guidance will be sent to you by email for you to let us know what you think of it. We will need to take your email address to do this. We will look at the feedback from all of the groups and will change the first draft to a second draft. We will send the second draft for you to see by email. We will delete your email address from our notes once we have completed the second draft.
You will let us know what you think of the process of helping produce the guidance at the end and we will summarise this to let us know how to do it better next time.

Who will have access to the information?
The people at the group will be able to hear what is being said. Two people, Clara and I will take a note of the types of things that are said but not who said it. We will check the notes are correct at the end of the meeting. I will then store the notes in a secure icloud within the University drive that only I have access. I will create a short summary of what has been said in each group, which will be shared, and other people will be able to read if they ask to see it.

Myself, Clara the research assistant and Clare the chief investigating officer will all have access to all of the data that is taken.

Where will the information be stored and how long will it be kept for?
The summary may be kept for up to five years. The information will be in my final report which may be available to people in XXXX and at the University for five years. I will use the information you and others provide to write up my doctorate and I might use some of the information to write an article for a journal.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.
All personal data will be dealt with in accordance with the laws for Scotland. Please read our Privacy Notice for Research Participants for more information about your rights under these laws.
What happens next?
If you have any questions or would like to receive any further information, please contact me on 01292 612810 or email me on carole.campbell@strath.ac.uk.
If you wish to take part in this research, you should let your teacher know. You should sign the consent form on the next page and give it to you teacher. Your teacher will then contact your parents

for their permission. We will then send the teacher the joining link for the meeting. They will share the joining link with you and tell you where in the school to come and on what day and time. Your teacher will help you and others in your school taking part join the meeting.

You are welcome to provide feedback on any of this research once the research is complete to either myself or our research assistant C (name and email address given). A summary of the research can be made available to any interested parties at the end of the study. Please contact me or ask your teacher or parent/ carer to if you wish a copy of the research summary.

Researchers contact details:
If you have any questions about the research my contact details are Office telephone: Telephone number given; E-mail: carole.campbell@strath.ac.uk

Chief Investigator details:
My supervisor at the University of Strathclyde is Dr Clare Daly (clare.daly@strath.ac.uk).
This research was granted ethical approval by the University of Strathclyde Ethics Committee.
If you have any questions/concerns, during or after the research, or wish to contact someone else with questions or further information, please contact:
Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE
Email: ethics@strath.ac.uk

Consent Form for Young People

Name of department: School of Psychological Science and Health support for pupils with ASD or social communication difficulties.

Title of the study: *Supporting inclusive practices in mainstream schools through outreach support for pupils with ASD or social communication difficulties.*

- I confirm that I have read and understood the Participant Information Sheet for the above project and the researcher has answered any queries to my satisfaction.
- I confirm that I have read and understood the Privacy Notice for Participants in Research Projects and understand how my personal information will be used and what will happen to it (i.e., how it will be stored and for how long).
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, up to the point of completion, without having to give a reason and without any consequences.
- I understand that no personal information will be taken about me for this study.
- I understand that my un-named data (i.e., data that do not identify me personally) cannot be withdrawn once it has been included in the study.
- I understand that any information recorded in the research will remain confidential and no information that identifies me will be made publicly available.
- I give permission to being a participant in the project.

(PRINT NAME)	
Signature of Participant:	Date:

Appendix H1

Questions for Staff Focus Groups

Supporting inclusive practices in mainstream schools through outreach support

<u>Online Teaching Staff sessions</u>

1. Introductory session – further outlining the aims of the session & the nature of co-production. Discussing transition experiences and the nature of teacher's experiences.
    a. Tell me about your experience of transition in your school?
    b. Does your school adapt the transition processes for children with ASD/ social communication difficulties? If so in what way?
    c. Tell me about aspects of transition that go particularly well? What is the impact on staff, pupils and parents?
    d. Tell me about anything that does not go well with your transition processes and the impact on you, staff, parents and your child?
    e. Is there any training or input for staff on school transitions?
    f. Does your school evaluate its transition practices? If so, how does it do that?
    g. How does your school assess & represent a young person's profile for another school/ establishment?
    h. Tell us what you feel needs to be changed about transition of school within the LA?
    i. How well do you feel transitions for children with ASD/ social communication difficulties are currently undertaken within the authority?

    Points raised to be summarised for accuracy.

2. Second session – further information gathering
    a. Tell us what you think needs to be included in LA guidance for transition?
        i. What would the sections be?
    b. how would young people's profile be presented on transition?
    c. What assessment information is needed on a child/ young person that is transitioning?
    d. What evidence-based interventions are likely to be helpful on transition?
    e. How could potential evidence- based interventions be signposted?
        i. An infographic of research findings will be shared with the group. Which ones need to be supported within the guidance? How might the guidance then do that?
    f. How might transitions be evaluated?
    g. What might an appropriate transition timeline be?

      h. How might potential training needs be identified & met?

      i. Potential guidance sections will be discussed/ collated.

Points raised to be summarised for accuracy.

3. Third session – Feedback session
   a) A summary will be provided of feedback of all three groups
      ▪ The group will be asked to give feedback.
   b) A framework of the potential guidance format will be shared & discussed (for further comment/ development.
      ▪ The group will be asked to comment on all aspects.
   c) How might implementation be supported?
   d) How can the guidance be evaluated?
   e) A method of sharing the first draft will be agreed i.e., email group. Method of staff providing comment will be agreed.
   f) Staff will be asked to evaluate the process of co-production by completing a google form after the third session (researchers own).

Points raised to be summarised for accuracy.

Appendix H2

Questions for Parent Focus Groups
Supporting inclusive practices in mainstream schools through outreach support

Online parent sessions

1. Session 1 - Introductory session – further outlining the aims of the session & the nature of co-production. Discussing transition experiences and the nature of parents lived experiences.
    a. Tell me about your child's transition experience? How did that impact on them & you?
    b. Tell me what went well about your child's transition experience and its impact?
    c. Tell me about anything that did not go well with your child transition and the impact on you and your child?
    d. Tell me what you feel needs to be changed about transition of school within the LA?
    e. Tell me what needs to be included in LA guidance for transition.
    f. How might good practice guidance be evaluated?
    g. What would be a potential timeline for transition processes? – an overview will be given on current legislative guidance for reference purposes.
    h. How well do you feel transitions for children with ASD/ social communication difficulties are undertaken within the LA?

    Points raised to be summarised for accuracy.

2. Second session – looking further for parent's views:

    a. Any further thoughts or points from last session
    b. Discuss the types of intervention that either did or could have helped your child?
    c. How might a young person's profile be identified on transition? How can parents contribute to it?
    d. What types of good practice need to be presented in the guidance?
        i. An infographic will be shared showing the main reflections from academic literature on points that hinder & support effective transitions.
    e. What do schools need to avoid?
    f. How can staff and parents might access young people's & parents views on transition in an ongoing way (i.e., evaluation).
    g. What might be the section headings within effective guidance.

    Points raised to be summarised for accuracy.

3. Third session – feeding back the summary of parents, teachers, and young people's views

a. Any further thoughts from last session.
b. Have the groups views been summarised correctly?
c. A suggested framework for the guidance will be discussed.
    i. Group to feedback on developed framework for guidelines will be sought.
d. Teachers, parents and young people will receive an info-graphic summary of their views after the third meeting.
e. A method of sharing the first draft guidance will be agreed with parents for comment i.e., email group with researcher.
f. Parents will be asked to evaluate the process using a feedback form designed by the researcher. This will be emailed to parents on a google form.

Appendix H3

Questions for Young person's Focus Group

Supporting inclusive practices in mainstream schools through outreach support

Online Young Persons Sessions

1   Introductory session – further outlining the aims of the session & the nature of co-production. Information on what good practice guidance is and what it aims to do. Discussing transition experiences and the young people's lived experiences.
    g.   Tell me about your transition experience?
    h.   Tell us what went well about your transition experience and the impact on you?
    i.   Tell us about anything that did not go well with your child transition and the impact on you?
    j.   Tell us what you feel needs to be changed about transition of school within the LA?
    k.   Tell us what needs to be included in LA guidance for transition?
    l.   How well do you feel transitions are undertaken within the LA?

Points raised to be summarised for accuracy.

2.   Second session – Further information gathered

    a.   Has anyone had any further thoughts from the last session?
    b.   What do young people need when they transition to a new school?
        i.   discussion on the types of intervention that could have helped them.
    c.   What do teachers need to know about them before the change school?
    d.   How can that information be gathered best?
    e.   Questions around how staff and parents might access young people's views on transition in an ongoing way (i.e., evaluation).
    f.   What needs to be in good practice guidance? What might the section be?
    g.   What training might staff or pupils need?

        Points raised to be summarised for accuracy.

3.   Third session –
    a.   Any further thoughts from the last session?
    b.   feeding back the summary of young people's views, parents views and teachers views (summary format)
        i.   asking if they have anything to add. Have they been summarised correctly?
    c.   Feedback on the identified framework for guidance.

d. All young people will receive an info-graphic summary the groups views after the third meeting.
e. A method of sharing a first draft of the guidance will be agreed i.e., google classroom, email etc.
f. A method of providing feedback on first draft guidance
g. Young people will be asked to evaluate the process of co-production using the framework feedback form (attached). Teachers will collate and send to researcher.

Points raised to be summarised for accuracy.

Planning Checklist

This checklist guides you on how to listen to children and young people and involve them in decision-making when you are developing policies, plans, services, programmes, governance, research and legislation at national, local and organisational level.

You should inform children and young people that they have the right to a voice in decision-making and that you will take their views seriously.
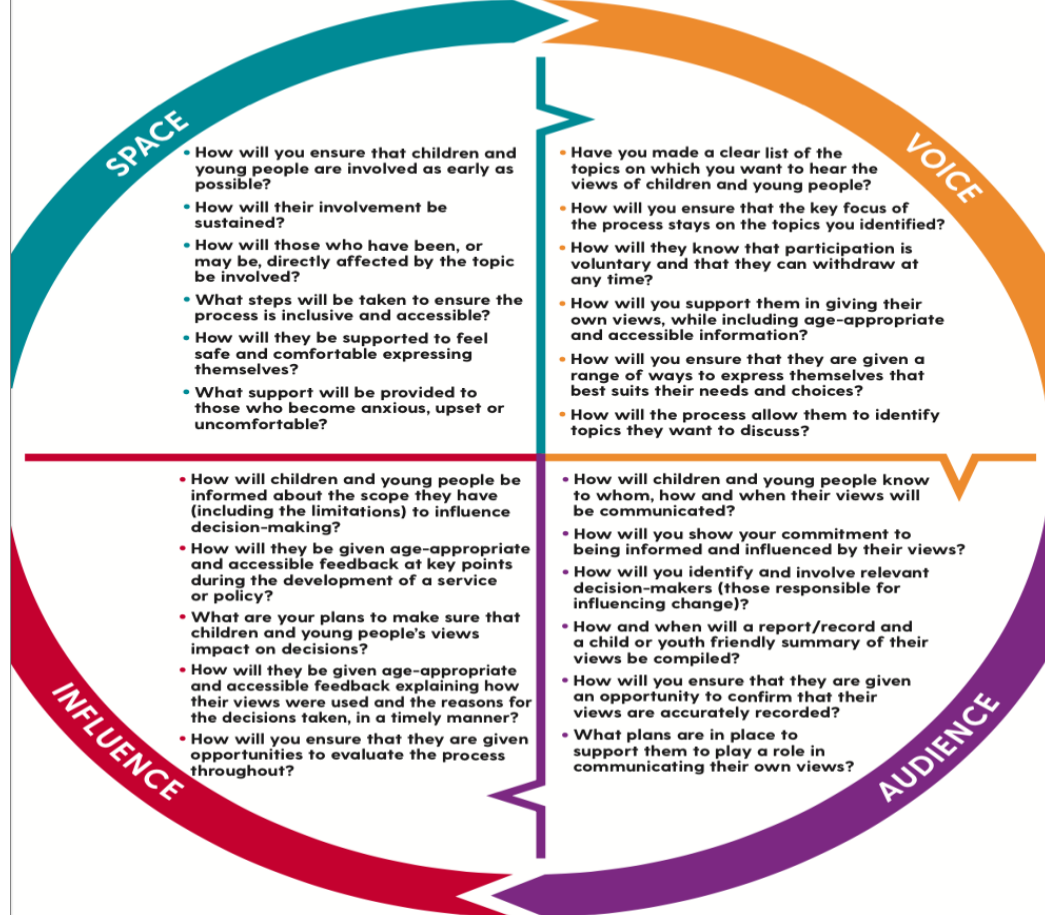
SPACE

- How will you ensure that children and young people are involved as early as possible?
- How will their involvement be sustained?
- How will those who have been, or may be, directly affected by the topic be involved?
- What steps will be taken to ensure the process is inclusive and accessible?
- How will they be supported to feel safe and comfortable expressing themselves?
- What support will be provided to those who become anxious, upset or uncomfortable?

VOICE

- Have you made a clear list of the topics on which you want to hear the views of children and young people?
- How will you ensure that the key focus of the process stays on the topics you identified?
- How will they know that participation is voluntary and that they can withdraw at any time?
- How will you support them in giving their own views, while including age-appropriate and accessible information?
- How will you ensure that they are given a range of ways to express themselves that best suits their needs and choices?
- How will the process allow them to identify topics they want to discuss?

INFLUENCE

- How will children and young people be informed about the scope they have (including the limitations) to influence decision-making?
- How will they be given age-appropriate and accessible feedback at key points during the development of a service or policy?
- What are your plans to make sure that children and young people's views impact on decisions?
- How will they be given age-appropriate and accessible feedback explaining how their views were used and the reasons for the decisions taken, in a timely manner?
- How will you ensure that they are given opportunities to evaluate the process throughout?

AUDIENCE

- How will children and young people know to whom, how and when their views will be communicated?
- How will you show your commitment to being informed and influenced by their views?
- How will you identify and involve relevant decision-makers (those responsible for influencing change)?
- How and when will a report/record and a child or youth friendly summary of their views be compiled?
- How will you ensure that they are given an opportunity to confirm that their views are accurately recorded?
- What plans are in place to support them to play a role in communicating their own views?

Before you start involving children and young people in decision-making, please review the enabling factors on page 24.

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Appendix J1

Collated focus group notes from staff sessions 1 & 2

a) Tell me about your experience of transition in your school?

- Been a P1 and P7 teacher, P7 onto secondary used to have enhanced visits, sometimes starting in P6 not just for children with ASD, but for any vulnerable children, small groups, different groups but always one key member of staff to build up picture of what secondary school looks like (7 years ago). For nursery, staff make photobooks for children to see cloakroom, teacher, key people etc. even throughout the summer (children can look at book), can also start little visits gradually build up towards the transition. Felt it was good and very personalised to each child.
    - Facilitator – how do we make parents key partners
- Currently in process with P7 girl, making 'all about me' book that she can share with secondary staff, so they know her likes, dislikes, anxieties. So, she can have her say, so she knows that they're aware, so if she goes into a class that teacher knows about her and her needs, reduces her anxiety. Having worked in primary and secondary, in secondary the visits are absolutely key. Used to come down to feeder P7 to visit children in own environment first, as a key teacher, before they came up to secondary, to see them when they're relaxed, safe & performing at their best. In transition, when they came up children who had missed the secondary teacher visit to primary, they could be more anxious. (With) enhanced transition, as many visits as possible, tours of the school in small groups, bespoke transitions, offer visits after school when building is empty to mitigate anxiety, can meet PTs, allows them to link with a key member of staff in each department.
- Within (service) have a resource/workbook that goes through different routines & structures, can change for primary & secondary, where do you go for lunch, breaks the day down. We support young people with transition visits, use this resource beforehand can be helpful. From parent POV, had a video for child pre-P1 as if you were walking through school to see departments & staff which was good

b) Does your school adapt the transition process for children with ASD/ social communication difficulties? If so in what way?

- Have done bespoke package, depending on child's needs which might come from a TAC review. Might involve visiting an empty school with a parent, work up to small group, then ready for enhanced transition visits. Pre-enhanced transition plan, pre-Jan/Feb P7 TAC review. Very individually based. Would decide how to adapt processes by speaking to child, parent & teacher about what the child might need. E.g., if the child is really anxious at home when building it up, triangulating between everyone. Do that with whoever comes to TAC.
- Involve AOS as early as possible, e.g. in P6 – at first TAC, suggest primary school put in RfA, due to COVID had the benefit of having AOS worker based in school, set up enhanced transition for children with ASD, negatively

affected by COVID last year, had children in temporary shelter outside PE block (since they couldn't be in the building), allowed them to be on school grounds with other children in building, very bespoke, children build their own transition passport (AOS link takes lead with that). Staged intervention/passport goes out to staff before young people visit - 'certainly before enhanced transition visit', aim staff to have in June prior to children arriving in August.

- On May training day, delivered STINT info on pupils arriving to S1 so teachers were fully aware of children before they arrive for enhanced transition
- We did a video tour of the school, was a benefit of COVID, put it on the website & is embedded into transition booklet so children can do a virtual tour. Transition booklet was originally for enhanced transition pupils, last 2 years been available to all incoming S1s, very pictorial based, here's your timetable, where might you be period 3 on a Tuesday, what time is the bell at, pictures of key staff etc.
- We also do bespoke transitions, very much based on what the child needs & linked to their needs, do photo books to give children confidence on what's happening & prepare them for that, operate around what the child needs & the environment in the nursery, e.g. if a child needs a quieter time rather than a louder time in the nursery, do more frequent transition visits, also can link with other professionals like ASD outreach and work together to meet what the child needs and what's best for the child, do meet the teacher, visit classroom, tour school, share video of playroom (which they can access at any time), we also can have visits from teachers from the school the child is transitioning to, that teacher will get to know the child, then they'll visit their future school with someone they know/feel comfortable with. Also used social stories to help children become acquainted with things. Buddies coming from other schools, previously did that to make children feel more comfortable.

c) Tell me about aspects of transition that go particularly well? What is the impact on staff, pupils and parent?

- Enhanced transitions go really well, pre COVID there was a group with enhanced transitions and were able to access various subjects, went to practical subjects for 6-week block. Children got the opportunity to be together as a class as well to experience mainstream learning without pressure, they felt they had a one-up on their peers, hoping to expand.
- Pupil voice is huge, esp. with P7s who have fears that will likely tie in with everyone else, thinking outside the box, nothing too much trouble
- Relationships & bespoke, myself & pupil support & campus cop are down in primaries working with pupils, reaching out to parents through youth worker, youth worker bookending P7, taking S1 friendship groups. So important to build up relationships between children, during school holidays open school & invite parents & young people in, may be in groups or individually depending on what people need, listening to the experts on the children which is parents & primary colleagues, building up trust between establishments.

- 2 things: transition workbook, which from an inclusion POV is now offered to everyone, and while some children might find it too babyish it can also be really valuable to children. Also developing relationship by introducing experts like AOS so we're linking with partners to their full capacity, so they're supporting young people as well as the school with strategies that work based on that in-depth experience, allowing them that time to develop relationships, giving them a key adult in their corner who's been there since primary. Feel new AOS cluster model would make a difference (but concerns about capacity).
- Relationships & pupil voice, staff coming down from secondary to primary to see pupils where they feel safe, building relationships & trust before children set foot in primary school, also a good opportunity for staff to have convo with P7 teacher. Pupil voice, what do you want your new teachers to know about you?
- Anything visual, that can be pulled out and used when children are experiencing anxiety, that's also helpful from a parent POV.
- The importance of having a relationship with the family as well, children sense vibes from parents so it's so important that parents are free of anxiety as well as children to help them cope with that new situation, important to really be there for families to answer questions at any time and we'll do our best to support all their individual needs to keep parents & children calm going into that new setting. Going at the child's pace, don't rush, is so key – don't just go with the pace that suits you/the environment.
- Communication and links with other professionals and parents to meet needs, get info as early as possible so we can move at their pace. Children can come in without transition to P1, could offer home visits etc to better know unexpected P1s. A benefit of COVID was having P1s in to visit when school was off in August, which worked really well, esp. for children with ASNs. If a child has ASNs, continue with 52-week pattern to allow access during times when school is quiet.
- Discussing East Ren transition week, when P7s visit secondary school for a week over summer with activities, food etc.
- Pre-COVID, had a sports club for P1s for any children, that was in August and 1 afternoon per week the week before schools, P1 teacher and active schools were there, very light-hearted, provided that link as well. Had teddy bears picnic with parents over the summer holidays, very casual, play games and offer opportunity to visit and keep the school fresh.
- Individual visits work really well, and building time up in school towards holidays, from parent POV the school had identified child's new classroom assistant early, was able to meet them before starting in August, I'm sure a lot of parents would appreciate that if possible.

d) Tell me about anything that does not go well with your transition processes and the impact on you, staff, parents and the child?

- Children accessing through a placing request, particularly if there's small numbers, having them in the school as part of a group it helps them to feel a

sense of connection with the other young people, esp. when they're transitioning away from their primary peers.

- The biggest miss in the last couple years is (not having) in-person visits, having regular, gradual exposure to the new school is huge, e.g., playground, then in the building etc. Can have in-person transition visits this year, which is huge, which will make a big difference.

e) Is there any training or input for staff on schools' transitions?
- Went to 'The Blether', ran by SWEIC, which was really useful, primary and secondary based, discussed different COVID transition practices, impressed by XXXXX, XXXPS also did a couple out of the box transition practices, e.g. groups of P7s mixed children who needed enhanced transition, working with PT of enhanced transitions who was a P7 teacher, did work around different departments in the school where they built a box, put worries & concerns in the box & took it back to school to address those. Nice to share practice.
- AOS link gave generic input, also transition passports were developed, they go out very early, probably not formal training beyond what they link around with AOS link. Now we have modules, might be good to formalise requirements.
- [Facilitator explaining need for training/importance]
- We also have regular discussions as staff groups about building/realising the ambition document about transitions, also have links with AOS worker.

Add ques – what is a LA role around transitions, what have they done well, what might go better?
- Have to make it compulsory, transitions are massive for everyone, if we're looking at autism or neurodiversity, all schools have to take it on board, schools are all dyslexia friendly, why aren't they all neurodiversity friendly. Need to look at availability within schools for sensory spaces, blocked out spaces. In primary settings, this is more prevalent, secondary schools often don't have capacity for sensory rooms etc.
- [Facilitator: LRS team planning to put transitions in LA plan for next year. This will really inform that because good transition is good transition, definite need for strategic direction.]
- Audit of ASNs is at the wrong time of year, we don't know enough about the children arriving to P1, I don't know who these children are or what their needs are. Audit is wrong, because I know anecdotally that I have children coming who have ASNs, but they're not sitting on that audit, so then you don't get allocated based on what your actual needs are. It would be better to have it in May for a full picture of who's coming in to a primary school, that wouldn't be perfect but would be better, staffing would be more appropriate, then you wouldn't have children coming into your centre who you can't support because you don't have the staff or staff aren't appropriately trained, and children haven't had the opportunity to meet their school assistant. Have info sooner so we can put things into practice. We have a sensory space because we know how important it is for children to have a space for downtimes.

f) Does your school evaluate its transition practices? If so, how does it do that?
- No (all)

Add prompt - How might you evaluate transition practices?
- Do an evaluation in Sep with S1s, they have settling in appts with guidance staff or pupil support, depending on the young person, parents also have opportunity for settling in appointments, then ask how it was for them, helps school then to evaluate the paperwork and also the strategies given by primary, gives time to have a learning conversation with the young person about how they feel school's been & their plan, we do lots of observations around what's happening in school. Children who haven't had proper transition/proper education in the last couple years struggling, in particular children with ASD/ASNs, really struggling with learning, boundaries, being back in the environment. Doing more observations this year, do targeted interventions around these. E.g., we're seeing lots of misbehaviour, so we do X. Use CIRCLE framework for some of that, not using it as much as we would like to due to staffing/COVID issues, that's certainly the aim, a regular observation around using the CIRCLE framework.

- Pupil voice comes up frequently for the right reason – are autistic pupils always able to voice their likes and dislikes, is there an argument for advocacy to help these young people express themselves when they might not ordinarily feel capable of doing so, passing on experience and knowledge from an expert. Pupil voice is important, but if young people can't express what's in their head or their heart it's important to still get that young person's POV.
  - How do we properly & confidently access pupil voice?

g) How does your school assess and represent a young person's profile for another school/ establishment?

- We have all about me book that young people fill in. I can send it on to you.
- I'm not sure we do that.
- We don't do that.
- We send the full pupil files across to the high school.
- We have a transition TAC meeting and share the information
- We send a one-page document on those with ASN

h) Tell us what need to be changed about transition of school within the LA?

- There needs to be more continuity. We need to share good practice.

i) How well do you feel transitions for children with ASD/ social communication difficulties are currently undertaken by the LA?
- When I was at ___ school our P7's went to secondary every Friday from August to get used to the secondary experience. While I know this is difficult to replicate on this scale, I feel a couple of bump up days is

nowhere near enough time in secondary. The school tours and enhanced transition zoom meetings are great but do little to alleviate the pupils' fears about what the work and teachers will be like. I also think that the P7's should be included in social events throughout their academic year at their new secondary school. My transition group are going up to ____ to experience breaks etc which will help but what the kids need is to establish key relationships within their new school before they start in the August. I also think they should be work around managing change for example looking at using seasons for growth to help pupils understands the emotional changes that they will go through while adapting to their new school.

- It would be good if there was more specific guidance or reference to examples of good practice, which this study will no doubt be adding to. As usual time and resource will be brought up as an issue, squeezing another in. If transitions could be given more weight in terms of time to get right for every child, parent and staff/schools it would benefit all.
- Could sharing good practice / CLPL in this area be widened out - south west collaborative?
- I do think there is a lot of amazing work being undertaken across the authority. Also, that this is a challenging group to study, neurodivergence often runs in family, change for young people and parents across any transition will always be a process of change with struggles. I would therefore commend the number of references made to bespoke packages offered to individuals either one to one or through small group enhanced transition. Also, that there is a focus on managing relationships and the amount of change encountered by young people. I would like to see roles developed that focus solely on this across clusters, PT transitions/transitions teachers/ specific transition staff that could also include transition from secondary education to tertiary education or work/apprenticeships.

Shared after session 1 via email:
- I forgot to say yesterday when we were talking about things we already do for transition for ASD (ASN) is that (service) do visits to schools over the summer holidays. It is often a good time because the schools are very quiet. Especially in the XXXX's there may be a few members of staff around to introduce to the young person to which is also helpful. We tend to get some RFA's around May/ June time specifically requesting transition visits over the summer holidays. There may be a stronger focus on this with the new team being set up. We have two home link workers being seconded into it and it should hopefully be running after the Easter break. I believe one of their focuses is transition. Martyn McAdam or Kimberley Keenan would be able to give more info on this. I think they are still finalising roles and remits.

Session 2: Sections of transition guidance:

a) Tell me what you think needs to be included in LA guidance for transition?

- Timeline would be useful.
- Timeline is good guidance.
  - Parents discussing starting at P7, maybe P6.
- Important to include transitioning into nursery.
  - Facilitator asking when this starts.
- Commenting as soon as they register, possibly age 2.5, 3-6 months before they're due to start – some children might register later than that.
  - Start pre-P1 transition in August of preschool year.
- For effective transitions into nursery, important to link with health visitors, sometimes children start in nursery, and they have ASNs that the nursery haven't been told about
- Agreeing that P6 would be when a transition timeline would start?
- [XXXX] developed a transition timeline 3 years ago, transitions were more successful because of this, noticing that because of COVID transitions didn't follow this & now there are gaps, things are falling apart. Timeline was specific, up to specific dates when paperwork should be transferred. This timeline started at the start of P6 and ends at the mid to end of S1 with last parent night.
- Open to extending into S2, particularly important for children with ASD.
- Need legislation, policy & guidance, possibly towards the start, doesn't need to be long but should be there.
- Guidance on supporting effective transition, what does that look like?
  - Facilitator suggesting literature might sit well here, & wondering whether nursery transition should be separate, as the legislation is separate.
- X highlighting ACES & complex/hard to reach young people in age 2-5.
- For nursery, most 3 y/os start in August, or a week after their third birthday.
- Suggesting before, during & following transition [section in guidance] so we know what to expect at each of those stages.
- Important to have the rationale in the introduction, so people know the purpose, why is it important.
  - Facilitator discussing importance of training & building of social capital.
- Agree the importance of involving parents & parental support around transitions, there are huge expectations on school staff, building relationships between parents & school, including infographic/leaflet to encourage parents to be partners in transition would be great, due to COVID a lot of transition visits are outside of school hours & this is requiring parental involvement, very valuable to include parents.
- Under interventions to support transitions, spoke about photo books/social stories, if someone has particular sensory needs the smell of an environment can make a big deal, taking along familiar objects & having it set up can be key for that comfortable smell.

- o Would it be useful to have bullet points listing potential interventions school(s) can use to support children & their needs across transition?
- Staff training & building social capital difficult, in terms of ASN audit & introductions to pupils, not always possible for young person to meet or match in with school assistants, from parent POV.
- Personally think it is quite a lot from a practitioner POV – if it was in more layman's terms, what does it mean in terms of practice on the ground?
- Could there be a link in the document to it, so people can do further reading if they choose?
  - o Further reading section, for those who want to do a bit extra.
  - o Importance of passing information highlighted – pupil & staff element. Practitioner sharing good practice.

b) How would young people's profile be presented on transition?

- Produced in conjunction with AOT – personal to his individual needs, has information on his needs & difficulties as well as strategies that might help him – both generic strategies and very helpful things.
  - o Reflecting that might use less info moving forward.
  - o Front page his picture, information about his timetable. Went in with stint paperwork so every staff was aware of him & the things that are particular triggers for him.
  - o Started writing this information sheet in P7, so staff had it when he came up for his bump up days. It was started early & came with him.
  - o Facilitator commenting that it's important not to start again.

c) What assessment information is needed on a child with ASD/ social comm that is transitioning?
- (XXXX B) just started, now have an S1 team so for current S1 there are 'fact files' for autistic pupils, HWB needs, written work/assessments, how to talk to them, development strategies. Not as much info as [XXXX who shared practice] but key points. Currently putting these together for P7s coming up, so that will go with stint paperwork – if there are any bespoke strategies that'll be included.
- Realizing ambition kind of picks up on a lot of this, wider environment, just started using this.

  Feel this is good practice, does anyone disagree?
- Think transition passport really important, we can put as much info as we like into a stint form, having that information on just one sheet is so important.
  - o Facilitator viewing this as a strength.
- Find the example very clear, at a glance it just tells you what you need to do, think it'll be really useful. Sharing things that work for this child, as some children need individualised strategies, this is a good place to share something like this.

- Strategies that we know really worked for this young person are still on their stint paperwork, this information still used (post S1). Re-wrote this document post S1 to include new strategies or reflect updates to his needs, this marries in with stint paperwork.
  - E.g., 'when I say I don't understand, I need you to tell me/explain it in a different way, don't just repeat yourself'
- Facilitator wondering if transition passport would be a place for staff to insert assessment info.
  - 2 individuals thinking no

What's the main purpose of this (Marr transition passport e.g.)?
  - A communication tool for young person to explain why they're acting or reacting in the way they are.
  - Different to stint paperwork, e.g., stint will say their reading age is X years X months. Supply teachers need the info in the about them, not from the stint paperwork.
  - Staged intervention paperwork is much deeper, this looks like a care plan and gives an overview of the child.
  - Finding big problems arise because a teacher doesn't understand the needs of a particular pupil, so having it bullet pointed like this helps staff get this information quickly. Also means supply teachers who can't access stint paperwork can access this, it's a one stop shop for what you need to know to work with this pupil. Need to know things that will cause them to meltdown or throw off their whole day.

d) What evidence-based interventions might be signposted?
  - Looking at shared Transition Workbook, used originally with ASN enhanced transition pupils but have since transformed it & have made a PDF version young people can have at home. Recently had a pupil transition from another school with ASD who's in upper school, now goes to all pupils transitioning to this XXXX for S1. Used emojis to modernise, what are everyone's thoughts?
- Really positive
- Really good
- Looks really helpful, similar to 'moving on' programme which was purchased as an ASN resource.
  - Asking where we might access moving on, there's also a board game or booklets.

What do we think about recommending something like this (the transition workbook), that could be worked through as good practice?
- Think it's incredibly important, this is fantastic, we have something similar shared with cluster schools for transition, much the same. Also have one specifically for autistic pupils, that includes more key people & places that will help them. Goes out to S1s and P7s so they can see and get used to places and names, see where the safe places are for them. So have both a main booklet and one for autistic pupils, this one could also be good for those

with anxiety, was really helpful esp. during pandemic when we didn't have the proper normal transitions. Answered FAQs like 'can we go out for lunch', gives YPs the opportunity to share what they're looking forward to or are anxious about.

- EYC do more simplified, one 'all about me' leaflet where parents work with staff to fill that in and ask key questions, just developed a leaflet (trialling in 2 y/o class) that has a link to the 2-year-old room and staff put up a video sharing what their day could be like, lets them see staff as well. Lets parents be more involved in transitions, especially for younger children or those who only have a couple of visits.
- Another thing that backs this up, we do (recently virtually) get ASN parents in for a night and encourage young people to bring their workbook in with them. Show them resources, you have different resources & spaces being used between schools, let them see this particular space that their children might be in, open up spaces & have stalls where there might be an area for inclusive practice, ASD, for dyslexic/dyspraxic learners, school assistants also give up their time & talk about supports offered in classes. Hopefully that we'll be able to do in person again.
  - o We (facilitators) impacted by soft start period 1 and 2 for S1 and S2 children, on a Monday, almost like a nurture group model, kids seemed to get a lot out of that – taking the long goal of transition.
- Do the same with nurture, again with S1 and S2, they run the same way with soft start, been really successful.
  - o Facilitator: helpful to build in tips like this, e.g., looking at S2 as some children have found this year harder than S1. Proactive rather than reactive.
- 'Soft start' classroom is a safe space, open at lunch & break, it's a nurturing space only, not for formal learning.

g) How might an appropriate transition timeline be?

- It needs to start at the beginning of primary 6.
- Yes, I agree with that
- We start far too late just now, ours starts in the summer term before S1.
- Our nursery starts 6 months before transition but that could be earlier again.

h) How might potential training needs be identified and met?
- Not enough to signpost, suggesting potentially authority level training on autism – did input at XXXX during in service, and when asked if people were interested in learning more they were, but in reality, people don't follow through. However, if there's something in a twilight or inset instead of own time, people might be there.
  - o Facilitator: potentially put on authority dev plan
- Could it be annual, like how child protection is required annually. All well and good to say people would do on their own time but it doesn't happen, we

all do child protection stuff & feel that time has to be made for these children, even if it's input for a certain amount of time & then these are the COAST modules. Even have refreshers annually.

Is it too far to put on authority dev plan?
- don't think it's too far.
- Don't think it's too far either, can get swamped with training need to prioritise needs of children.
- Think it would be beneficial.
- Touched on this with AOT, e.g., secondary teachers can be specialists in their subject but there can be misunderstandings/headbutting.

i) An example of potential sections was shared – What do people think of these potential sections. Is there anything you would add or take out?
- I think these look really good. I like that the different sectors are separate so you can look the one you need up.
- I can't think of anything else

What have your thoughts been, what needs to be shared, what's good practice, any further points?
- Placing requests are a bit of a nightmare for timing of transitions, been looking at timetable and trying to fit things in, but have to wait until placing requests are agreed, at X XXXX we have a high proportion of placing requests. Even enhanced transitions can't start until the end of May, which just is too late.
  - Facilitator: need to look at this in a different way, especially school where there is a high portion of placing requests & they're 99% guaranteed.
- Could potentially link with home link for enhanced transitions over the summer, to fil the gap with these enhanced transitions for placing requests starting late.
  - Usually, this time of year when we get referrals asking for that, as we're a 52-week service unlike schools. Not every school makes these referrals for this support over the summer, allows young people to visit at a quieter time, less formal, even get to meet some staff & parents can visit.

AOC (sharing next steps re: infographic & session 3):
- Think we need this guidance, so the sooner we can get it the better.
- Would you consider launching at the head teachers meeting? Could be good to do this at a face-to-face HT meeting? So, people can see this & launch in August, first year of course may not get to complete full timeline, but a good forum to catch all the head teachers.
-

Parent Co-Production Session 1 &2 Combined Data:

a) Tell me about your child's transition experience? How did that impact on them and you?

- One parent - [Child's] process was relatively smooth. His school X primary had around 6 transition days in which he got to get a feel of the XXXX, and he enjoyed doing so. Without these days I think he would have struggled greatly. I think starting this quite early on in p7 was good also. Anxiety was high for him the week before he started S1 so I don't know if this period would be a time for more assistance. I was also extremely anxious and worried about his transition with the fear of the unknown.

o Transition to secondary school a bad experience, upsetting. 'Guessing game' planning support due to lack of diagnosis. Support delayed waiting on diagnosis. Safe space in P7 was toilers, absconding a lot in S1. Accessing HWB room & get out of class card – both positive supports to calm down. Currently not attending, still often absconding school. Had negative experiences with teacher & doesn't want to return to school. Would be good to discuss with teachers in person, not just email. Teachers didn't know how to support her. Teacher having awareness of her needs would have prevented her having a negative recent experience & she would still be in school.

o 'Breath of fresh air' to hear similar experiences. Face to face meetings better than emails. Importance of getting it right for every child. Frustrating as a parent to have to repeat yourself constantly. Child has a passport saying said 'I am X, this is what I like, what I don't like, please don't ask me a question, if I need the toilet I wouldn't ask, here's my card that I'll put on my desk if I need to go to the loo etc.'. Daughter has difficulties retaining information, she's the opposite of her brother & will participate in things. Had multidisciplinary meeting, teachers felt they understood her needs better but went back & re-made same mistakes. Negative experience with a teacher not understanding needs. Often not allowed into base, prefers earplugs to big ear defenders but can get in trouble for using these. Trying to get them to school difficult, summer holidays are much better. Fitting into friendships is hard. Nowhere to go when young people need a break from class. Not offered additional support (e.g., EPS), feel parents have to fight hard for support.

o Children upset by school, trying to understand triggers. Child sitting alone at lunch because hub isn't open at break/lunch. Bullied by peers from PS. School claiming they can't give support without a diagnosis,

frustrating for parent. Fight tooth & nail to support child. For transitions, every member of staff in an establishment needs information about children & their needs.

- Dinner ladies / lunch a frequent trigger.
- Issues at school then persist at home, can cause not wanting to go to school next day. Sensory issues, school not being flexible about him not being able to wear a tie.
    - Schools need to adapt to children's needs, strong message from parents.
- Need to plan for additional staff training around neurodiversity. Feel neurodiversity & autism should be in the curriculum from preschool up.
- Transition to P1, it was ok, kids went to the nursery of the school that they're now at, staff very experienced, it's been a good experience. Teacher highlighted autism in daughter where [parents] only noticed in son, highlighting the difficulty with girls in getting diagnosed. Because of covid not all preschool kids got to visit P1 classroom, made particular effort for son who struggles with changes, they were good in letting him see the classroom, see photos of class, meet the staff, let parents go to the classroom with him, asking what parents want teachers to know about him, have an experienced TA who provides great support. Child comes home from school for lunch every day, P1 got off to a good start. Pleased with how it went.
- Child's transition to primary, didn't realise she had additional support needs until she moved primary schools, she transition from the early years centre of her P1 school, different ratios in PS vs EYC.
- Importance of sharing good practice, had to fight for additional supports. Should be extra support for children with ASNs/ASD. Should have pre-transition visits during quieter times, so they can get more comfortable. Take your time.
- XXXX had transition days where child could go up to school over the summer before S1, unfortunately this didn't help. In transitions to secondary, schools need to speak to the young person who's going up, ask them, don't just sit down with parents. Child won't speak up in a group while parent is there, but they might share with a key/trusted adult. She'll only open up to or connect with certain people, let them share what would help them with a trusted adult.
-
- He was at [partner EYC], was worried about a specific learned behaviour, transitioned to [school EYC] EYC and they had brushed off some ASD behaviours, wanted to avoid a deferred year due to high IQ, he was bored at EYC & didn't feel understood, it was really difficult. Transitions would be easier if children were passed to CAMHS for assessment as early as possible. Felt really brushed off. I just wanted the right support to be in place, communication between

everyone should be consistent, everyone should be consistent, and everyone should have the same information. If parents need to be brought in to share information, don't make it scary. (Child) was really anxious, I felt that people played the blame game a lot in P1 which was hard for everyone, had to self-refer to CAMHS as school ignored, he was bullied in and before P1. Transition was difficult for me, very stressful, tried to talk it through as a family, it was hard as an autistic parent, was frustrated & didn't want (child) to have the same bad experiences of school I did. Finding returning to school (after a period of not attending/home educating) particularly difficult

- Up until P6, he was fine, summer before P7 I saw a drastic difference in him. Used to have to encourage him out the house, where we stay looks out onto the park, try to convince him out to make friends & fresh air, he wanted to stay him, over that summer he isolated himself, didn't even like going out in the garden without family, noticed a change in his mental health.

- As soon as he went back to school made an appt and shared concerns, there were concerns before summer that required HT to phone me, wasn't to do with his behaviour or anything, just things he was saying & how he was acting they were concerned. Worried he wasn't going to cope with transition.

- PS were amazing, got a psych in, started process of doing charts to assess autism/ADHD, unfortunately CAMHS let us down. Took 3 years to get a diagnosis of ASD, before diagnosis it was strongly suspected. PS liaised with XXXX to ensure support was in place for starting S1.

- Transition was smooth in the respect that I knew there would be someone there for him, not just going into a brand-new environment on his own. Mrs S looked after him in S1, though Mrs P also involved. Put other things in place that are still in place now going into S5. He is allowed to leave early to avoid crowds, can go to bus early to choose his seat, has a time out card & he can go straight to HWB.

- Pre covid he had a space in school with black out tents, and he would lie in there to re-charge and calm down when he was getting overwhelmed.

- Teachers were an absolute godsend, he wouldn't have gone to school if it wasn't for them. Unfortunately, there was a change and key teacher moved to a different room, so he wasn't there for him, unexpected change affects him considerably. They should have warned him. This hit him really hard, from then on, it's been, while key teachers were off, key people as a big support.

b) Tell me what went well about your child's transition experience and its impact?

- Visits, having children in separately to see the physical space of a new school in a quiet setting, impossible for them to do in a full class, individual visits important, not super long but very significant (in a good way) to help them picture where they're going to go. Got a printed thing with photographs & lists of people who he would see around the school, this made it exciting for him, he likes lists. For secondary children this is different, but for P1 kids this is a bit more straightforward.
- Child wouldn't join a Zoom, daughter would do it. At secondary school kids can go in & sit where they want, for autistic children this is difficult, other kids don't understand that 'I sat here yesterday, this is my seat', this could make a difference between staying in class and listening or having a meltdown.
- Our child can't do face to face, ok with over the phone, we're doing online calls with CAMHS & doing online assessment.
- Survival method, hard to understand children who are runners, safety concern for some parents/schools.
- Children don't plan to run away, they don't feel they have control over it.
- Sometimes autistic children because they're so black & white it can be perceived as rude, but it's not.
    - This is a misunderstanding.
- If teachers could be made aware that, with an autistic kid, the assumption shouldn't be that they're just being naughty, it should be viewed with understanding, see what's upsetting/triggering them.
- Child gets upset by teacher not sticking with consistent rules.
- Sometimes teachers need to understand that parents aren't looking to blame, we get it wrong too sometimes, just want to understand how to make sure it doesn't happen again. When people are defensive it's unhelpful
- Pre (ASD) diagnosis, there was no additional support, he didn't get support until P2.
- He was absconding in P1, he once escaped when we were coming to school for a meeting & saw him in the playground alone, was really scary. Got a tent from XXXX in P2, they were amazing He didn't like bump-up days, might have been better to take the children in small groups rather than the whole class because of the chaos. Primary school was quite overwhelming for sensory needs Parents went in at lunchtime as part of transition, he didn't like being in the dinner hall as it was so chaotic, would have been a good idea in smaller groups, that way children can see (in p1) someone they've met before. In P1, he got a P7 buddy who he had a great relationship with, this was really helpful, but then they transitioned to secondary soon after. It would maybe be better to have a buddy who's in P5ish, to give them a

couple more years with that supportive peer. It could even be helpful for an autistic child to have an older autistic peer to share experiences with.

- o He had H from CAMHS visiting school every couple weeks, but that was more related to assessment for autism. He was threatening to kill himself regularly in P7, I was having to go and collect him often, CAMHS didn't help & dragged their heels and I had to take it up a level, acknowledge that they have limited resources, but he was very distressed.
- o CAMHS disregarded these thoughts because he had not attempted suicide or self-harm, despite his age. It was horrific, all they ever did was give emergency appointments to see worker, they felt getting a diagnosis wouldn't help, he was confused and kept saying 'I don't know what's wrong with me, why do I feel like this', I thought it would help him understand why he feels differently or looks at things differently, it's something to tell him to help him understand himself.
- o He was extremely frustrated & upset, I have no doubt that child wouldn't have gone to school if he hadn't had that additional support given from teachers like Mrs P & Mrs S. Government should put more funding in this area.

c) Tell me about anything that did not go well with your child's transition and the impact on you & your child?

- o For PE, it's very different in primary and secondary school, that's not something that autistic children understand. They might get shown the gym hall & the changing room but don't understand how packed it might be, this can be a huge shock for them. He didn't like shorts, never did PE as he wasn't allowed to wear tracksuit bottoms. If we could have prepared him better for that it might have helped. Subjects very different in primary and secondary, important to have experience of these before transitions, school needs to be adaptable about clothing.
    - Schools maybe need to understand that for children with ASN, schools need to adapt more.
- o Parents don't want an argument, we just want something to change that might help lots of families moving forward, we all know the stress. It's all in the preparation, this is what's going to happen in this class.
- o For classes like French, for selective mute child this class just won't work, so let them be in the base instead to study for another class. Girls are a lot more apt at mimicking other girls, they pick up how they think you're supposed to react to a situation, this really confused CAMHS because she's so good at camouflaging to survive.

- o Bullying & how it was dealt with was difficult, there was a lack of understanding, he didn't understand why it was happening. I didn't know about it, after a fight/attack where his face was scratched, I was really scared/anxious. As parents we try to implement safe spaces or art to support, He now knows people in his primary class which is helpful

d) Tell me what you feel needs to be changed about transition of school within the LA?

- o Every teacher should be inclusive, focus on strengths instead of weaknesses, give them a reason to want to go to school. When child was transitioning during covid, he managed to visit with a group during Easter (would have been better by himself). Every micro-transition is/can be an issue, not just the big ones.
- o Changing attitudes, be more understanding. Some of them take the time to really get it, others just can't be bothered. Autistic children are going to learn nothing if your attitude doesn't change. These multi-disciplinary meetings are no use if people don't go away with something they can do that will help. Teachers might give up too soon with strategies, as parents we have more time to learn who our kids are. Listen to parents & the kids.
- o School could give a questionnaire to parents, what do you think they might struggle with, what will cheer them up, if they're about to have a meltdown what might help, what are they good at, what do they like.
- o Child with a diagnosis got a transition passport, but found the passport went out & was good but teachers didn't read it. Substitute teachers/supply teachers can be a trigger.
- o Wrote my own transition passport for children, don't know if the school read them but they do seem to know kids well.
- o One child had no passport.
- o Child on stint paperwork didn't have [a transition passport], still feels like a guessing game.
- o Staged interventions & IEPs, what's written on them is sometimes more aspirational than accurate. That needs to change.
- o That information (on stint/IEP) should be shared with entire staff team.
- o School should be ASD-friendly – they're dyslexia friendly, but how can we build that awareness. That's the end goal.
- o One parent's views:
  - ▪ Preparing to transition is daunting, so having an individualised plan for all autistic young people that's discussed in a meeting with parents/carers would be helpful.
  - ▪ It would be helpful to reassure young people that it's okay to be unsure about this, it's a big change, validate that

uncertainty & make sure they know they aren't the only ones feeling that way.

- A virtual tour of school that young people can review on their own devices at any time would be helpful.
- For parents, it would be a good idea to do practice runs of the school run, whether that means taking the bus, driving, or walking, so young people feel comfortable and familiar with the journey, the area, and how long it'll take.
- A quiet tour of the school, during summer or after school, would be helpful – even allow young people to visit at quiet times more than once, and start to build up to small groups of young people with additional support needs to build familiarity with the new school & new peers.
- A lanyard system to show movement break/need to leave class access safe space (?)
- On back of timetable (if laminated) or on virtual timetable, colour code areas of the school – e.g., this is where my classes are, this is where I can find a quiet space, this is where the safe space or sensory room is, this is where I can find a safe adult to help or talk to if I need it. Colour system especially helpful for young people with varying needs, outside of window of tolerance or when in meltdown less language is helpful.
- Friend's autistic son was invited to a quiet sporting event pre-transition, which he really enjoyed.
- Could use social stories & art therapy to help prepare young people, start at least a year before the transition. It might be helpful to work in a group of peers with similar needs, could help kids build social skills, make friends & have familiar people when they get to secondary school.
- Have a parent group before the start of school for parents of autistic children, so they can make a peer group of parents who understand.
- While at school, build time with other autistic children.
- An extracurricular activity for autistic children or children with ASN, or even just working on life skills in a group – buddy system.
- For buddy system, could be helpful to have less of an age gap to avoid the younger person losing their buddy when they transition out of school and so they also have similar interests.
- Do a video with the buddy and head teacher to welcome new pupil & introduce them to secondary school, include key teachers, guidance, a prefect, pupil support teachers etc.
- Parent peer group would be helpful in primary as well.
- Meet ups for parents throughout summer, maintain contact & let parents meet each other & share support.

- Create an information booklet that's accessible for parents/carers and children.
- A progress plan for children might be helpful, do check-ins before secondary school, how are you/what are you looking forward to, can then let children look back and see how far they've come.

- I think it's vital that the transition, any child coming up to S1 (regardless of diagnosis) every child suspected of having an additional support need should be treated the same as those with a diagnosis. You should be giving that support with or without a diagnosis, then that child knows they have that support from day 1, not just when CAMHS give a diagnosis.
- Support should be there regardless of diagnosis, or children will suffer – his first 3 years at acad. (while waiting for a diagnosis) would have been hell if support was withheld. Vital those additional supports are in place from day 1, what harm is it going to do to give child that extra confidence & support to know I'm feeling off today, I'll go speak to so and so. Pre COVID his diagnosis took 3 years, can't imagine how long it would take now. We're more aware of neurodivergence now, it might take years to get a diagnosis but if it's suspected, it's suspected for a reason – if they don't end up needing it, brilliant. Had to fight so hard with CAMHS to get him support, but Mrs P at school was paramount in getting the right support in place for child, I could pick up phone and tell her he's having a bad day.
- Communication is so key, every parent or guardian of a child with an additional need should have a named person at the school they can contact to say, 'X had a bad weekend, here's what's going on', helps the school deal. Communication is vital – school can't help a child if they don't know what's going on.

e) Tell me what needs to be included in LA guidance for transition?

- Parents know their children, don't dismiss what we're saying. Currently feel really dismissed.
- Just want schools to listen to what we're saying & get that it's not a dig, just want to make what happens at school better, as they come back from school & it impacts.
- For a child with ASN, they should have a named support teacher they can support if they need help, parents should have a named person to communicate with about any issues as well to let school know.
- Child should be told beforehand where their safe area is, also important that communication between class teachers and support staff is good. Teachers aren't always clued up about children's needs and what's going on with them, impacts their learning & social experiences.

- o Mrs S and Mrs P emailed round all child's teachers and asked how he was getting on in class, how he was coping with work. Important to be able to identify any struggles a child is having early, e.g., if room is too noisy ear defenders should be available.
- o He's able to pick where he sits in class, if he feels that people are misbehaving, he can be negatively affected, or sometimes he doesn't want to be near people. These things help a child relax.
- o Important that children with autism don't feel they're told what to do. Let them make their appropriate decisions, that they aren't being forced into things. He's currently having a hard time as it's his first exams year, he doesn't like being forced to study. Language is really important in how we talk to child, suggesting things rather than telling him.
- o All teachers should have additional training to deal with children with additional support needs, not the same level as e.g., a psychologist, but would be extremely beneficial for everyone to have a bare minimum level of knowledge.
- o Quite often it's teachers who pick up on additional needs, because how children act at home can be completely different to school, this is again why communication between parents, teachers & support teachers are so key.
- o He comes home exhausted from school because he masks, he has to be in a social environment that he doesn't want to be in, whereas at home he can relax and be himself. A lot of children will be the same, if teachers had more training to pick up on things that aren't quite right, its' good to then communicate that so they can better help children to have an easier time in school.
- o The learning curve is there for parents too. Personal experiences with autistic people are so key in helping people understand them. Training is key.

f) How might we evaluate this guidance?
- o By making teachers accountable – they'll have kids in their class that have these ASNs, understand that teachers have a lot on, but accountability key, to show parents that this is what we're trying, feedback what's working.
- o Do a survey of parents – once it's in place, 6 months or so down the line do a survey of parents & children to see if it's working, if it helped – was this transition adaptable enough.
  - ▪ What if there was a self-evaluation tool as well for schools, so they can say what they're hoping to do & what they are doing.
- o An evaluation process with a pilot, should take feedback & communicate regularly.
- o Take a step back and look at it, make sure everyone knows what they're supposed to be doing.

- o Take school's input, they might say 'this works but could we try this', link with the AOT as well.
- o Allow for change, the final version shouldn't be iron clad and should change if needed.
- o Have strategies & planning.
- o Ask parents themselves, when a pupil in P7 is identified as needing additional support, contact parents and say we'd really appreciate your input on how it has helped or not helped your child so we can adjust it if needed.

g) What would be a potential timeline for transition processes?

- o Halfway through P7
- o It starts too late to end of P7, and then it's summer – that's too big a gap. Make it part of curriculum, esp. for autistic kids, for there to be days where they even walk round the secondary school's playground, don't even necessarily need to be in the school when it's busy.
- o In nursery, should start from the very start of preschool year – esp. for nurseries attached to primary school, start with staff visits as well as children.
- o Start of preschool year.
- o Nursery's key
- o Familiarise young people with the environment as early as possible, in nursery it's important to differentiate support for children coming from an external/partnership EYC vs. children going to the primary school of the EYC they attend – e.g., from XXXX EYC to XXXX PS.
- o Social stories are helpful, for secondary transition children are aware of it from P5, if kids know what's happening familiarise them with it.
- o At least a year beforehand, if there's any ASNs. Harder with nursery children, but definitely into S1 – the earlier the better. It took, in our experience, all of P7 to get things ready for him going into S1, and even then, it was still a work in progress moving forward, but working together to come up with solutions and put them in place as quickly as possible.

Add ques - How can parents support transition, how can staff support you to support a wonderful transition.
- o Found it useful that nursery gave child a booklet of pictures & facts about the school, so we knew we were telling him the same things so there were no mixed messages & it was consistent, materials should be shared with & accessible to parents so it's the same information for everyone. Helpful as a parent because I didn't know anything about the school either. Parents can be anxious about transitions as well as kids. Would be good to know if you can call, when you can communicate, when you can get in touch with the school/ask Qs.

Some parents don't feel confident about asking for information or asking questions, giving information to parents is just as important as giving it to kids, especially ahead of summer holidays when kids are going to have lots of questions.

- o Lots of parents more than happy to be child's voice
- o Parents who are too nervous to speak to schools are probably too shy to speak in a forum like this.
- o For transitioning form primary to secondary, they go from one classroom to so many different classrooms a day, before they start their timetable should tell them where rooms are and who they buddy up with. Choose buddies wisely.
- o Child said she preferred it when it was just one classroom.
- o It used to be so familiar, all these changes are a lot to take on
- o

h) How well do you feel transitions for children with ASD/ social communication difficulties are undertaken within the LA?

- o One parent:
    - ▪ I feel like there needs to be a lot more work done, I don't want parents to go through what I did. I didn't trust the school or the teachers for a really long time, there's a new HT & I've never phoned/spoken to her, and I don't know who she is. Not being able to put a face to a name isn't good. Child didn't trust old HT, because she upset mum – kids not on the spectrum even can have issues with HT – comes back to communication.
    - ▪ I would really like it if we had even a quick call/zoom if there are changes, being made more aware of what's happening. Child's teacher was off because of covid, don't know if she's back but I haven't met her, it would be good to know that she was off.
    - ▪ Child was allowed 2 hours per week in sensory room or with role play, if another child needed it more, he was getting shunted, that used to help him. BC of covid he hasn't had that, he used to do role play with other kids like him, he has issues with self-control. Change in that education & support if it. Mr X has been really good at trying to get his needs met, they have a great relationship now, so even though old HT has left he still has those people that he has a relationship with and if there's something wrong, he can go to them and knows they can help him.
- o School managed to get to a point that was constructive, but it didn't help him, although he was going to school, they weren't doing enough within classes to help him feel that his anxiety levels were low enough. He took 8 years to receive a diagnosis, his mutism was picked up first. For our kids every year is a transition, it's not just from nursery to P1 or P7 to S1, every single year it's a transition &

change. You just can't prepare our kids for having all those different teachers within that first year, there's nothing I could have said, or nothing implemented to give the kids an idea of how they're going to manage with 15 different teachers, different classes, moving every 45 minutes, not knowing where or when to go. Buddy system isn't consistent enough. Buddy system isn't consistent enough for any children with ASN. Transitions, there's not much of a difference for kids with ASN, there's nothing specific in there, they all get the same. Even all autistic kids are so different, so how do you accommodate for that.

o My experience from transitions just now is that it does not differentiate from neurotypical and neurodiverse, and the transitions provided have been the same without any enhanced transitions for my son going into the XXXX.

o XXXX have a pupil support officer, and they had dates over the summer for her to go up and visit before S1, that would be a good idea as something extra for children with ASD to get used to it when the school isn't as busy, seeing where the safe space is, the PSO has a chillout room, dark den, sensory are etc. something like that should be in every secondary school.

o Facilitator pointing out home link.

o When child was transitioning, they said he was to get an enhanced transition but it focussed more on his medical needs than the fact that he was on a waiting list to get assessed, he was having non-epileptic seizures due to stress/anxiety, expressed concern that he wouldn't cope with transition, because he didn't have a diagnosis he didn't have access to any support over summer (school said no diagnosis no support). He didn't get visits over the summer. Asked to have a buddy so there would be someone friendly in his class we didn't even get that, felt he was set up for failure & that it was just going to rapidly go downhill, which it has. Feel my concerns weren't listened to. There needs to be something done about needing a diagnosis to access support.

o Facilitator pointing out that you don't need a diagnosis for any support across SAC, you've been given the wrong information.

o My son had buddies/friends in his S1 class at XXXX and this really worked, that was a great help.

o My child didn't get this and feel it would have been so easy and would have been a great help. That straight away made him not like the school.

o These friends in his [S1] class gave him that year as a buffer, when he first got to school, he didn't have that and asked for that to change, this made such a difference, this meant changing his house & he was in a different house to his sisters. It gave him peace of mind, he has a

buffer or someone he can turn to if he needs to or walk to the next class with

- o Can get varying differences in the same school depending on what member of staff you're dealing with and how sympathetic they are, my children had a really good experience because of really great staff, very personalised and friendly, warm, welcoming approach by staff at the school. E.g., call over the summer to pop in, visits at inset days etc. Feel this helped them a lot.
- o In each school, should have X% of staff trained in autism. Child's teachers seem to think she's doing things to misbehave but it's just how her mind works, doesn't feel like any teachers understand her. Would prevent bad experiences, because teachers would understand and know how to deal with young people, she now doesn't want to go into school because of anxiety.
- o As a (former) secondary teacher didn't get any anxiety/ASD training, especially for girls who mask their struggles, had no idea how to support young people & didn't have that insight. Wish I would have, feel all teachers need that.
- o Young people need to have a trusted adult that they can go to & feel safe, e.g., guidance teacher who knew how to support her & not look her in the eye, so imperative to have that trusted person.
- o Had a good exp because he had a lot of support in place, if I hadn't gone to PS about getting stuff in place & ready for him, at that point he hadn't had a diagnosis, looking back there were signs (e.g., being very fussy). If that support wasn't in place, I dread to think what it would have been like for him.
- o Vital that any child with any sort of ASNs or difficulties, diagnosed or undiagnosed, that they have the most support in transitions. It's a huge culture shock. The sight of all the people, and other's behaviours, affects him.
- o Teachers are treated & spoken to in a disgraceful way, he doesn't like seeing people misbehave or being really disrespectful.
- o Mrs P deserves highest accolades for what she does, the support at the XXXX is great. During COVID covering teacher absences has had a negative impact on ability of support teachers to have those consistent links. If there are any problems, I know she will always be there for child and me, such an empathic and clever, understanding lady. She has fantastic ideas & practice around helping children.
- o I'm very open to ideas and ways to help him, because I trust them.
- o Transition to S1 is one of the biggest changes of a child's life, so for ASN children that's so much worse. So important for children to have a safe place right from the get-go when they transition to S1, e.g., in first week he wouldn't go outside, so linked him in with a hub so they knew where he was, he would have a soft start there and that was great for him. This room was closed down & now there's the HWB

room, and he doesn't go there like he did Mrs S's, but he knows he can go there. So important for children to know they have a space they can go to calm down, should be in very single school. A shame that COVID shut down the quiet room with blackout tents,

i) Any additional comments:
  o Talking about my personal experiences with my own child, but also wanting to help other parents & children who need additional help.
  o My son & his cousin are 9 months apart in age & both autistic, and you couldn't find 2 more different people. So important for people to remember that needs can be so different. Listen to children, don't dismiss them. 9 times out of 10 there is a reason behind behaviours, but a lot of people view autistic children as just being naughty, difficult, or lazy. They want to learn, they just need a wee bit of extra help to do so. They might not need help learning, they might need help with the environment or social things.
  o Do not treat all autistic children the same, what works for one might be the best support for another. So important to get children to engage with education, doesn't matter if they get straight As or Cs, they just want them to do their best & have a good experience. Important to praise & support all children, regardless of their learning abilities. His key teacher doesn't focus on what he can't do, she focusses on his strengths.

Session 2 – Parents

Parent FG Session 2
  a) Any further thoughts or points from last session?

      o Thinking 'thank God I'm not alone'
      o Found it helpful to know everyone's out there.
      o You feel like you're on your own when you're fighting the good fight.
      o Came away thinking it was very positive, feeling like we could make a difference.
      o Everyone has to be on the same page and be understanding, there are so many kids with autism, so just trying to have those transitions be dual focussed.
      o Help children develop skills and strategies to better communicate.
      o Training for every teacher is so important, even just basic training for teachers who might not know they have autistic kids. Brushing up on maybe keeping a diary of
      o Have everyone on the same page, including parents, maybe have groups for parents, would be good if the school could speak to parents and help school understand that 'if child is doing X, that means Y' or if they're struggling here's how to help them.

- Trying to keep routine consistent, so just give better education to staff so they understand the importance of this and avoiding unnecessary changes.
- Everyone speaking/communication.
- Have partners, education, and parents sit down together – child has a plan, but when he goes into school that plan isn't implemented, important for schools to know the importance of sticking to additional supports – not optional. Not sticking to those mitigations is probably why kids have so many meltdowns, this can affect their behaviour & they bring home anxiety to parents which affects them, just shoes the impact of a little thing like keeping communication open, let parents know what's going on at school bs kids might not let them know.
- Having tasks that maybe could help with coping when tough stuff happens, when kids are tic-ing or stimming just have a strategy to let them know & help them focus on the class instead of being up to here

Experiences:
- Child not attending.
- Partially attending, anxiety increased due to teachers. Hoping this information doesn't stop at transition, it continues on throughout school.

b) Can we discuss the types of intervention that either did or could have helped your child?

- Visual materials, pictures of staff/classrooms/names, very clear written info that kids & parents could go back to, should be standard, really useful esp. over summer.
- Could even do that (visual) going into secondary, (outreach worker) sent email with her picture, helped anxiety drop.
- One parent:
  - People don't understand intervention, it's a powerful word, it's a scary word.
  - Meetings and things like that are really scary for parents, they think am I or my family going to be attacked, is this my fault, when writing a letter don't mention intervention, open a discussion. Review educational plan with parents, plans & needs change the older children get – that's when communication can sometimes break down.
  - Feel he wasn't getting the support he should be getting, before he got diagnosed school felt like I should be doing it. Communicating better is the most simple and powerful tool.
  - The format of how we write intervention, as one word it means so much, but parents might think.
  - When school's building a plan, discuss it with older children & ask if they want to discuss it with their parents.

- When kids get towards leaving school, they ned to have their own sense of agency.
- Can pass feedback on to peers.
- Maybe phrase a child's plan in their own voice – what do you expect coming to school, what are your strengths and weaknesses.
- Adapting individual strategies to children's needs, e.g., allowing a child to walk instead of participating in PE.
- Have a system after things have been crappy, if children are doing things they aren't as great at reward/reinforce, let children have their own time.
- In covid, said we couldn't do ongoing assessments but now they are, try and do ongoing assessments (e.g., for Highers, to help children with exam stress or who don't perform well cause anxiety)
- Focussing on good behaviour.
- Work on adaptability, child's needs will change the older he gets, some things he would do when stressed when he was younger but now, he has coping strategies, the school hasn't updated that. Adapting plan to understand evolving needs is important, and communicating with parents about those adaptations so parents know what's going on, children might express different difficulties at home, everyone needs to be on the same page.
  - o One thing he has just now that he didn't have in S1, because he's tired so much he was missing a lot of class, like halfway through the day he was exhausted. At end of S3 approached the school, he used to get the school bus and now I drop him in at 9:45 instead of 8:45, this really helps him, and he has less time out of class in the support base.
  - o A soft start to the day might be a really good idea for a lot of children.
  - o If things are pre-empted, that a child might struggle with a full day. He was fine in p7 but in XXXX the complete change and the amount of new difficult work hit him, so a soft start or part time learning for a short period of time might help that transition.
  - o That HWB soft start is a great suggestion for pupils struggling to last the full day, or even an early finish.

Add ques - What might help anxiety?
  a. virtual videos of the school setting also the teaching staff and non-teaching staff to include a small welcome video to the children.
  b. Consistency is a key point, they really do need consistency, I work in an ASN provision, when there are different staff members in their anxiety levels really do heighten.

c. Currently have child not going into certain classes because of staff's attitudes, she also has cognitive issues & can't retain information. All staff came to a session about her needs & say they now understand, a few of them just have ignored that & don't support her at all, e.g., sighing. Imperative for teachers to listen to mums. Need teachers with level of understanding to bring down anxiety, bring forward the date when timetables are issued for children with ASN, they currently get them really last minute, for children who need familiarity, so they have time to meet those teachers. Having a trusted adult is so important.

d. This is why training would come in & be really key, would be more people who know how to deal with/support child, instead of just this one person.

e. Facilitator discussing lack of mention of training in transition policies, identified this as a gap.

f. XXXXXX full day in-service training, felt this was second to none – she's autistic herself, she just knows autism really well, she's coming into school & working with children, doing additional training with staff/parents.

g. Would it benefit a certain amount of teachers to be able to work directly with autistic children, so they know what it's like? Would it benefit them to see what it's like to work with autistic kids, who maybe even look/act normal but have some more obvious state, the directness is seen as rude, they're not being rude that's just their mind working. Teachers really don't understand black & white thinking/directness isn't rude.

h. I also do the modules on COAST, not great, but at the moment I am currently doing a course Understanding Autism and the information within these units are fantastic definitely I think that a more in-depth compulsory course would benefit both the children and young people and the teachers.

i. Difference within the population is wider than between the population.

j. Definitely needs to be more awareness.

k. Did training with Tanya through NAS, parents one, found it really good as well, maybe look at those courses through NAS, they seem to be good. So important to listen to people with lived experiences & those who see/work with autistic young people every day.

l. Agree, parents' views valuable.

c) How might a child/ young person's profile be identified on transition? How can parents contribute to this?

o Probably through emails, I found I was constantly having to phone up school & couldn't get a hold of anyone, that was difficult. At new

XXXX been getting weekly emails from guidance teacher. Important to keep clear lines of comm open.

- CAMHS suggest passports for kids while they're in school. That normally goes on somewhere that teachers can choose to read, might find that 75% of them don't actually read them, this should be mandatory. That's their wee life in a book, so what does it say about a member of staff if they can't be bothered to read those bits of vital info. I feel a lot of staff didn't read this, points would come up that have been explained on their passport. E.g., doing things, they would know not to do if they had read the passport. This is life, what happens at school comes back home for us. From parent POV you feel that you're constantly phoning about & repeating the same thing – why. There are all these resources out there that teachers know about, so why not take 10 minutes to know about our kids, cause you're going to have them for the next year. This will help you & the class.
- With secondary, point been made that child been asked why he's drinking juice in class, or why he has his phone when he is having a hypo, needs to be able to check his sugars etc. There are so many kids, we get told it's not like primary, they aren't going to get that 1:1 attention & teachers won't support children with ASNs.
- Got told that a teacher did not have time for this child with additional needs, because he wasn't understanding something.
- Having a named contact that the parent knows the info for and have a time in the week that's set-in stone where there will be communication, so there's an agreed contact route would be good.
- Understanding, everyone must be aware of everything like being in meetings before the kids go to school.
- Still would ask the young person themselves, having a comfy place that they aren't going to be judged (same w parents) because parents again are with our children a lot more than in education, before diagnosis we've had to support our children in any way we can and we're adapting everything to everybody.
- Groupwork, even with a parent/teacher/support assistant to get to know children and build up that info and relationships that way, showing the kids that progress, and what they feel might want to change. Structure & boundaries.
- Develop profile thorough group supporting child & through 1:1 with child.
- Questionnaires or little emails, maybe even collect the information in a game or in an interactive way. This can be updated to be stage appropriate, so could be pictures or whatever. Interactive things, we live in a technological world so good to make the most of that. Good to use for parents to, an appropriate accessible way.
- Something interactive so kids can show you instead of having to tell you everything, some kids might have difficulty verbalising. Child

doesn't like raising his hand or being on the spot – good to know what makes a child uncomfortable.

o If you're going to design an interactive tool to create children's profile, involve young people – e.g., have older young people create this to support younger kids, have S6s talk about their transition to help new S1s be more comfortable and help them know everything's ok.

o He's so nurturing and caring, and considerate but people don't see that side of him when he's melting down, he's very empathetic.

o Maybe that could be done for every child, or for children with ASNs.

o Could do a questionnaire that covers health, environmental Qs like how they are with social situations, how's their health, have they ever had CAMHS input, are they on any medication etc. that could be really helpful for school.

o I think it's a questionnaire that should be produced with guidance of psychologists, additional support teachers, but children and parent should complete questionnaire together.

d) What types of good practice need to be presented in the guidance?

o There should be a proper assessment of need when moving between schools, and maybe an appt with parent to go over that. Should acknowledge those needs, not on the basis of diagnosis. Think that's important, could include sensory needs etc. He's now allowed headphones, these things could be set up prior to having issues instead of looking for ways to solve them.

o 1:1 face to face information sharing

o Having those face-to-face relationships is really important, from parent POV & teacher POV. From teacher POV it's really rewarding. Face to face meeting at start of year with named person & all the teachers that will be dealing with your child.

o Everyone needs to be on the same page.

o Even dinner ladies

o Importance of building understanding and empathy, everyone needs same level of baseline knowledge.

o Building skills for future

o Showing that kids can have control of their presents and, the past is in the past.

o Assessment

o Need to assess if all involved are using the best measures.

o What needs to be tweaked for each individual to succeed?

o Plans need to be understood and implemented, changes to plans need to have parents kept in the loop.

o Children's needs should always be met at school.

o There are gaps in knowledge & support that need to be rectified for anything to be positive and run smoothly.

- Having tasks that can break down barriers to get to root of problem or triggers, like if there was a list of this is what we do and this is what we can do to overcome it, good strategies can be implemented at school and home – you want that fluidity & consistency no matter where we are.
- Everyone on the same page so there's no confusion.
- Understanding people's personality
- Changes and what to look out for – parents as experts.
- How to improve – working as a team to put measures in between teachers, what teachers are involved.
- Work as a team with the child for the child.
- All situations easily resolved without causing undue stress or anxiety.
- Forewarning changes like if a teacher is off, but making sure that sub is aware of child's needs and the most important things, as a bad experience can have big effects.
- Monitoring progress consistently
- Adapting curriculum to individual students' needs
- Keeping everyone involved in the loop on the same page.
- Clear communication with all, this can be a key factor in staff may not be able to understand what child's saying but parents would.
- Building stronger relationships with staff, parents and families. If there is a relationship, then a lack of communication can be easily resolved
- Finding or having support staff, integrating this to students' education, building trust
- Working together respectfully to support transitions between all stages.
- Kids with autism can have other ASNs, like physical needs, their needs can have physical effects. Avoiding explaining away physical needs by saying oh it's just their autism.
- Communication, empathy, understanding, and extra training where needed are key.
- Give the child as much support & confidence as possible, so they know they'll be ok and there are people looking out for them. Children sometimes live in their own wee world, can feel so alone.
- In PS, there was a P7 pupil who sadly took her own life because she fell out with her best friend, and off the back of that there was a bench made which was called a worry bench, and children used it in the playground, there were people there, pupils were told if they were worried about something they could sit there & trained staff would know & go talk to them about it. If a child is struggling to talk about their emotions or let someone know they're needing help, it's a way for them to communicate that. It would be good to bring that into schools, even a designated corner or room where a trusted adult can identify they may need support.
- Knowing from my personal experience, knowing that someone is there for you is so important.

e) What do schools need to avoid?
- More gradual transition, go from having 1 teacher to having loads, a massive change.
- I want to give a positive from the XXXX after having a face-to-face TAC meeting, they are going to apply new strategies for my son, but I did have to fight for the meeting. Things that could be done is transitions could start earlier not just when the children reach p7.
- Even though kids are under 16 it's their life, kids aren't used to having their views involved and valued. Going to guidance can be scary for kids, even though they're supposed to be there for support that can be a big thing.
- Parents should be able to contact guidance as well, to touch base.
- Big meetings are scary for parents & kids.
  - Building up trust and relationships. That trust really is key, feeling that kids have a safe space to share their feelings without being judged and having to keep things to themselves, that can cause a detrimental effect to anxiety.
- Understanding every child is different.
- Emphasizing communication, support, building relationships & trust from the start.
- When dealing with autistic children, avoid making the child feel they're being told what to do, take a gentle approach. Give them choices, I know there are guidelines & rules but it's such a scary time for children. They need to know they're not alone, and that if they need help, they can get it.
- Let children find their feet, as much as appropriate. Be understanding & compassionate about why autistic children may sometimes behave a certain way. Change phrases so they don't feel as much pressure.
- His teachers all really love to him & know he's trying his best, the communication has been the most important thing there.
  - This lack of communication around CAMHS was why that support wasn't helpful.
- Lack of communication can negatively affect children's learning & their attendance/engagement with school, so important for children to feel welcomed.

f) How can staff and parents access children and young people's views in an ongoing way. How might staff access parents view in an ongoing way (e.g., evaluation)?

- Listen to parents, listen to kids. IDK how many times child had to explain that her earbuds keep noise out, feels like teachers think she's lying, barrier to accessing the base, which is supposed to be a safe place, you're never going to learn from anyone better than the parents who are with kids all day every day. Individually ask parents &

children, routines might be different at home, speaking to mums in a group like this you get a lot of ideas, for young people their thinking can be processed in the same way.

- o daily check ins with the children and young people and weekly check ins with parents/carers also making peers aware of neurodiverse.
- o The way that they discuss with kids & how they listen to their POV they might need to adapt a little, my child agrees to things in a TAC that he might want to say no, he feels like he can't because of authority figure. If he put thoughts down in an email, he can get his thoughts across.
- o We have the same situation, if child is opening up, we have to have the lights out & can't be looking at her, a message might be so much easier.
  - o Child said she didn't want other people to know she's autistic, that says to me that she's ashamed of who she is. Why is the support there for some kids and not for others. Teachers don't realise the impact that the way they work with, treat, and behave with children, the influence that has on kids, and then that's the influence it has on us at home (very upset)
  - o It's a safety risk, we know where our kids are before the school do. Child was off period 3-7 and got a text at end of day, she could have been kidnapped or anywhere.
  - o I raised this, knew young people would go outside of school grounds, child's having non-epileptic seizures because of anxiety, has a hard time with social situations, asked if there's anything that could be done to make sure he isn't going anywhere, what if something happened.
  - o No capacity for things like that, if your child is in that school, they should be responsible, don't know how many times I've been out my mind with worry
  - o One good thing with this XXXX, when it came to lunchtime and a lot of kids were going out to shops and things, that was a real worry of mine because they weren't road safe, child would realise there was danger once the car had hit them. For first wee while that they were in school, they didn't allow S1s to go to the shop, so this gave me a sense of security, I knew they were going to be in the school. It's after that while, what can we implement that then all their friends are going to the shop, e.g., if they're in a crowd there's an element of safety there. If they don't go, they feel alienated, they might decide just to go home or not go back into school.
  - o my youngest is an escape artist and a runner and one of the strategies that I have suggested for him is that he wears a hi-vis vest when outside in the playground and if on outings where all

children are required to wear the vests he gets a different colour, this is for primary school level.

- o Above is good for primary school, but in secondary that would never work because it brings attention, and they don't like that
- o She doesn't like having attention brought to her, it's a fine line because you want them to have support, but that support might single them out
- o They're already singled out because of their behaviour so don't want them singled out anymore.
- o All daughter wants is to fit in and be the same as all the girls, I want that for her as well, so many ups and downs and that's the most important thing for her, prioritise it but do worry about that going forward as she becomes more aware. Haven't told kids they're autistic, how do you tell them that.
- o Child got massively bullied for 7 years at school, she moved school and in P7 she noticed behaviours, read a book 'a bright spark', came home from school and said she thought she was autistic.
- o I told them right from the start, with older child I didn't know he was autistic just knew there was something different, with younger child you learn the traits by that point.
- o Text message Likert scale, a wee questionnaire
- o Emails to parents, not comfortable with people calling me or being on the phone personally.
- o Sharing in groups, distributing a questionnaire, what would you suggest, what could make this better, the service better, support for your child better.
- o Help parents & children feel like they're being involved, having their opinion taken & heard is so good, so valued in their experiences and feelings. Knowing that you've asked for their input is a huge thing for a parent, some parents might not feel like they're being heard, and no one is accounting for how they feel.
- o Could be a text, email, questionnaire, group work to ask questions. Small group of mums to ask how it was for you, what would you change etc. Can be quite an emotional thing to share and listen to parents going through a similar thing. Making it less formal.
- o An online survey, for young people potentially. It could be multiple choice e.g., how do you feel transition was (really happy, happy, not happy etc.)
- o Then give them the chance to add, I wasn't happy with this because of X to collect further feedback, likewise they could say I was really happy with this particular support and here's the difference this particular support made.

g) What sections should good practice transition guidance have?

- Clear guidance for staff that adaptations/provisions are not optional, it's the same as if someone can't walk, they need a wheelchair, if someone's autistic here's what they need, and that's just part of their disability. Have had a few parents think it's just something they want, don't see it as a treat, don't know how long he'll stay in mainstream. Very stressful/ignorant to hear from other parents, try to keep it breezy/explain, it's not anyone else's business, it's very personal. People see ASD as not as important as physical disabilities, ignorance/lack of awareness.
- Really good point, I wouldn't know how to answer because so many kids have such individual needs, quite hard to know what's needed, or what things you should do.
- X, DHT in Killie, amazing at spotting a child a mile off with additional needs, she could spot a child & tell you what is needed, would be good to draw from teachers like her that have that experience & have worked that every day for last 10-15 yrs. Massive ask for teachers to have that level of in-depth knowledge, all teachers should have some level of training and then others with specialised info could support kids with ASNs.
- Supporting teachers, they need more support within the class, e.g., support assistants, and maybe even more highly trained support assistants. Maye even EYPs could be brought in to provide support in primary & secondary, they need more support in the classes.
- Should be done as an initial assessment, what additional support can they have, what could that look like. Don't think there's a way of figuring out if you can get any extra help, schools meant to get funding.
- Very mysterious as a parent how support & funding works, was keen for child to try mainstream school, but don't know what other options are, for parents would be good to know what should happen in mainstream schools, here's the other options, this is a massive mystery.
- Impacted by deprived area.
- Fact is that someone is determining that our children are fit and able to go into a mainstream school, so what support is available for these children who're deemed able to go to mainstream school, my child is going to leave with no exam results because of her anxiety, so what support is in place for her? For kids that stay silent and run away instead of kicking off
- Felt child has fallen through the cracks since S1, have fought and fought, he's missed out on so much of his secondary education, is there an alternative way he can get an education? He's a really clever kid, feel he's been let down.

- In right setting, child is really clever, school isn't the right setting, so who determines that our children can walk into a setting with 800+ young people, so once they're there there's no support.
- Work in an ASN school and that wouldn't be the right environment for her either.
- I am so sorry, but we are in meltdown mode right now if there are any other questions could you please email me, and I will reply to my response. My apologies but I will have to leave the meeting just now look forward to seeing you all again in the next meeting.
- Anxiety builds and builds between classes if they have a negative experience. She sits in a smaller maths class, this is all the additional support she gets, sets teachers up to fail as well.
- Facilitator explaining presumption of mainstream law. Ideology of presumption of mainstream vs how this is resourced and how schools adapt to support inclusion, gov't need to provide the funding.
- How do we expect teachers to do anything without training in place? Parents live with our kids, teachers get them (in sec) for max an hour a day in a big class, how do we support our teachers in a classroom setting to deal with children who need additional support.
- Would it be possible to have a non-parent person who has experience with autism to advocate for them, e.g., educational psychology. Asked if an EP would be there for my child, for us it feels like all we do is fight/argue their case, sometimes takes another professional who's objective.
- As parents we're seen as having an overactive mind, and surely kids can't have that many needs because present differently at school.
- Autism outreach support has made such a great difference to us, someone who understands and is there to help push for things that your child needs, feel as parents we aren't always taken seriously. Going through process with younger child, school don't see it at school, been through CAMHS & he's on the waitlist, as a parent I see those traits & asked about AOS for him but told there are other children who might need it more, he might be alright at school, but you have no idea what we live with at home. Hard when the school don't see what we see.
- Agree that AOS has been so helpful.
- COVID, the world has had to adapt, everything should have to adapt for our kids too. If the whole world can adapt surely a small section of it can too.
- Focusing on needs
- Understanding (understanding needs, understanding individuals)
- Communication
- Evaluating – evaluating transitions
- Good practice
- Education – training, educating each other or staff.

- o Building relationships
- o Get rid of or soften the word intervention.
- o Development –
- o Child's voice ***
  - o Own voice, children's views, their feelings, their thoughts re: past, present, future
- o Individualisation – catering to individuals
- o Potential
- o Linking with autism AOT – look at their service.
- o XXXX doing amazing work.
- o Additional services – building awareness of what's available for children, for parents, for families.

h) Post Zoom comment:
   a. After a bit of reflection, I wonder if you could add into our notes something about making neurotypical peers aware of the varying needs of neurodiverse individuals, in a general way (not sure how exactly!). I'm basing this on feedback my daughter gives me about "everyone in the class thinks Ben is naughty". Obviously, I don't want everyone knowing the ins and outs of Ben's needs, but I'd like his peers (and their parents.) to understand that his situation is more complicated than "being naughty".

Appendix J3

Collated focus group notes from combined young people's sessions

a) Tell me about your transition experience, how did it go?
   - Difficult at the start but eased into it. It was weird going from one set class to lots, spread out.
   - Transition was ok. Wanted to stay with my friends – had moved to another school in P6. None of those children transitioned to this school. I was the only one. Knew some of the people who transitioned from previous school and from out of school.
   - Well so we didn't have bump up days because of covid. So, we didn't get to experience it. They helped us for the first few days in august then it just stopped. It was a new place new classes. I still haven't remembered the way to go. It was exciting because we were starting something new, but I had so many questions that no one talk about that makes you really anxious. There are so many classes and kids in a corridor, get to the right class and say all these punishments that kids haven't even thought of if you are late. I wasn't diagnoses until a good few weeks into secondary. I didn't have any meetings before we came here. At primary they never forced things like homework and clothes. Secondary is much harder because they don't get it.
   - It wasn't so good because of COVID, we couldn't get bump up days, it would be better to get in the school & move about, we got maps & some video calls. Would be better to have the chance to get used to it, we're not used (in primary school) to moving around, having 400 people in school, moving around all day, being able to go outside on breaks, or crowds, especially for me I don't like crowds.
   - Didn't get a video call, it would have been better to go round the school and get to know where to go. I got lost a lot in the first few days & was late to classes a lot, still sometimes get lost. Always moving around gets a bit repetitive, annoying having to go somewhere new every time the bell goes.
   - Scary, wasn't there for the first day because of COVID, didn't like it and had no friends in my class.
   - Could only talk to people at break/lunch.
   - Knew no one in class.
   - Had a friend in nurture group & that definitely helped me settle in, was good.
   - At the start of S1 I didn't like it, was off & didn't want to come back. Doing half days just now, and starting back full day next Friday, short days really helped
   - Groups were helpful, eased in, suggest things to do in introduction (to secondary) e.g., suggestions or prompts to ease into it

- Making choices, having flexibility and options is key.
- In IT it's good to have a bit of game time because we got that in primary school.
- It's important to get to know teachers, Mr X, asked him to get in class with friends.

- When we got to S1, everyone was split up. Felt like my people skills were worse. Primary was easier because you know people. Didn't enjoy (S1) classes & trying to get around.
- Had visits once or twice, but less because of COVID.
- Can't really remember, don't use MS Teams, don't think I really had, S1 wasn't as bad because I was at home, worse because of people on the bus, people act up and the school does nothing.
- Transition was okay, got to do a transition visit before covid, high school is going ok.
- Transition was kind of chaotic, teachers have different rules, there's no consistent set of rules, no one tells you what they (the rules) are, you have to learn the hard way.

b) Tell me what went well with your transition and the impact on you?

- Buddy day. Someone else (older pupils) helped take S1 pupils to classes & helped them get around the first few weeks.
  - Clarified that it was good that this support was there for longer than just one week.
- High school was better. You learn a wider variety of things and you do a wider variety of things. There are more opportunities in high school. There are more teachers which is a good thing. I can sometimes fall out with teachers, and I find it difficult to move on when things go wrong.
- The first few days when someone showed me round. It was classic what I think it would be then it changed. They tell us we are young adults, we are older, we need to be more responsible. That is what they say. It is too much.
- Not much to say.
- Went in during Easter, so had a bit of knowledge about classes, got a map of school, also had buddies during the first 2 weeks, senior pupils to help get to class.
- Would be helpful to have those buddies for longer, when they stopped, I was still confused about where to go. Timetable/signs helped, I got confused when my timetable was wrong.
- I followed people in my class to help know where to go, it would have been better to have buddies for longer because some classes we only got to go to with them once, for instance school went back on Thursday, buddies were there until the next Friday, we only have

geography once a week and it was Monday so we only got taken there one time, would have been good to have them for at least 2 full weeks to get there more than once.

- o I have a hard time remembering, my memory is not so good, I can remember game stuff easy but not stuff for school.
- o Seeing school
- o Still had friend group, I went downhill (in S1), started in quarantine and then halfway through S1 it got worse, I got a lot of days off.
- o Don't know what went well, I felt excited and looked forward to S1. (Theresa prompted that she had linked in primary school)
- o Different classes, have some classes I really enjoy like PE, HE, computer science – different to primary school.
- o Met in a tent outside, ____, was fun.

c) Tell me what didn't go well with your transition and the impact on you?
- o Knowing what class, you have is tricky – figuring out timetable
- o I have only recently been diagnosed with autism so didn't get enhanced transition. I also came from a school in a different cluster. I didn't know why I was finding things so hard in school. I got upset and feared judgement from others. My diagnosis explained why I was finding the work hard and why I was struggling with the work and processing information. The school didn't know why I was different and neither did I.
- o The pressure of having be suddenly grow up and they go on about being an adult and punishments. I swear it is a hobby for them!!They never stop, they list children who need to behave they threaten them but do nothing to help. It's not that easy. It makes me unsure to ask for help. some react ok and some say, "I just explained it".
- o Feeling nervous, worrying people won't like me or will bully me, couldn't stop thinking about it.
- o Some teachers could have eased in more slowly, our IT teacher was really strict & shouty, he could have been calmer. We started in his class and got told off for things we didn't know we weren't allowed to do. First impressions are a big deal, so I didn't like him (teacher) for a while, now we know the rules, so we get shouted at less.
- o First impressions are a big deal for people who think a certain way.
- o A bunch couldn't do much with anyone, classes made me stressed – both the work & the loud/disruptive people. Not used to communicating (now), used to do it more, feel nervous making friends.
- o The bus wasn't bad at first, now not so good, buzzer above all the seats, lots of people shouting, people behaving worse.
- o Felt a lot worse, didn't used to care about what happened, started to not focus (in class) when I don't feel that well, people change & split

off. Find it hard to focus when stressed, try to ignore and think of other things, sometimes have bad thoughts or in a bad mood.
   o Missing transition visits & P7 residential because of COVID.

d) Tell me what you feel needs to be changed about transition of school within the LA?
   o I need time to think, people think I'm stupid. I feel like there's only a certain amount of questions you can ask before it gets annoying, which is sometimes difficult.
   o Hated primary school, almost everything about it, the building looked really bland. I like moving between classes, kind of
   o Didn't like P6/P7, had the worst teacher for 2 years so was happy to leave.
   o It's good in secondary to move between teachers if you don't like them.
   o I don't like going to teachers I don't like.
   o Feel happier in secondary school.
   o More opportunities to see the school before would be good, we were supposed to get 3 days (visiting XXXX) but got cut down to just half a day, don't think it was due to COVID.
   o The school were very welcoming at the start. When you go up the school it is harder. Teachers expect more from you and are harder on you. Some teachers are nicer at the start. Teachers don't understand and can be shouty and hard with you and don't help you. I am bad for holding a grudge when I have fallen out with someone Teachers never apologise or admit when they are wrong. Teachers stick up for teachers and pupils stick up for pupils.
   o See if people could just teach teachers that yelling does nothing. If they actually explain what is going on and add breaks would help. Yelling at one child makes it feel like it's me that's getting it. If I had had a meeting before I came, I could have talked about how I feel about homework and that I need to know when things happen, and they need to be planned ahead. I need to do things in a certain order. I would have liked to visit the school and not just English and maths. I didn't know any staff. There was a group for s1 in the summer and met a few kids but no teachers.
   o Would be good to have a proper day inside the XXXX, we did lessons through Teams which I didn't like, got really sick of Teams.
   o I think they should ease you in, have more of a slow introduction into what to do, they should make it fun & help people enjoy school, then people might be more likely to behave.
   o It could help to have someone know you better before coming to secondary. Before COVID, support for when you come in, knowing what's going to happen, giving people ideas of what to do (in potential situations), answer what-if questions before transition.

- A lot of the work is different, there are more classes & some of them have stuff to manage (like the chemicals in chemistry), it can be difficult to do work & sometimes you're alone in class.
- Work depends on the class, sometimes the terminology isn't explained well – teachers assume you know what a paragraph, noun, summary etc. is.
- Sometimes you ask a question more than once, but the teacher just repeats the exact same answer.
- Have secondary teachers try to get to know everyone, they (teachers) do that in P7 but not in S1. In P7 it's easier, because they (class teacher) are always with you, in S1 it's more difficult because teachers work with more people. They check on work during class (focus more on work getting done not on people) – affected by COVID (because teachers couldn't wander around classes the same)
- Teachers should know that not everyone will be good at subjects. Teachers teach to the same level, which is not good. I didn't do work (on Teams) so there are gaps.
- More visits and more opportunities to meet teachers to hear their rules, some of the people I met weren't my teachers.
- More chances to meet teachers.
- Separate space for break & lunch
- More things to do outside would be good, e.g., stuff to do outside to stop people doing stupid stuff
- Have more visits and finalise who your teachers will be beforehand.
- Happier in S1, I like having different classes and classrooms, like the teachers more.
- In P7 you get treated young, now you get treated like your age.
- In S1 you have more freedom, you can do things.
- Have had this group (social group w/Theresa) since start of S1, it helps, is something to look forward to (prompted?)
- In P7, had a pupil support type teacher.

e) What needs to be included in a guide for staff - What would a perfect transition look like?

- There's no such thing as a perfect move, because you're always going to be a bit nervous or worried. That's a part of the transition, it's not possible to have it be perfect.
- Go in with primary school all in one house & go with another primary school, so you still have your friends to talk to and people you know, would make it easier (to be around/meet new people) if I know I still have people to talk to.
- Having someone you know to sit next to can be a double-edged sword, if it's someone you like that's good, but if it's someone you didn't like it's hard.

- In primary school I got along with everyone, losing that natural comfort (when you come to S1) was hard.
- In visits, you should get to experience every different class, so when you come to S1 you've been in every subject.
- People smoke, which is stupid.
- You should have a few minutes in the class of each teacher that you'd be going to

Session 2
a) Did anyone have any further thoughts from last time?
- It was good.
- No

b) What do young people need when they transition to a new school?

- Try and let students know teachers better, more 'get to know me days' before secondary would be good.
- Teachers need to adapt their teaching better for children with additional support needs. Teachers need to learn to explain in different ways and give more explanations i.e., explain again after. If someone has additional support needs, they need to know what that child is like as a person. The child needs to know what to expect in all classes. No information is passed on. Young people do things very differently, they are not all the same. Young people need to get the right information about new classrooms, teachers, different lunchtimes, they need to know they need to study, education is more serious, they need to know they will pick subjects, move from class to class, that periods are 50 minutes long. Schools need to help you more. Transitions should be calm & easy with teachers that are happy to help.
- Introducing kids to someone who is similar, have a room they can go to to calm down (sensory room). Taking on board a kids needs and continuing it in secondary. Asking me what I think and listening. Consider my self-esteem when you go over and over things. Makes me think you don't know me. A named teacher that I can go too. All teachers need to know how I work, and all follow it. They don't get it or believe it. Decision making is very hard. Know I don't want to choose. Be straight forward.
- Knowing what pupils not to shout at because they might have autism or a mental health difficulty and wouldn't like that. Or they could even warn people when they're about to shout so we can prepare.
- They should let us know, if you're nice this happens, but if you're bad this happens.

- o Be more kind at the start, and kind of work up to or decrease the leeway.
- o Don't be strict at the start.
- o Ease in & get to know pupils, understand.
- o Don't make fun promises you can't keep.
- o Do some introductory tasks at the start and maybe take some people out of class and see if they like their teachers.
- o Went off and stayed off to not be late, go to library first thing (so to not be late), soft start & relaxing start to the day a positive
- o Try not to be angry if people are late (at start of S1), be calmer.
- o Used to walk to P7 and it took 15 minutes, now I walk to school, and it takes longer.
- o Needs to be about additional support needs.
- o Teachers need to know that.
- o It depends on who that person is.
- o Some people need specific things.
- o Some people get stressed.
- o Getting to know young people.
- o I don't know.
- o Get to know pupils.
- o Bump up day.
- o Meet teachers before you come – in person – at least once or twice.
- o Come to primary and we come here.

c) What do teachers need to know about them before the change of school?

- o The teachers are good, and teachers are important. Guidance teachers know more about how to help you, they are a good support checking on you. Emailing teachers about pupils on its own doesn't work. I have been moved class which has helped me.
- o Need time to get used to the layout of the school, it's a maze. For like a week we had S6s showing us where to go and then they disappeared, that wasn't long enough, it took like 3 weeks to learn the layout.
- o I would have liked to have known what teachers I was going to get.
- o Teachers getting to know you.
- o At the start follow S6 to classes – we didn't know the one-way system
- o The one-way system was frustrating
- o My sister was my buddy – wasn't told that in advance, it was ok, it was a relief.
- o The buddies were not used that much.
- o People were mostly late for most classes.
- o It would be good to have a session to talk to someone who knows the school. A solo session
- o Everyone gets that – they get help.

- Maps are too details – they are architects maps, too detailed. Need to be more user friendly.
- Numbers on room doors
- Emotional support – a day out before we came.

Add ques: What do young people need?
a. More time to adjust.
- Offer a bit of freedom around tasks, e.g., making a PowerPoint for a homework task instead of a poster, allowing a bit of freedom. It was rare to go to the IT suite in primary school & it was very prescriptive so just more freedom now would be good.
- Agree about freedom of creativity, in HWB class had a model of a brain, enjoyed getting to do something like this, it's just about getting to know everyone.
- Felt like alone about how I felt, couldn't say anything.
- People in my class I got to know from registration, perhaps would have been better to have our visits with people from our new S1 class not our old P7 class, there's only a few people in my class that I even knew from primary school.
- Getting to know the people in their new class.
- Knowing where to go, knowing which classes are where.
- Have some games in classes.
- Long days for S1, maybe shorten them a bit at the start.
- Long periods are tough.
- P7 teacher had S1 style periods towards the end, & we practiced long days.
- If people need extra help or not, teachers didn't know that (about me)
- Teachers need to know who the children are as a person, how children process information, How children respond to things, What helps them, What they need, How to make work easier for children
- Need to be more sensitive, we care about being shouted at so some teachers just need to know about people's sensitivity.
- If they'll enjoy or hate certain things, like for science should have a mix of sciences not just chemistry.
- It'd be helpful for them to know who's sensitive to noise, what they like & dislike.
- It'd be good for us to get to know teachers, only met a couple of teachers so didn't know anything about them except what they teach.
- Who has ASN/doesn't like shouting.
- Had the same teacher for P3 & P4, did a get to know you sheet of paper so she could understand you.
- Getting to know who wants to stand in front of the class, for example.
- Ask 1-10 how you feel about public speaking
- They need to know people who struggle with that subject.
- When pupils stress about assessments and tests

- Those who have autism – teachers but not pupils.
- I don't want people to know.
- I don't care either way. With teachers it doesn't make a big difference
- It doesn't feel like anything is different.
- Teachers don't care about what you like.
- Coping strategies – i.e., being allowed to write a book
- Any disabilities/ conditions
- What you like/ don't like
- Skills in certain subjects
- Sending work over – how good you are at your work.

d) How can that information be gathered best?

- Teachers should talk to new teachers.
- A big meeting with all of the teachers including the head of education, Emails do nothing, Teachers don't understand they need to adapt. Teachers need advice on what to do. Teachers need to know what helps children focus and what calms us down.
- Meetings with parents, get to know us that way.
- Some parents might now know some things, email questions ahead of time so parents can gather child's views.
- First impressions are so important, same with introductions, in start have time in lessons for fun.
- P7 teacher told S1 teachers what I like, used to go walks with P7 teacher and walked around XXXX with Mr X (from XXXX), talked about mindfulness.
- One to one meeting with guidance teacher
- Through the primary teachers
- Knowing information in advance, extra support for friendship
- Someone to talk to
- Photocopy jotters and send them on
- Don't know.

e) How should/could staff & parents gain young people's views?
- Try to talk to them about it [the transition], a casual chat would have been helpful to check in after transition.
- Look at people's timetable, let the children meet all of the teachers. Help children to understand, speak to you before you come to school. Speak to your parents Teachers need to get to know the children.
- Write information about me.
- One month in could ask your views about school and each class.
- Help - if someone dislikes a subject, teacher should realise and give adapted/easier/different tasks.
- HE should pick exciting stuff to make.

- o If it's the first practical lesson, don't shout just explain how to get it right.
- o Guidance teachers – maybe not
- o Not parents – they don't know.
- o Do something like this i.e., a support group. Get verbal information from here.
- o Safe space used.
- o From my Mum
- o By asking the family

f) What information needs to be in a guide for teachers?

- o A map, had a paper one but it needed more directions/information (e.g., some corridors weren't labelled, confusing)
- o You might not get to be in classes with friends, try not to talk too much.
- o Meet with teachers and get to know them.
- o Every couple meetings/visits, swap groups to get to know new peers.
- o Know who your teachers and classes are so you don't get lost, have a guide take you around the school for a few weeks.
- o Give everyone a map.
- o Got a map & got to pick seats.
- o Label map & rooms with subject & teacher
- o Inform (young people) that people are going to split up, share who will be with you and let (young people) share who you want to be with you. Who ends up with you seems random. Don't mind class/practical group except a couple problematic people. In practical group [which is smaller] it seems like everyone else knows each other (and I don't)

g) What training is needed for staff/young people?
- o Autism support – would be helpful for teachers & peers. Help them understand autism & how to teach in a way we understand.
- o An autism awareness course plus information on other additional support needs, Raise the profile of pupil support.
- o People have different needs & abilities.
- o Be clearer, timetable should have the right room # and teacher's name.
- o What is it for specific pupils?
- o What is the problem?
- o How autism impacts on you
- o Conversation skills
- o Organise a day out with some people.
- o Training on difficulties

- They do some input on PSHE – a bit too much for me.
- Giving information about pupils

Appendix K1

Parent & Teacher co-production evaluation questions

To be sent to all adult participants on a Google Form after the third session

1. How efficient was the online platform for use to co-create guidance?

2. On a scale of 1 to 5, (**where 1 is very poor, 2 is poor, 3 is fair, 4 is good & 5 is very good**) how would you rate this online method of meeting to co-produce guidance?

3. Did you feel listened to throughout the co-production process?

4. Did you feel comfortable saying everything you wanted to?

    a. If no, please give as much details as you can?

5. Did you feel that everyone's voices were included?

6. Do you feel you got the chance to give your opinions?

7. Do you feel you had enough time to talk?

8. Do you feel that your views will make a difference to the policy development?

9. Do you feel your views will be taken seriously?

10. Do you feel you are clear about what will happen next?

11. On a scale of 1 to 5 (**where 1 is very poor, 2 is poor, 3 is fair, 4 is good & 5 is very good**) how would you rate this process of co-production?

12. What did you think went well about the co-production?

13. What do you feel would improve it?

14. Do you feel the new guidance materials will be helpful for school staff?

15. Do you feel the new guidance materials will support the inclusion of children with ASD/ social communication difficulties? If so, in what ways

16. Are there any benefits or drawbacks resulting from the production of good practice guidance? If so, what might these be?

17. Any other comments?

Thank you for your time and involvement. It is very much appreciated.

Children and Young People's Online Feedback Form (for groups)

Boy ☐   Girl ☐   Other ☐   I don't know ☐   Age _____

Tick the number of stars you would give to everything below. Five stars is the best.

SPACE	★	★ ★	★ ★ ★	★ ★ ★ ★	★ ★ ★ ★ ★
I have been listened to from the start					
I felt comfortable giving my opinions					
I felt safe giving my opinions					
A lot of different voices were included					

VOICE	★	★ ★	★ ★ ★	★ ★ ★ ★	★ ★ ★ ★ ★
I got the chance to give my opinions					
I got enough information to help me give my opinion					
I got support to have my voice heard					
I understood what was being discussed					
I could give my opinions whatever way I wanted					
I had enough time to talk					

AUDIENCE	★	★ ★	★ ★ ★	★ ★ ★ ★	★ ★ ★ ★ ★
I know who wants to hear our opinions					
I know why they want the opinions of young people					
They were honest about what they would try to do with our opinions					

INFLUENCE	★	★ ★	★ ★ ★	★ ★ ★ ★	★ ★ ★ ★ ★
I know where our opinions are going next					
I know how we will be told about what happens to our opinions					
I think what we said today will be taken seriously					

Were you able to get onto the platform?

....
....
....
....
....

Was it easy to use?

....
....
....
....
....

The ONLINE SPACE was...   ☹ ☐   😐 ☐   🙂 ☐

THANK YOU!

Good Practice Guidance in Transitions for Children & Young People with Autistic Spectrum Disorder/ Social Communication Difficulties

Contents

Acknowledgements

Many thanks to the young people, parents and staff who gave their time so generously to assist in the co-production of this document. All believed that this guidance was require and would be beneficial once produced. The feedback from young people, parents and staff was that the co-production process was a positive experience. Parents and young people requested that their voices be heard. Our hope is that this document does those voices justice.

Introduction & Background

The transition from one school to another is a major life event for children and young people. The impact of transition is felt by children and young people, families and communities. Within this document the term transition is defined as:

 "an ongoing process of psychological, social and educational adaptation over time, due to changes in context, interpersonal relationships and identity which can be both exciting and worrying and require ongoing support. "(Jindal-Snape, 2018, P-283). [1]

This document outlines a relationship-based approach to transition which emphasises the importance of the sense of connection and belonging and requests that all staff and parents prioritise activities that promote these important concepts. This document was co-produced alongside young people, parents, and staff within the local authority. It was produced specifically for school staff in consideration of children and young people with Autistic Spectrum Disorder (ASD) or social communication difficulties (SCD) however it is premised on the research of good practice in ASN school transitions. It may therefore be utilised for considering mainstream transitions and may also be adapted for specialist school transitions.

A review of existing research concerning effective transition practices was undertaken as part of the production of this document to ensure effective practices are signposted, developed and consistent across the authority. With children and young people with Autism/ social communication difficulties, an individualised approach is often required in supporting positive transitions.

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[1] Jindal-Snape, D. (2018). Transitions from Early Years to Primary and Primary to Secondary Schools in Scotland. In T. Bryce, W. Humes, D. Gillies, & A. Kennedy (Eds.), *Scottish Education* (5th ed.). Edinburgh: Edinburgh University Press.

""The implementation of evidence-based transition support practices can have a significant impact on children's early adaptation to school and their eventual integration into society" (Fontil, 2020 P1878)[2]

Rationale & Principles

This document seeks to identify and highlight good practice within the area of school transition to assist schools in planning, implementing and evaluating effective school transitions. High quality transitions are crucial in effectively supporting children and young people on their educational journey and particularly for children and young people with ASN. Many children and young people have positive successful transitions, but for some the process of transition is a challenging one.

This guidance is based around the principles of the Getting It Right for Every Child (GIRFEC) framework, which is a children's rights approach that embeds the propositions of the United Nations Convention on the Rights of the Child (UNCRC) within the everyday practice of all educationalists. GIRFEC is child-focused, based on an understanding of the well-being of a child and on tackling needs early, as well as having a requirement for joined up working. Within this approach the importance of relationships and collaborative working are key.

Finally, this policy considers an ecological approach to transition and draws strongly from multiple and multi-dimensional transition theory (MMT). Multiple and multi-dimensional transitions theory (Jindal-Snape, 2016[3]) views transitions from their widest perspective, i.e., it recognises that children live within multiple and complex

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[2] Fontil, L. (2020). Barriers to and Facilitators of Successful Early School Transitions for Children with Autism Spectrum Disorders and Other Developmental Disabilities: A Systematic Review. *Journal of Autism & Developmental Disorders*, *50*(6), 1866-1882.

[3] Jindal-Snape, D. (2016). A-Z of Transitions. Basingstoke: Palgrave.

systems within the surrounding environment. This includes from their immediate setting of family and school to the broader culture, laws and customs within wider society. Jindal-Snape highlights the multiple layers of transitions which impact on each other when a child makes a significant transition. Jindal-Snape gives us the analogy of a Rubik's cube, in that a change in one aspect of a child's life i.e., a school transition, can lead to changes in several aspect of their lives (e.g., home, wider family) and can lead to changes for significant others. As with a Rubik's cube, turning the cube to change one side's colour will also change the colours on the other side. This means that when a child transitions there are changes not only for them but for others in their environment. The researcher also reminds us that transitions are dynamic and occur within changing environments e.g., Covid-19 and supports may need to adapt accordingly (Jindal-Snape, 2023)[4].

Jindal-Snape (2023) also discusses the concept of transition capital, which is the idea that certain ways of thinking and certain environmental factors can lead to more successful transitions. These are described as the 12 pillars of successful multiple and multi-dimensional transition (Jindal-Snape, 2023). An individuals' way of thinking can be affected by their beliefs, experiences, transitions, relationships and supports that are available within the environment. The 12 pillars are resources that can help people when they are experiencing transitions. Transitional resources are developed throughout a child's life, not just at the time of transitions. This then offers the potential to support children and young people across the life span. Transitional resources include how children think, how they feel, their relationships, their support systems and the narrative around transition that surrounds them. Transitions resources are the skills that a child or young person have access to when undertaking transitions. All schools should pro-actively plan for

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[4] Jindal-Snape, D. (2023). Multiple and multi-dimensional educational and life transitions: conceptualization, theorization and XII pillars of transitions. In R. J. Tierney, F. Rizvi, & K. Erkican (Eds.), *International Encyclopaedia of Education (Fourth Edition)* (4 ed., pp. 530-543). Elsevier. https://doi.org/10.1016/B978-0-12-818630-5.14060-6

maximising all children's transitions capital but especially children and young people with ASN.

Aspects of the 12 transition pillars have been built in throughout this document to demonstrate how schools might use these to best effect. Boxes highlighting good practice have also been developed throughout the document to highlight examples of practice and provide suggested strategies at a glance.

Principles
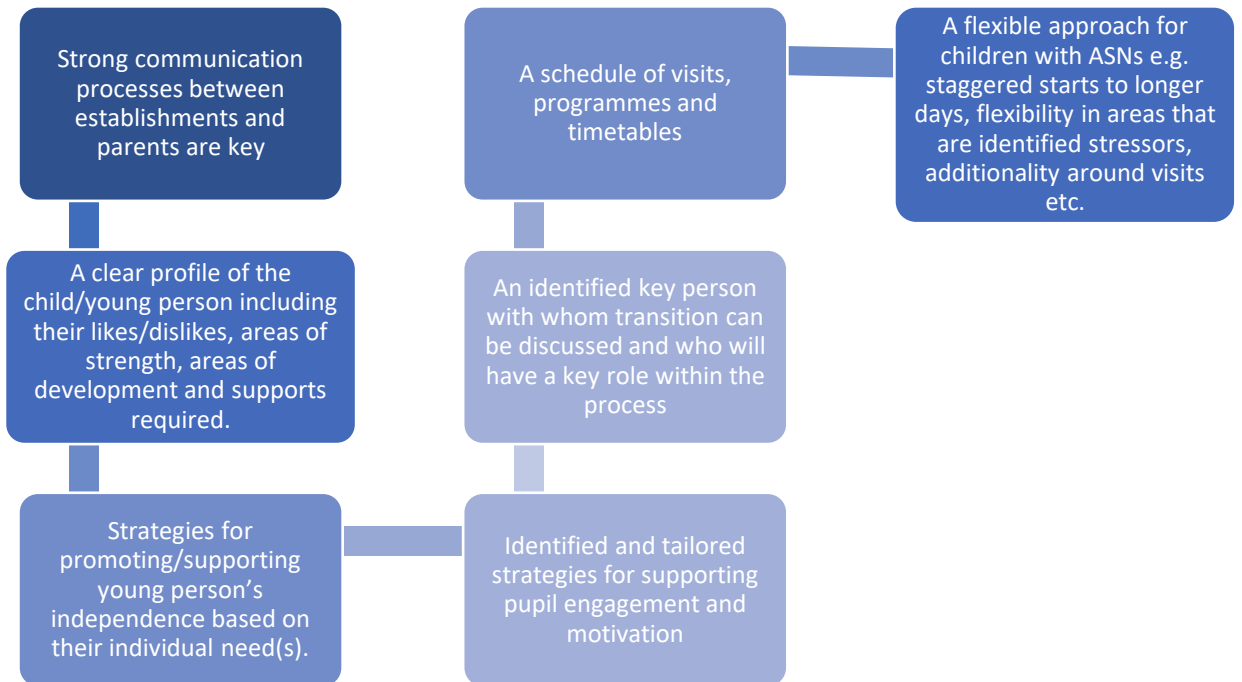
The principles this document is built around are:

- The presumption of mainstream – children have a right to be educated within their local school, and schools should adapt to meet the needs of the children and young people within their local community wherever possible.
- Educational interventions are based around the most inclusive and least intrusive options.
- Planning is collaborative with all people involved in supporting the child or young person.
- Parents/carers and young people are equal partners in the planning process, monitoring and evaluation of school-based transitions.
- Effective communication is key to effective transitions, and nurseries, schools and post-school destinations should ensure that they have a variety of formal and informal systems for regularly communicating with all stakeholders including children and parents.
- Support for emotional well-being is at the forefront of transitions.
- Effective, pro-active student-centred planning is tailored to individual need.
- Transition planning happens as early as possible.
- A key person is identified to lead & support the transition process. That person receives suitable support and training to undertake this role effectively. Staff knowledge of transition and individual supports should continue to be developed over time.

- Schools ensure that they have the necessary skills to support children and young people and that staff have the necessary training. Staff training and support is considered prior to the child/young person's placement. Schools consider what support systems they have for all school staff.

- Well-supported transitions lead to positive outcomes.

- Use of strengths-based approaches that are solution focused.

- Sending and receiving establishments work together to ensure curriculum & pedagogical continuity.

- Kindness and understanding at all points of a child and family's transition journey.

- The importance of fostering school belonging is understood by all – e.g., through a program of visits, extra-curricular activities, school clubs, and a variety of opportunities to develop relationships with staff & peers

Planning for Change in Schools

School transitions should be well-planned & organised – the process should be based on effective practices that bring positive outcomes for children and young people. Transitions should be co-ordinated by a key person who has the relevant expertise to undertake this role. Nurseries and schools should have a clear plan around transitions for all children and young people, with tailored approaches for children and young people with additional support needs (ASN). Schools should consider how they communicate their transition processes to key stakeholders including children, young people and parents as well as the effectiveness of that communication approach, i.e., are all parties clear on what to expect and do all parties have clarity around exactly what and when the transition processes will be. Schools should have written policies with summary versions for parents and young people. Consideration needs to be given to implementation of the transition plan and how it will be quality assured.

Transition planning should include the following:

Strong communication processes between establishments and parents are key	A schedule of visits, programmes and timetables	A flexible approach for children with ASNs e.g. staggered starts to longer days, flexibility in areas that are identified stressors, additionality around visits etc.
A clear profile of the child/young person including their likes/dislikes, areas of strength, areas of development and supports required.	An identified key person with whom transition can be discussed and who will have a key role within the process	
Strategies for promoting/supporting young person's independence based on their individual need(s).	Identified and tailored strategies for supporting pupil engagement and motivation	

A key component in the implementation of inclusion is to continue to build staff self-efficacy and confidence around differentiation. Skilled staff that can effectively differentiate the curriculum to a wide variety of needs, are better able to include children and young people with ASN. Schools should consider how they support, monitor and evaluate the effectiveness of differentiation within all of their classrooms.

Good Practice:
- Good communication between establishments and with parents
- A clear profile of strengths and areas of development for all children with ASN
- Tailored plans for children with ASN
- Tailored supports identified and in place within the receiving nursery/ school.
- Working collaboratively with all partners including parents and children and young people
- Formal and informal methods used for communicating transition practices.

Transition pillars:
- Nurseries and schools continue to provide opportunities for children and young people to learn how to solve problems.
- Problem solving is identified in stories and real-life situations and how they were resolved is discussed.
- Schools explicitly teach children and young people problem-solving methods and how to apply them in context.
- Schools encourage children to adopt an open-minded approach i.e., there is more than one way to approach many things.
- Schools teach children and young people compassion for others and self.
- Schools teach children about and adopt a growth mindset.

What supports Effective Transitions?

The following infographic presents a list of evidence-based practices that support effective transitions into primary or secondary school. This represents a summarised review of the literature.

Relationships

This includes relationsihps between children & their peers, and between children/young people & their teachers

Staff knowledge of transition processes

Staff knowledge of additional support needs

Including how to support those with additional support needs

Effective communication by key personnel

Support from parents & parental involvement

Student–Centred planning

Environmental supports
E.g. sensory supports, visuals, nurture

Curriculum at the right level/curricular continuity

Kindness & understanding

Collaboration of all staff involved

*This was the intervention identified most consistently for effective transitions

Effective, proactive planning

Collaboration & shared expectations between staff & parents

Information for staff, parents & pupils

A clear student profile

Visits, programmes, schedules & timetables

Self Regulation
Supports & strategies

Coping strategies & supports

Use of social stories

Social Supports
E.g. buddies, a safe person or space, peer support

Engagement & motivation

Practices that impede effective transitions

This infographic aims to focus on effective practices, but please see the following about what to avoid when planning transitions:

- Lack of time
- Differing beliefs/expectations
- Late generation of class lists
- Poor communication/contact
- A "wait and see" approach
- Lack of training/support
- A "one shoe fits all" approach
- Low parental expectations
- Delays in placement decisions
- Lack of preparation
- School & system level factors – lack of preparation/communication
- Lack of belongingness/school connectedness

The infographic above represents a summary of effective practices that support effective transitions – you may see many of these strategies & practices reflected within the 'good practice' boxes at the end of each section.

Planning for other Transitions

There are many transitions that happen in a single day including home to school transitions, class to class transitions, classroom to dining hall, playground transitions etc. Children with ASN can require additional support with small as well as large transitions. Small transitions can lead to stress for children with ASN. Schools should therefore consider the use of additional supports where appropriate i.e., social stories, increased exposure, support from peers, support from parents, alternatives to stressful transitions etc.
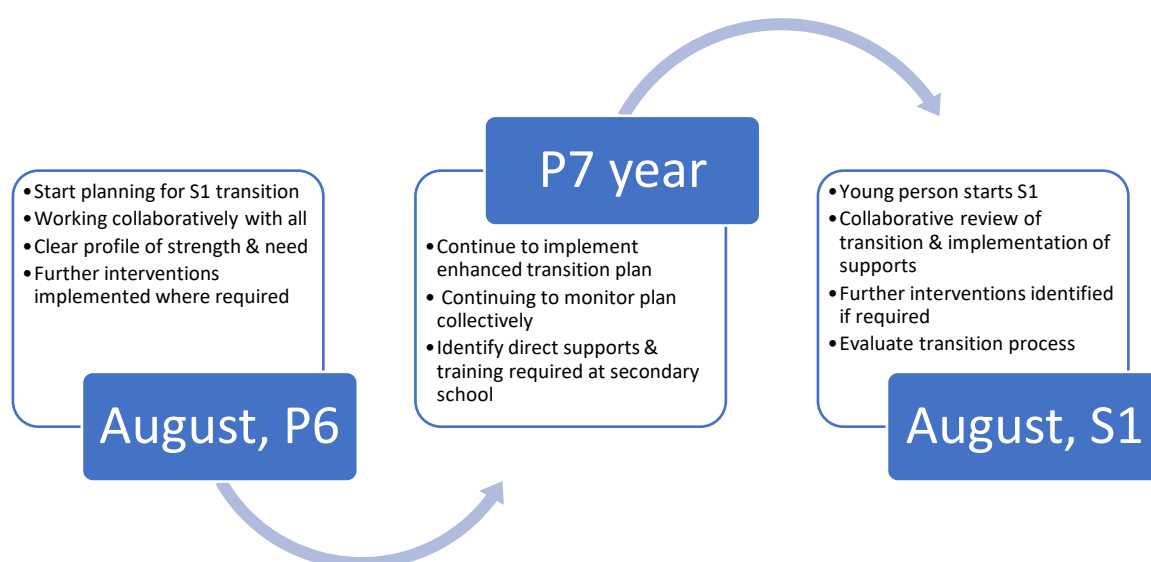
Good Practice:
- Small transitions are identified, planned for and supports are put in place where needed.
- Support is co-ordinated across services (where required)
- Space and time are provided to discuss small transitions and build capacity and confidence.
- A 'safe space' may be useful for children to use when they feel overwhelmed.

Transition pillars:
- Experiencing success with small transitions may lead to increased confidence for larger transitions.
- Transitions are discussed in everyday life.
- Children are asked how they would like to be supported with transitions.
- Transitions are discussed with parents and parents are assisted in identifying how they can support transitions.
- Teachers speak positively to children about transitions.

Timelines – when should you start planning transitions?

Transition planning should be collaboratively agreed within clusters and with all establishments. Each establishment should be clear on their role within the transition process. It is helpful where there are changes of school staff for stakeholders to be notified as early as possible and for this to be in a written format. Transitions and transition planning should happen as early as achievable. Transition into nursery should start as early as possible. Nursery to primary transitions should start a minimum of a year before. Planning for secondary transitions should commence at the start of primary six – see figure below. The importance of a shared understanding, close communication and co-ordination of supports cannot be under-estimated. Children with ASN require individualised transition planning and support, as do their families. Reasonable adjustments should be made wherever required.

August, P6
- Start planning for S1 transition
- Working collaboratively with all
- Clear profile of strength & need
- Further interventions implemented where required

P7 year
- Continue to implement enhanced transition plan
- Continuing to monitor plan collectively
- Identify direct supports & training required at secondary school

August, S1
- Young person starts S1
- Collaborative review of transition & implementation of supports
- Further interventions identified if required
- Evaluate transition process

Working with Parents

Relationships are key, and central to the transition process and to this guidance. Strong positive relationships with parents benefit children & young people, families, schools, and communities. Schools should consider how they formally and informally develop and support positive relationships with parents. It is important that nurseries and schools work with parents as equal partners and recognise the

skill base that they have. Parents are often positive about their views being sought and listened to in transition planning. They wish to engage in open and honest communications with school staff. School staff can work collaboratively with parents to identify further strategies that parents can use to support transition processes. Schools should consider how they communicate their transition processes to children, young people, parents, and other professionals. In our review some schools had a written transition policy, but no schools submitted a parent/ child friendly leaflet to explain the transition processes. Parents need to be knowledgeable about the support their child will receive, and effective communication is key. Nurseries and schools should seek to identify and minimise any barriers to effective communication.

Transitions can be very anxiety provoking for parents and support should be offered where required. Often regular discussion with parents can alleviate concerns. Good communication and a nurturing approach will often be appreciated by parents. In our focus groups (appendix 2), our parents let us know that they are keen to know about all the available supports both in school and out of school for their child/young person. They stressed the importance of regular visits to the school and the use of visual supports even in secondary. Parents stressed the importance of staff receiving high quality training in autism, social communication difficulties and other additional support needs. Parents stressed the importance of schools adapting to meet the children & young people's needs. Parents were keen that schools support their children/young people to understand themselves and support understanding from their peers. They were keen for support to be available if there are difficulties with their child attending school.

Importantly parents, like the local authority, are keen that support is not contingent on diagnosis but strongly linked to the needs of the child/ young person. Parents eager that support is consistent in schools and across the local authority. Some key / related views of parents are as follows:

Good Practice

Nurseries and schools will:

- Have a strong collaborative process with a written transition policy that is based on effective practice.
- Have differentiated transition leaflets to explain their processes to parents, young people and other professionals.
- Create regular formal and informal opportunities to discuss transitions with parents and children.
- Work with parents as equal partners and seek their expertise in the transition planning process.

Transition pillars:

- Opportunities are provided to discuss transitions with parents.
- Parents are supported to identify how they can support the transition process.
- Social connections are formed with parents.
- Attitudes and beliefs about transitions are explored.
- The positive aspects of transition are highlighted as is the importance of building school connectedness.

The Voice of the Child

Ensuring that children's voices are also at the forefront of transition planning is key. Schools should consider what formal and informal systems they must ensure that children's voices are central to the development of transition processes. Schools may wish to ask children what method and how often they wish to input to the transition plan. Asking children what supports they feel they will require and allowing time and space for children and young people to talk about transitions is effective practice.

The results of our young people's focus group can be found in Appendix A1. Young people are keen that staff know about them in advance of them transitioning to a new school. Nurseries and schools should consider what the best methodology of achieving this. Two examples of transition passports can be found in Appendices 6 and 7.

Within the pupil focus group, young people identified that they often need support from staff, parents, and other professionals to help understand themselves. Within the pupil focus groups young people noted the various sensory issues, changes in day structure and environment that they found difficult. It is useful for staff to consider how they might support young people with these.

Some strategies might include:

- The use of visuals and maps

- The use of buddies in the longer term i.e., not just for first few weeks

- Regular visits

- Set systems and processes for direct teaching of expectations at school – this may involve secondary staff in the primary setting. This should also be shared with all class teachers to encourage consistency of approach.

- A safe space being identified which has low stimulation that would be available if young people feel they need it and choose to go there – note that it's important for school staff to make young people aware of where these safe spaces can be found.

- Soft starts with nurturing check-in's

- A familiar supportive person that young people can seek out if they need it.

- The importance of providing opportunities to develop school belonging and school connectedness.

- The provision of opportunities to develop peer relationships.

- Input on social and emotional skills (e.g., Zones of Regulation, or targeted group-based interventions such as EPS' positive psychology programme)

Supporting Anxiety

Transitions can be anxiety provoking experiences. Anxiety during transitions is entirely normal but may be further compounded by the presence of additional support needs. Additional support with anxiety should be provided where required. Additional visits, planning, time for discussions, safe spaces, stress reduction techniques etc. can support in alleviating some anxiety. Where anxiety is a barrier to progress, evidence-based practices should be considered and nurseries and schools may wish to seek advice from key partners e.g., the Autism Outreach Team, the Educational Psychology Service. The teaching of specific techniques for managing anxiety can be helpful and this can be done with classes, groups and individually. Some anxiety management resources are adapted for children and young people with ASN e.g., the Homunculi Approach. Evidence-based interventions should be implemented with high fidelity to the approach. Children and young people can be taught problem-solving skills both directly and see them modelled indirectly to support in the management of anxiety.

Supporting parents to assist with strategies for managing anxiety can be helpful as well as identifying the strategies that parents currently use.

Good Practice:	Transition pillars:
• Pro-active supports to managing anxiety can be helpful across the transition process e.g., check ins, safe spaces, breathing techniques, stress reduction techniques • Where anxiety is significant and a barrier to progress, evidence-based interventions are considered e.g., cognitive behavioural therapy (CBT) group or individual work.	• Providing children with evidence-based supports to manage anxiety where required. • The direct teaching of problem-solving skills throughout childhood can support in school transitions. • Parents and staff being able to effectively support transitions. • Opportunities to discuss transitions.

Children Transitioning into Early Years

Children transitioning into early years with ASN should be identified, with parents' permission, as soon as possible. Nurseries and early years centres should look to establish both formal and informal systems that allow this to happen effectively i.e., close links with local health visiting staff, local paediatricians, and the early years forum. Nurseries, health visitors and early years teams should work closely together to identify children.

Parents' permission should be sought to share and receive information among professionals regarding their child. Collaborative working and sharing information will offer the best opportunity for children to be effectively supported. Nurseries and early years centres should seek and take account of information from all professionals, to which the child is known, to assist with the transition plan (e.g., health professionals, social work).

The Named Person should call an inter-agency meeting at the earliest opportunity on confirmation that the child will be attending the centre. Outgoing and incoming

agencies have a shared responsibility to support effective planning. Reasonable adjustments should be identified and implemented as soon as possible including environmental adaptations.

Nurseries and early years centres should consider what training and support of staff is required prior to the child starting in the placement. Consideration should be given to who is best placed to provide that support. Some staff have indicated that with parental agreement, a home visit can be very helpful in getting to know the child and alleviating parental anxiety. A series of well-planned visits should be organised with a key contact for parents and all associated professionals. With parental permission, a child's profile should be developed and shared with all staff. This should include strengths, areas of development, the child's likes and dislikes, the supports required, and situations that support in bringing the best out in the child.

Good Practice:
- Strong links are in place with colleagues in health to identify children with ASN.
- Staff work collaboratively with all stakeholders to draw together a detailed profile of the child that is shared with all relevant staff.
- Supports are identified and implemented prior to the start of the placement.
- Staff are trained to support individual children.
- Parents are consulted throughout the transition process by a key member of staff.

Transition pillars:
- Capacity is built in staff to be able to support transitions.
- Parents are nurtured throughout the process and are able to support the transition process.
- Staff work collaboratively to support transition planning.

Strategies:
- Use of visuals
- Use social stories.
- Develop a package of visits & opportunities to feel more familiar with the new setting – particularly with the child's keyworker.
- Home visits
- Detailed profile of child
- Make safe spaces & sensory supports readily available.
  - E.g., blackout tent, ear defenders etc.

Children Transitioning into Primary

Transition planning should begin a minimum of one year before the child starts primary one. All agencies involved with the child should work together to collaboratively plan the transition. Early years staff should be in regular contact with parents to support them through the transition process. This should include information about the transition process, expectations within the new environment and full involvement in a tailored plan for their child's transition. Multi-agency meetings should be convened to share information with the receiving primary school. Nurseries should provide a detailed account of the child's profile and appropriate assessments should be undertaken if required in establishing that profile e.g., Teaching Talking, The Social Play Record, School Readiness Checklist. Suitable interventions should be identified by all stakeholders that will support a smooth transition. This may include direct support for children to develop independence skills where possible. Parents should be fully consulted as key partners within this process.

Some staff have indicated, that with parental agreement, a home visit can be very helpful in the primary school getting to know the child. Nurseries and schools should consider how they can both formally and informally support:

- The development of peer relationships
- The improvement of self-confidence and self-esteem
- Develop curriculum continuity between themselves the receiving school.

Primary staff should visit the children within the nursery and get to know the children prior to the transition. Children and parents should be supported to make multiple visits to the primary school. Staff within the receiving primary school should be supported in accessing training on supporting children with ASN prior to the child starting.

Decisions regarding specialist placements are made early in December with required paperwork required to be submitted one week before. Transition planning should begin for specialist placements on confirmation of a placement. Detailed information should be shared with the receiving school on the nature of the additional support need, how it impacts on the child and the supports required.

Whilst children are attending primary school there are many things that staff can do that will support the development of transition capital including providing opportunities to solve problems, encouraging children to be open-minded & curious and encouraging persistence. These skills can assist in developing positive thoughts and feelings regarding transitions.

Good Practice:

- A key point of contact is identified to support in the transition process.
- All stakeholders work collaboratively to tailor transition processes to the child's needs. A detailed plan is developed and shared.
- A detailed profile of the child is developed and shared.
- Children are supported to develop independence skills wherever possible.
- Children have many opportunities for visits to the new environment.
- Supportive environmental adaptations should be identified early in the transition planning process.
- Early years practitioners & school staff are trained in supporting effective transitions.
- The sending and receiving establishment work together to ensure curriculum continuity.
- Transition processes should be continually evaluated.
- Primary staff have received training and are confident in supporting children with ASN.

Transition pillars:

- The development of peer relationships is directly supported.
- Capacity is built with staff to be able to support transitions.
- Parents are supported to positively support transitions.
- Opportunities are created to discuss transitions.
- The staff throughout primary school support positive transition thoughts and feeling by supporting skill development.
- Children experience diverse pedagogical approaches throughout primary school.
- Emotional intelligence is a strong feature of the PSHE curriculum and supported in all year groups.
- Compassion for self & others is directly taught & modelled in school.

Strategies:

- Use of visuals
  - This may include pictures of the new classroom, the cafeteria, the gym hall as well as pictures of key staff members (e.g., class teacher, support assistant if applicable, head teacher, dinner ladies etc.)
  - Consider if the classroom has a visual timetable & appropriate visual supports.
- Use social stories.
- Develop a package of visits & opportunities to feel more familiar with the new setting.
- Home visits
- When developing a transition passport, depending on the child's ability & comfort levels, have the child directly contribute their views.
- Make safe spaces & sensory/environmental adaptations.
  - Is there a safe space available to the child, do they know where it is?
  - Are ear defenders readily available, does the child know where they are?
- Be flexible, the child may benefit from soft starts, adjustments to the expectations around uniform, and the ability to take movement breaks or take a break to a safe space to self-regulate.
- Consider implementing check-ins, such as the incredible 5-point scale or other developmentally appropriate emotional check-in resources.

Children Transitioning into Secondary

Planning is done based on young people attending their local secondary school. For young people with ASN, planning should start from the beginning of primary six. Schools should establish early if the parent is considering a placing request and adapt plans accordingly. Where transitions are early and well-managed this may promote parental confidence in transition to the local secondary school, as opposed to making a placing request. The primary and receiving secondary school should agree a key person for the transition process; this is often best if it is someone from the secondary school who can support the transition process longer term. Parents and young people should be equal partners in the transition planning process. A detailed profile of the young person should be developed by the primary school and assessments required to identify this profile should be undertaken e.g., reading

comprehension assessment, strengths and difficulties questionnaire, Boxall profile, assessments by other agencies etc. The young person's strengths and areas of development should be identified as well as appropriate interventions. This information should be shared with all key staff. Social stories, visual supports and peer relations can be utilised to enhance the transition planning process. Some staff have indicated that with parental agreement, a home visit can be very helpful in secondary staff getting to know the child.

Young people should be directly taught school routines and consistency should be encouraged in secondary school staff in classroom management. Environmental adaptations should be considered where it's deemed that they are required. Secondary schools should directly and indirectly support school connectedness, which is linked to effective school placements. This can be achieved in a variety of ways including:

- Involving young people & parents in decision making processes
- Enable families to be actively involved in school life,
- Supporting young people in developing the skills necessary to be engaged in school life.
- The effective management of classrooms and teaching methods that foster a positive learning environment.
- Supporting young people to become a member of a positive peer group.
- The professional development of school staff to meet a wide variety of needs. The secondary school should seek to identify and support staff training needs within the school.
- Creating trusting and caring relationships that promote open communication among all stakeholders.

The school should consider who is best placed to meet the training needs of staff in advance of transitions. The secondary should continue to attend planning meetings throughout the primary seven year. Enhanced school visits should be arranged and

tailored to the individual young person's need. The primary school should also be invited to S1 planning meetings.

Good Practice:
- Transition planning is a collaborative process with all key stakeholders and happens early.
- Young people are supported with self-regulation & social and emotional skills.
- Young people are supported in developing new friendships and improving their self-esteem and self-confidence.
- Young people are explicitly taught new routines.
- Young people have multiple visits to the new school environment over an extended period of time.
- Interventions to modify the school environment are considered where required.
- The primary and secondary school work together to ensure curricular continuity.
- Staff are skilled in the application of a differentiated curriculum.

Transition pillars
- Young people are well prepared for transitions and therefore develop positive attitudes and beliefs.
- Capacity is built in school staff & parents to support transitions.
- Opportunities are created to discuss transitions.
- Young people experience diverse pedagogical approached throughout secondary school.
- A growth mindset is taught and modelled by staff.
- Compassion for self & others is taught & modelled by staff.
- Transition is viewed as reaching beyond S1 and children are supported throughout their schooling with transitions where required.

Strategies:

- Use of visuals
  - This may include pictures of the new classroom, the cafeteria, the gym hall as well as pictures of new, key staff members (e.g., class teacher, support assistant if applicable, head teacher, dinner ladies etc.)
  - At secondary stage, children may prefer using resources such as a video of the new school or a virtual tour.
  - Consider if the classroom has a visual timetable & appropriate visual supports.
  - Many pupils would benefit from resources such as a well-labelled map to reduce anxiety about getting lost.
- Use social stories.
- Develop a package of visits & opportunities to feel more familiar with the new setting – particularly with a new, key teacher & former P7 teacher.
  - If possible, facilitate visits / opportunities to continue to build familiarity with the new school during the summer holidays.
- In some cases, it might be helpful for a familiar person (e.g., the child's new guidance/other key teacher) to carry out home visit(s), potentially along with the P7 teacher.
- When developing a transition passport, depending on the young person's ability & comfort levels, have them directly contribute their views.
- Make safe spaces & sensory/environmental adaptations.
  - Is there a safe space available to the child, do they know where it is?
  - Are ear defenders readily available, does the child know where they are?
- Be flexible, the child may benefit from soft starts, adjustments to the expectations around uniform, and the ability to take movement breaks or take a break to a safe space to self-regulate.
- Consider implementing check-ins, such as the incredible 5-point scale or other developmentally appropriate emotional check-in resources – these should continue into the S1 year to be aware of how the young person is settling in.
- Be aware of peer groups – for autistic pupils/pupils with social-communication difficulties, having a familiar peer/peers in their S1 class are particularly key.
- If providing an older pupil as a 'buddy' to help pupils get around the school at the start of their S1 year, some pupils might benefit from having access to this buddy for a longer period of time.
- Differentiate learning opportunities.
- Be clear on classroom expectations from day 1, as these can vary between teachers.

Post-School Transitions

The Council are committed that all young people will move to sustained positive destinations post-school. Collaborative planning should happen early in the senior phase in a person-centred format. The full range of partners should be involved in the transition planning process and supports should be co-ordinated across all services. A strengths-based approach which is solution-focused should be used. Informed consent should be received from the young person and/or parents to share information with partner agencies. Planning should identify the support needed, timescales and any enhanced transition arrangements. Transition planning for young people with ASN should begin at the end of S4 in the instance whereby children are planning to stay on until S6. Young people who leave school earlier will require earlier transition planning. Transitions require to be built over an extended period. Many young people and parents may feel anxious about the significant change. The pupil's and family's wishes should be front and centre of transition planning. Planning should involve repeated visits to future destinations. Planning should consider future skills that will be required i.e., independent travel, use of money. Pupils may need to further develop wider independence and organisational skills and schools should consider how they can support young people in developing these.

Young people should receive the support they need to navigate successful post-school transitions. Families may also need support across transitions. Skills Development Scotland provides a universal support for young people and a targeted support service to those individuals identified as requiring it. Consideration of the involvement of Skills Development Scotland and other community-based, social work and health services should be given early in the transition process. Access to community-based services should be considered and actioned. Key professionals should be identified within the post-school destination and should

engage early in the transition planning process. That key professional should consider what training of staff may be required.

Good Practice:
- Post school transition planning is collaborative with all key stakeholders including parents and the young person.
- A person-centred approach is adopted for post-school transitions.
- A detailed profile of the young person is developed and shared.
- Key independence skills are identified and supported pre-transitions.
- There are multiple visits to post-school destinations.

Transition pillars:
- It is likely at this point there will also be experience of other multiple and concurrent transitions with leaving school.
- Opportunities should be provided to discuss transitions.

Further reading

Education Scotland also have a variety of helpful documents specifically aimed at supporting transitions for children and young people with Additional Support Needs. These are signposting documents with a variety of links to specialist services and advice https://education.gov.scot/improvement/learning-resources/transitions/#Transitions-ASN and links to good practice guidance in preparing for, managing and embedding transitions for the full range of ASN in our schools: https://education.gov.scot/media/4hdphwyf/emerging-practice-asn-transitions.pdf

Education Scotland's advice on Getting it Right for Every Child in Transition https://education.gov.scot/parentzone/additional-support/how-schools-plan-support/planning-for-transitions/ and will adhere to the agreed principles suggested by the Scottish Transitions Forum https://scottishtransitions.org.uk/about-us/arc-scotland/

Reflective activities have been developed by Education Scotland specifically related to transitions for pupils with ASN, https://education.gov.scot/media/ruxn0vno/reflective-questions-asn-transitions.pdf

The themes contained within **HGIOS4 2.6: Transitions** particularly in relation to **Theme 1: arrangements for transition,** can also support the collective knowledge and understanding of staff of firstly what good practice in transition planning for children with additional support needs looks like and secondly their understanding of the impact of the context we currently find ourselves delivering our service in.

Appendices

Appendix 1: Infographic summarising young people's views of transitions

Young People's Views

We asked autistic pupils/pupils with social communication difficulties about their views on school transitions. Here is what they said.

Understanding & empathy

Teachers should know who needs extra help
Understand our likes & dislikes
Build awareness of ASD in staff & peers
Know that every autistic child is different
Important for pupils to understand themselves

Good Practice

Multiple opportunities to visit pre-transition
Prepare for longer periods/days in S1
Sensory room/safe space
Soft starts (help with fear of being late)
Have a familiar, supportive person

Logistics of Secondary School

Finding classes tricky - buddies & maps helpful
Be clear about expectations
Be aware of the differences between secondary & primary
New classes / subjects can be exciting
Secondary is much bigger & busier

Flexibility & Mitigating Anxiety

Differentiate learning
Fear of unknown
Particularly dislike shouting (be aware of this)
Importance of good first impressions
Ease into secondary school

Appendix 2: Infographic summarising parents' views of transitions

PARENTS' TRANSITION VIEWS

We asked parents & carers of autistic pupils/pupils with social communication difficulties about their views on school transitions. Here is what they said.

GOOD PRACTICE

Visits / bump-up days
Safe spaces (e.g. sensory room, base etc.)
Ensuring awareness of available supports
Visual supports (e.g. photobook, virtual tour)

IMPORTANCE OF UNDERSTANDING & EMPATHY

Understanding pupils' needs
Expanding staff training & awareness
Pupil passports to share needs
Helping pupils to understand their own needs
Building understanding of autism in peers

RELATIONSHIPS KEY

A trusted adult
Friends / familiar peers in new class
'Buddies' to support post-transition
Relationships between professionals.

FLEXIBILITY

Flexible support
Individualised transitions
Adapting schools & classes to needs
Adjusting expectations (e.g. allowing earbuds in class)
Support must not be contingent on diagnosis
Consistency in support

LISTENING TO PUPIL (& PARENT) VOICES

Listen to & include young people's views
Allowing parents to inform transitions/supports
Support open communication

DIFFICULTIES

Anxiety around transition for parents & children
'The fear of the unknown'
Significant differences between schools
Bullying / challenges finding a peer group
Difficulty attending school

Appendix 3: Infographic summarising education staff's views around transitions

Education Staff's Transition Views

We asked education staff from a variety of settings about their views on school transitions for autistic pupils/pupils with social communication difficulties. Here's what they said.

Good relationships

A familiar, trusted staff member
Developing relationships between new peers
Importance of good links with families
Build relationships early

Good practice

Lots of visits key
Enhanced transition workbooks
Use visual supports (photobook, virtual tour etc.)
Pupil transition passport

Importance of Timing & Communication

Enhanced transition should start as early as possible
Link with partners early
Importance of pre-transition TACs
Partners sharing information early

Bespoke Support

Bespoke transitions/supports for those with ASNs
Include environmental adaptations
Be aware of sensory needs
Child-centred transitions & strategies

Pupil Voice

Speak to children about what they need
Pupils co-producing their transition passports
Pre & post transition check-ins

Staff Training & Awareness

All staff should have a minimum knowledge of ASD
Potential annual training requirement
Staff awareness of worries can mitigate anxiety
Input at authority level re: training & transitions
Sharing knowledge
Good practice should be shared

University of Strathclyde Glasgow

Appendix 4 - Key Legislation & Policies

Key policies and legislation to consider within this context:

- The Education (Additional Support for Learning) (Scotland) Act 2004 (as amended 2009) –
  - As per the act, "the Education (Additional Support for Learning) (Scotland) Act (2004) provides the legal framework for the provision of additional support for learning. The legislation was amended by the Education (Additional Support for Learning) (Scotland) Act (2009).
    The Act is structured around the concept of support being needed for any reason, and for short- or long-term periods determined by the individual learning needs of the child or young person. The key duties on education authorities are to identify, make provision for, and review provision for the additional support needs of children and young people for whose education they are responsible."
  - https://www.legislation.gov.uk/asp/2009/7/contents
- Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act (2002)
  - "An Act of the Scottish Parliament to require bodies responsible for schools to prepare and implement strategies relating to the accessibility, for pupils with a disability, of school education; and to make provision in respect of the educational records of school pupils."
  - https://www.legislation.gov.uk/asp/2002/12/contents
- GIRFEC approach (2008)
  - The GIRFEC approach seeks to support children & young people along with their families, it aims to outline a coordinated approach so that those children & their parents/carers are able to receive the right support, at the right time, from the right person.
  - Much like this document, the GIRFEC approach supports & encourages joined up working to help children & young people achieve the best outcomes possible.
  - https://www.gov.scot/policies/girfec/

- Supporting Children's Learning: Code of Practice (Revised Edition) –
  - "This code replaces the original code of practice published in 2005 in order to take account of the 2009 Act. It explains the duties on education authorities and other agencies to support children 's and young people 's learning. It provides guidance on the Act 's provisions as well as on the supporting framework of secondary legislation. The code uses the term —the Act‖ to include, where

appropriate, the secondary legislative provisions and includes features of good practice on how these can be applied. It also sets out arrangements for avoiding and resolving differences between families and education authorities".

- o This act includes provisions around supporting children & young people through key transition points. It also highlights that transitions should be as smooth as possible. The act has an entire chapter dedicated to transitions.
- o https://www.gov.scot/publications/supporting-childrens-learning-code-practice-revised-edition/
- Review of ASL Implementation (2020) –
  - o The review discusses the impact of the presumption of mainstreaming, particularly as it affects transitions between primary & secondary school.
  - o The review also discusses the importance of relationships (between education establishments & parents/carers), and in part their potential subsequent impact on transitions, as well as the need for clear pathways & information sharing.
  - o https://www.gov.scot/publications/review-additional-support-learning-implementation/
- UNCRC (Incorporation) (Scotland) Bill (2021)
  - o It is important, as with all aspects of education & the lives of children & young people, to ensure that transitions are rights-respecting & centring the rights of children & young people.
  - o https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf

Appendix 5: *Infographic highlighting key pieces of legislation & policy on the journey to inclusive education.*

A BRIEF HISTORY OF

Graphic from Education Scotland 2021

KEY MILESTONES ON THE JOURNEY TO INCLUSION

1974
Education (Mentally Handicapped Children) (Scotland) Act

1978
The Warnock Report

1980
Education (Scotland) Act

1992
The United Nations Convention on the Rights of the Child (UNCRC) Legislated in the UK

2000
Standards in Scotland's Schools (etc.) Act

2002
Accessibility Strategy EDSPER (Scotland) Act

2004
Curriculum for Excellence

2004
Additional Support for Learning Act 2004 (as amended 2009)

2006
Parent involvement and responsibility (Scottish Schools Parental Involvement Act)

2007
Included, Engaged and Involved Part I: Attendance in Scottish schools

2007
Health promotion and nutrition in schools – schools (Health promotion and nutrition) (Scotland) Act

2008
Getting it right for every child approach
Achieving our potential

2009
Early years framework

2010
Positive Outcomes for Scotland's Families

2010
Equality Act

2011
Scottish Autism Strategy

2014
Developing the young workforce

2014
Children and Young People (Scotland) Act

2015
Getting it Right for Looked After children and young people
How Good is our School? 4
Scottish Attainment Challenge
National Improvement Framework

2016
Education (Scotland) Act
Carers (Scotland) Act

2017
STEM education and training
Respect for All
Included, Engaged and Involved Part 2: A positive approach to preventing and managing exclusions
Mental Health Strategy
Health and Social Care Standards: My support, my life

2017
Code of Practice – ASL Act

2018
Scottish Autism Strategy – Priorities and outcomes 2018-2021

2020
Review of ASL Act

2021
UNCRC (Incorporation) (Scotland) Bill

Appendix 6 – Transition Passport Example 1

Information on how ASD affects me or difficulties this can cause me	Strategies or Information that might help me
Sensory difficulties • **I do not like to be touched / bumped – especially if I am hurt. I need to be allowed to calm down on my own.** • I can get really irritated by loud noise/loud music or people making loud sounds. • I Sometimes like to be in a darkened room to manage my stress. • I don't like crowds. • I dislike the sound of crisps being eaten; even the smell or seeing a packet can make me react by running away. • I like to keep my hood up and find it difficult to expose my head –I feel safe	• **I can overreact to being bumped or knocked – allow me time to leave class before it gets too busy to avoid possible bumps. Do not touch me or try to comfort me when hurt- please allow me time to calm down on my own.** • Encourage me to stay in class but understand I find this very difficult, and I may need to retreat to my quiet and safe space • I like to have a quiet place when things get too noisy (can use ear defenders) • I like to keep a fidget toy to manage my stress. • I find using art and construction materials helpful in keeping me calm and focused. • I need to eat away from pupils who are eating crisps and have a safe place to go. • Wearing my hood helps me stay calm and self-regulate my stress. Encourage me to remove my hood but understand I may react badly as this as a comfort for me.
Environment difficulties • I like to be in a space that I am familiar with and take time to get used to new places. • I don't like busy areas i.e., corridors, canteen, school playground • Noisy areas make me feel unsafe – I need a quiet area. • I like to know where I can go when things get too much (a safe space) • I like to eat my lunch in a quiet area (note Crisps are a trigger)	• Clear seating plans so I know where I am sitting and option to go to my safe space if things get too much. • Transitions need to be managed around the school before other pupils are in the corridor i.e., leave 5 mins before • I like to eat lunch away from large groups (I need a quiet area which helps me feel I have a safe place)

| Social Communication difficulties	Instructions should be directed to me and highly structured. i.e., name first then instruction.
- I don't understand sarcasm. - I won't always respond to classroom instructions and can rush through my work. - I often appear abrupt in my speech and gestures. - I sometimes come across as bossy and tell people what to do. - I don't distinguish between speaking to my friends or to an adult or teacher. - I struggle being around my peers in the playground. - I can be very talkative and can be distracted from the task but respond well to reward time.	- Please allow time to think when I am asked a question or to complete my work. - I like to know ahead, e.g., schedules- but not to be told a list of instructions. I prefer visual back-. up - Help me to set-out or get started tasks – my PSA will help me with this. - Please check I have understood what I have to do and help me keep my work neat by using ICT. - Introduce small group tasks to get me to work with others or create friendship groups

Other **My anxiety can be so extreme that I am unable to cope. I sometimes want to run away and will need a safe place to go. It takes me time to feel comfortable and I need patience when helping me deal with new situations and challenges.**

- ASD is an all-encompassing developmental disorder which is characterised by difficulties in socialisation, communication and in being able to flexibly shift thoughts or change behaviour (Triad of Impairments).
- Communication in social situations can be challenging for many people with ASD. The person's expressive language might not be matched by appropriate receptive communication skills. Some examples of behaviours to be aware of are:
- Literal interpretation of language. Difficulties in abstracting intention and implied meaning can lead to social misunderstandings.
- Pupils with ASD have a difficulty in understanding the subtleties of classroom behaviour e.g., speak up when classmates know to remain quiet.
- Understanding facial expressions. Subtle expressions may be difficult to perceive and process.
- Unusual eye gaze.
- They are likely to use the same style of communication regardless of context so they may not differentiate how they
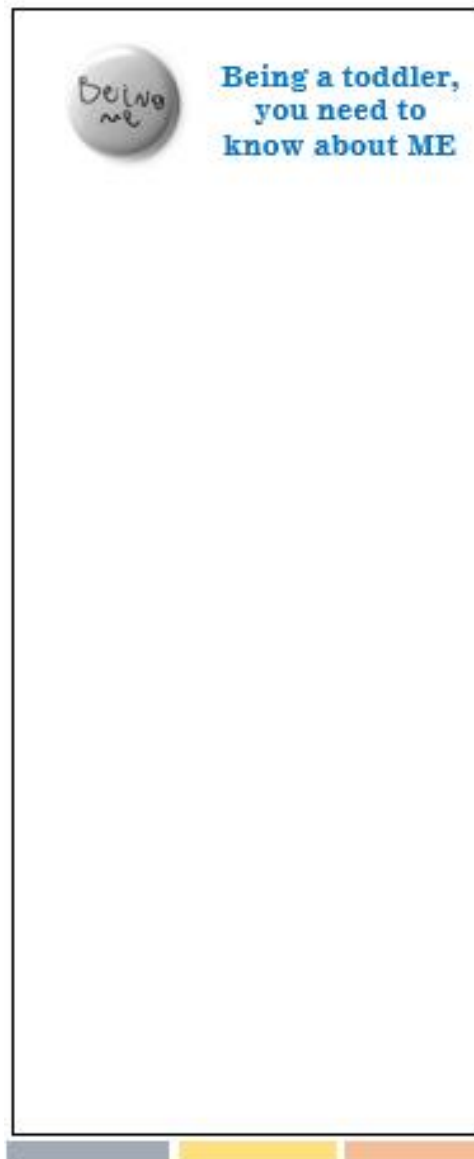
ASD PASSPORT TO SUCCESS

PLACE PHOTO HERE
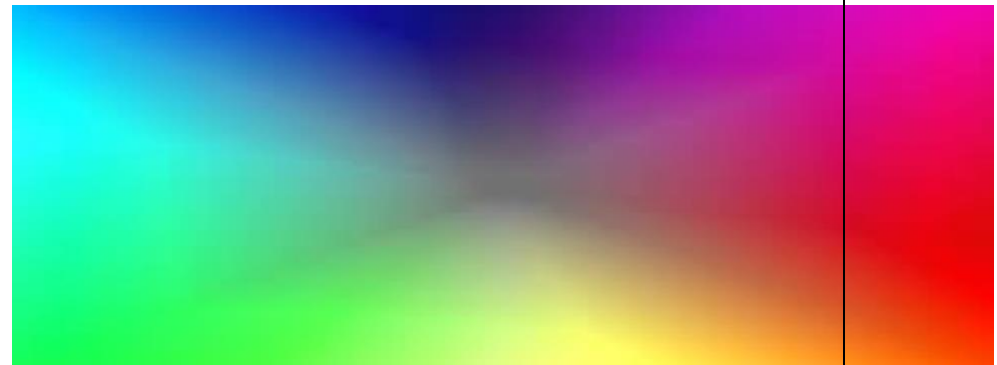
speak with their friends in the playground to how they speak in the classroom.
- Every pupil with ASD is unique in how this affects them.

Although I have ASD, I understand this is not a passport to always do things my way, but I will need help/ reminders at times to achieve this as I might not have understood.
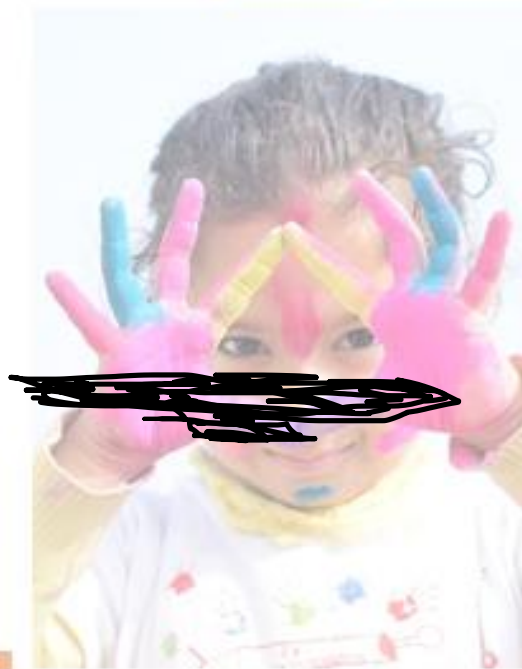
Appendix 7 – Transition Passport Example 2

Being me

Being a toddler, you need to know about ME

'Play is not trivial, it is highly serious and of deep significance'

(Frobel 1826)

Wallaceto

All A

Me as an individual

My name is _____

My date of birth _____

I started Wallacetown on _____

People who live with me _____

_____

_____

I am happiest when _____

_____

Things that make me sad or scared are

_____

_____

My favourite thing to do is _____

_____

Me and my environment

I feel safe when _____

_____

When outdoors I like/dislike _____

_____

When indoors I like/dislike _____

_____

To comfort me I like _____

_____

Doing the right thing for Me

My medical needs _____

_____

My allergies _____

_____

I wear pants/nappies/pull ups (circle one)

My dietary requirements _____

_____

To help me develop you need to _____

_____

_____

_____

_____