The development of a training strategy for Autism Spectrum Disorders (ASD) in Northern Ireland

A report to DHSSPS

December 2007

Prof. Roy McConkey

Contents

Background and Executive Summary

DHSSPS has commissioned Autism NI to develop a proposed training strategy for ASD within Northern Ireland. The University of Ulster were engaged to carry out an independent study with all stakeholders. It is intended that this strategy will cover all age ranges of persons with ASD and will encompass all agencies with a stake in ASD - within and beyond HPSS - although a particular focus would be on the latter agencies. The engagement with the Department of Education is especially important in light of the Middletown development but also to enable their experiences with respect to training initiatives to be shared. The involvement of DEL (further education and employment issues) and DSD (Supporting People and Housing issues) also may be important at some point in the future.

A Steering Group with representatives from various interests guided the work of the project (see Appendix 1).

The proposed strategy has been based on the following sources of information and opinion which were gathered during the course of the project:

- Existing policies on ASD within Northern Ireland, such as the Task Group report and the HSS Board policies on ASD. The ongoing review on ASD services in DHSSPS (and the Bamford Review proposals) also provide a context for this work (see Appendix 2).
- A survey of training provision in 2006-07 across different agencies and their experiences of delivering training within Northern Ireland (see Appendix 3);
- Analysis of attenders at past training courses and feedback from them on training needs and preferences (see Appendix 4);
- The experiences and opinions of significant persons involved in training within HPSS and Education obtained through individual interviews and three Round Table meetings (see Appendix 5).
- The views of parents on access to information and training (see Appendix 6).
- A review of training policy and practices in ASD in Scotland (See Appendix 7)

(NB A copy of the Appendices is available on request[1].)

The Strategy focuses mainly on the provision of *training courses*. These are defined as a structured series of learning experiences with the focus on a particular topic pertinent to ASD that are applicable to a range of persons with ASD and to various service and family settings. It is recognised that other forms of training experiences are provided within the context of service delivery and these are described later (such as individual mentoring), but it is presumed that these will be all the more effective if linked with a systematic training course that provides a broader understanding and perspective.

In order to gain as broad a consensus as possible for the Strategy, an iterative process was used that shared information obtained and views expressed as the project unfolded.

- An early overview paper was considered by the Project Steering Group based on preliminary information collected about existing training courses and reactions from past participants in training courses.
- A revised version of the Strategy was shared with significant persons from different sectors for comment as part of a series of individual interviews.
- A draft Strategy paper was presented at two Round Table meetings attended by nearly 30 stake-holders in training for ASD, drawn from HSS and Education.

[1] Contact info@autismni.org

- The first draft of the report on the Strategy was shared with representatives from different sections in DHSSPS with an involvement in this topic and with colleagues from Education and the Middletown Centre.
- The Steering Group along with all the stake-holders involved in the interviews and Round Tables had an opportunity to comment on the final report on the proposed Strategy prior to its submission to DHSSPS.

Contents of the report

The report is in three sections.

Section 1: Summarises options as to how a training strategy should be implemented within Northern Ireland. This issue quickly emerged as a primary concern of respondents who were concerned that the Strategy would remain as a set of aspirations unless specific actions were taken to ensure its implementation.

Section 2: Describes nine key features that a Strategy must contain. Attention needs to be given to all of these in order to create an effective and coherent training strategy. More detailed work is required on some of these aspects as part of the implementation of the Strategy.

Section 3: Identifies a number of recommendations principally for DHSSPS to take forward. These are intended to form a plan for action and are grouped into procedural recommendations and those designed to develop training opportunities. However the ownership of any Strategy cannot rest solely with the Department, hence proposals are made for how other agencies can advance this training agenda.

Procedural recommendations

- The DHSSPS immediately refers this report to the Independent ASD Review group established by the Minister of Health.
- The DHSSPS in its response to the Report from the ASD Review Group, hopefully by mid- 2008, confirms its commitment to a regional training strategy for ASD.
- The DHSSPS should nominate one official with lead responsibility for ASD policy and commissioning of services.
- The DHSSPS official would convene a meeting with the ASD co-ordinator within each Health and Social Care Trust to discuss the Report on the training strategy and explore options for establishing a Regional Training Forum and/or local training forums in each HSC area.
- DHSSPS should commission an agency to provide a ‘one-stop’ information service on ASD and training courses.
- A Directory of existing training providers in ASD should be produced and widely circulated through HPSS agencies in Northern Ireland.
- Training in ASD for paid staff should be accredited and linked to the NVQ framework. The DHSSPS and DE (along with other interested parties) will explore with CCEA the possibilities of offering accreditation for ASD training under its occupational studies remit. Meantime other accreditation routes, such as AQA and Open College should be explored.
- The professional groupings, within DHSSPS - Medicine, Nursing, AHPs and Social Services – should be asked, in consultation with ASD specialists, to define minimum standards of training for their personnel in terms of the knowledge, skills, understanding and attitudes required for working with people with ASD.

- Professional bodies, such as RCN and NISCC, should recognise the importance of training in ASD for their respective membership.

Development of training opportunities

- AutismNI and the University of Ulster will organise in Spring 2008 a one-day workshop to showcase training developments within Northern Ireland as described in the Report and the recommendations for future action.
- The DHSSPS in association with HSC Trusts would indicate to Higher Education Institutions in Northern Ireland their interest in seeing the development of a range of e-learning options in ASD at undergraduate and postgraduate levels.
- The Social Services training section of the DHSSPS will promote, through the Sector Skills Councils and with support from the Celtic Nations Autism Partnership, the development of ASD specific units within the NVQ framework that can be offered both within Child Care awards and Social Care awards.
- Each HSC Trust will inform all primary care staff of the ASD training resource produced by NHS Scotland and available free of charge at: www.nes.scot.nhs.uk/asd.
- Professional bodies and commercial organisations linked to them, should be approached about producing ASD-related training courses that can be taken online. For example, the Celtic Nations Autism Partnership could instigate discussions with BMJ Learning who provide courses for a wide range of doctors and nurses.
- AutismNI should seek funding to develop an accredited award on the theme of 'Early Intervention in ASD' that brings together a number of existing courses they provide. This would also serve as a model for further themed awards, such as 'Adolescence and ASD' which would be targeted at frontline support staff and parents.

Conclusions

This is an illustrative rather than an exhaustive list of recommendations that will take forward the ambitions of the DHSSP when they commissioned this Project. As all our informants recognised, a shared training strategy for ASD will bring many benefits to service providers and their clients. In recent years a great deal of knowledge and expertise has been garnered about ASD but effective means of sharing this systematically have not kept pace. Yet the need to skill the HPSS workforce about ASD has never been greater and if present trends continue the demand will grow even more. Action is needed now.

Section 1: Conditions for Creating and Implementing a Training Strategy

This section summarises the rationale for having a co-ordinated training strategy and the obstacles to creating this. A range of implementation options are reviewed and brief consideration is given to likely funding issues.

1.1 The rationale for a regional strategy

The development of a co-ordinated training strategy in relation to ASD for Northern Ireland is an objective that has widespread support. Various reasons are given:

- Northern Ireland is a small region with limited expertise and experience in this subject area. All available resources should be shared, not least as a means of reducing unnecessary duplication.
- A wide range of personnel needs to become more knowledgeable about ASD; but some in more detail than others. This is best achieved in a co-ordinated manner.
- ASD is a life-long condition and as children grow into teenagers and adulthood so too training efforts have to engage additional services and personnel beyond those presently involved. This requires a co-ordinated approach if continuity across service provision is to be achieved.
- ASD is here-to-stay; it is not a passing phenomena. The numbers of children given this diagnostic label are growing[2] and more are moving into adulthood. Moreover a body of knowledge and practice has evolved to address the needs of these children and families. This has to be widely communicated.
- The Minister for DHSSPS has established an independent review of autism services that is due to report in December 2007 with a final report available by April 2008. Training is a key ingredient in improving service provision.

1.2 Obstacles to a regional strategy

However there are formidable obstacles in the way of achieving a common training strategy even for a small region like Northern Ireland.

- ASD covers a very broad spectrum of need – from mildly affected to multiply disabled persons – that requires responses from a diverse variety of services.
- It is a rapidly developing area of service provision with no settled view on the most effective means of assisting these individuals and families. Some would promote the need for dedicated and specialised provision whereas others prefer to augment the provision that is available to all children.
- The fragmentation that exists among service providers. To date many developments have been instigated within the voluntary sector which is greatly to their credit. They have had to lobby hard to mobilise the statutory services to action. Nonetheless voluntary agencies, along with professionals, can be protective of their efforts with differing priorities and beliefs about the best approaches for responding to ASD.
- Ownership of training initiatives frequently lies within professions and disciplines. Hence Education is seen as responsible for the professional development of their staff while in DHSS the situation is even more complex with medical, nursing,

[2] Latest figures from the Belfast Education and Library Board identified 1.32% of children with an ASD diagnosis in Belfast schools (Clark, June 2007). This makes ASD the second most common developmental disability after learning disability/difficulty.

social work and AHP training devolved to each professional group each with a dedicated role. There are few, if any, precedents for a co-ordinated training approach that is client or topic focussed, rather than discipline focussed.

- The training of sizeable sections of the workforce within HPSS and other services (e.g. care staff) has not been planned in a co-ordinated manner but has proceeded ad hoc; often dependent on the leadership and enthusiasm of individuals. This is even truer of training currently provided for family members and the wider community. This rarely features in the job responsibilities of the HSS workforce.

1.3 Implementation Options

The foregoing analysis suggests that the development of a Training Strategy per se is not sufficient although it is an essential first step. Rather its implementation presents the greater challenge and mechanisms for delivering the Strategy as well as funding must be made available to enable this to happen.

Nonetheless the existence of an explicit and agreed Training Strategy would make it easier for the form and functions of the Implementation System to be defined. Equally the latter will exert a strong influence on the Training Strategy that evolves over time. Hence as Figure 1 shows, the two aspects are linked but can be considered separately.

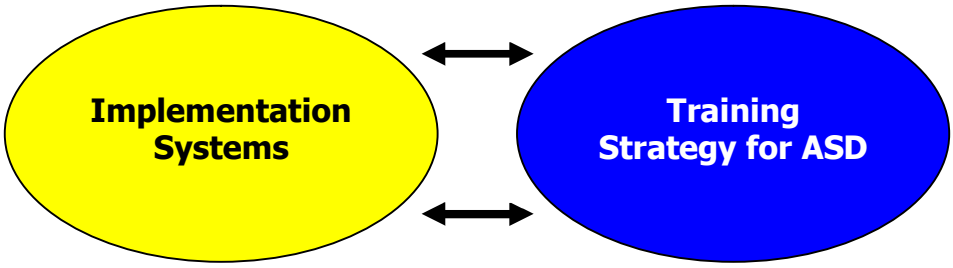

Figure 1: Implementation Systems and a Training Strategy

(NB It is possible that the Implementation of Training in ASD is a sub-set of a wider remit of the Implementation for service developments in ASD. This would also be a means of covering the implementation costs of any Training Strategy.)

The following implementation mechanisms have been proposed in our consultations.

- *DHSSPS adoption of the Strategy:* The DHSSPS needs to give a clear lead to other HSS bodies by adopting the training strategy, making a commitment to its implementation and defining the role and responsibilities of HPSS with respect to ASD services. (The latter should clarify issues with DE that at present can be a source of contention). A named official within the DHSSPS should be charged with taking forward the ASD Training Strategy.
- *The formation of an Inter-Departmental Group (IDG) in ASD.* This would involve DHSSP and DE but in time there may be a need to involve DEL (because of further education and employment issues) and DSD (because of housing needs). An alternative to this grouping would the formation of a wider Regional training forum (see below).
- *Nomination of a lead Department within Government*. An alternative to the formation of an IDG or alongside it, is to have a lead Department within Government. Of the two main contenders (DE and DHSSPS) the latter seems to have the greater responsibility given the wider age range of clients covered and the wider range of services funded. However up to the present, Education has advanced further in developing a coherent training strategy for school personnel.

- *The creation of a Regional Training Forum:* This would consist of representatives of relevant government departments and their nominated agencies (such as the Health and Social Service Boards; HSC Trusts, Education and Library Boards), the voluntary sector and/or parental representatives (or other advocacy groups); and training providers. It would be chaired by the lead departmental official noted earlier. The role of the Forum would be to develop implementation plans for training in ASD (e.g. identify needs, set targets) with a pool of funding available to the Forum to stimulate the provision of new courses or to subsidise ongoing courses. This model worked well for Education across the five Education and Library Boards in helping to establish consistency throughout Northern Ireland. The Forum could also have a role in accrediting training provided by agencies or individual trainers (see section in Training Strategy). The Forum would be accountable to the lead Department.
- *The need for local co-ordination*: The central commissioning function of the Regional Forum needs to be informed by local needs and bids. Hence their membership should be replicated at a local level (e.g. around new HSC Trusts) with membership from Education, voluntary sector as well as HPSS. Their remit would be to agree and publicise a common training programme within their locality on an annual basis that is provided across agencies and covers a range of personnel. It could be chaired by the person within HSC trusts who has been given designated ASD responsibilities across the programmes of care (as per proposals contained in the report on ASD produced by the Bamford Review[3].
- *A variety of training providers*: There is much merit in retaining a variety of training providers as happens at present. It means that training can be delivered more locally and by the most suitable personnel; it can be more responsive to local circumstances and allows for training at a range of levels. The cost-base of the training is also widened and various different options can be employed for funding training. However this approach makes it more urgent to review the training that is available for trainers and ways of assuring the competence of trainers to deliver quality training.
- *Agency to co-ordinate training*: It may be prudent to appoint one agency as the co-ordinator of training in ASD at preferably a regional level although it could be done locally. This role could be combined with a training function although it is not to imply that the coordinating agency is the sole provider of training. The agency would be expected to forge links with members of the Celtic Partnership for Autism (Scotland, Wales, N.Ireland and Republic of Ireland) so that a mutual exchange of information occurs. This proposal offers the prospect of a 'one-stop' shop for high quality information relating to training in NI and in neighbouring countries. The agency would have a key role to play in promoting and marketing training opportunities across all stake-holder groups. This agency would be accountable to the Regional Forum or the lead Department as described above.

In Section 3 of the report, recommendations around implementation issues are noted. These are based on the author's perceptions of actions that command the greatest support and which are likely to make a significant improvement to the delivery of training opportunities at an affordable level.

[3] http://www.rmhldni.gov.uk/asd_report_may06.pdf

1.4 Funding Issues

The issue of funding for training has not been considered in detail in this review. The chief cost appears to be in funding substitute staff to cover for colleagues attending training courses. Travel costs may also have to be met in addition to course fees.

In the main, training costs would be found at a local level. Hence service budgets will need to 'ring-fence' these expenses within revenue budgets. There are however likely to be training development or 'risk costs' that may need to be funded more centrally. These would include the costs for:

- The running of regional or local training forums (although these could be met from existing courses.)
- A central co-ordination agency for information about training courses.
- Undertaking the accreditation of courses and trainers.
- Seed money for the development of new courses, e.g. electronic learning.
- Costs of updating training resources that are presently available,
- Subsidising attendance at once-off, high-cost courses of strategic relevance, e.g. training for trainers.

Further work on costing can be undertaken when agreement is reached on the priorities within the Training Strategy and decisions are taken around implementation mechanisms.

1.5 Conclusions

The development of a training strategy has to be incorporated into a wider service policy and development strategy for ASD that hopefully will emerge soon after the Review Group on ASD reports and the Government's response to the Bamford review is known.

However a number of important action steps could be taken in the coming months and in anticipation of the likely future direction of travel. These are noted in Section 3.

Section 2. Elements of the Training Strategy

Figure 2 summarises the main elements that are required within the Strategy. This is intended to summarise the Strategy at a regional level but also provides a model for the various facets that need to be considered for local implementation by a range of training providers.

This Strategy is also applicable for persons with ASD at all ages: early childhood, school years and adulthood.

Figure 2: A Training Strategy for ASD in Northern Ireland

The elements covered by the Strategy interlink with one another (with some inevitable duplication) but they are considered separately in this proposal so that they receive detailed consideration of the issue and its place within the Strategy.

Within the Model, there is a clockwise progression among the different elements that contribute to the development and implementation of the Strategy, in that each foregoing element sets a context for subsequent ones. The model is also cyclical in that the completion of one cycle changes the context for the new cycle within the training model (i.e. the process starts anew when the cycle is complete). Hence the Strategy is a 'rolling programme' for training that is ongoing.

Each element of the model is described in this paper but they may need to be 'fleshed-out' within implementation plans and priorities identified.

2.1 Service review and workforce development

A basic presumption is that the training strategy has to be set within the context of a review of ASD services (in both statutory and voluntary sector) and of necessary workforce developments required for effective services. This context would cover ongoing services that are meeting needs as well as those that require to be developed or strengthened.

This analysis of current and future service provision can be informed by:

- Consideration of a life-time approach to ASD – starting from early childhood through to adulthood and ultimately old-age.
- Current policy statements in relation to ASD in Northern Ireland, such as the Task Group report from Education or the ASD Strategy documents produced by HSS

Boards. The ongoing review of ASD services within DHSSPS will greatly help here.

- Review of existing services; the planned development of new services and recommendations for improvements. This is probably best done for the localities covered by HSC Trust given the variation that currently exists across Northern Ireland.
- National and international best practice in ASD (this literature needs to be more widely disseminated than appears to be the case at present).
- The judgements of local practitioners based on available and documented evidence. (The process used to develop the Strategy draws largely on this strand).

Proposed priority areas

Already there is a high level of consensus around the services that are needed and the personnel who require to be better informed about ASD. It is proposed that the following service and work-force developments have priority within Northern Ireland in the coming five years.

- Primary care health professionals – GPs, Health Visitors, Community Paediatricians – require training in being able to identify for onward referral, at an early age, children with suspected ASD and to offer appropriate interim information and advice to families (see McConkey, Kelly and Cassidy, 2006).
- Community health staff (e.g. community paediatricians, AHPs) and social services staff (e.g. social workers) equipped to undertake assessment and diagnosis of ASD and to offer appropriate interventions as well as information and advice to families (see Moore et al ,1999; McConkey and Truesdale, 2004).
- Family members (mothers but also fathers, grandparents and siblings) after receiving a diagnosis of ASD (McConkey et al, 2007)
- Playgroup and preschool staff being able to manage children with ASD in their groups and to promote their social inclusion and learning (see Crawford et al, 2003, McConkey and Brughri, 2003; McConkey et al, 2006).
- SENCOs, teachers and learning support assistants in mainstream nursery, primary and secondary schools being equipped with the skills to support children with ASD in their classes (DE (NI), 2002).
- The new multi-agency/multi-disciplinary support teams working with schools (DHSSPS priority for action)
- Selected HSS and education staff who can act as specialist trainers and advisors on ASD across for the foregoing groups (DE(NI), 2002).
- Staff working in child and adolescent mental health (Bamford Review).
- Increasing the competence of adult services to meet the needs of a people with ASD (Bamford Review; McConkey et al, 2005). In particular, staff working in:
    - Further education.
    - Vocational training and employment.
    - Leisure pursuits.
    - Supported/independent living.
    - Mental Health.

The training needs to support these diverse service developments are best determined at a local level and in the context of a strategic service framework that outlines ongoing services improvements or new developments across HSC agencies, education and voluntary providers.

Likewise a Regional Framework for ASD Service provision would greatly assist in defining training priorities for the region as a whole over a three to five year period.

2.2. Aims and Outcomes of the Training Strategy

Training can serve many different functions. Although there will be specific outcomes of the various training courses provided in ASD, the Strategy proposes certain generic outcomes that apply to all training inputs. These include:

- The training will respond to the needs of people with ASD and assist their communication and social interactions, learning and improve their quality of life. Or more simply, the training will make a difference to their lives.
- To change trainee's attitudes, increase their knowledge but crucially to instil new behaviours and methods of interacting with and for teaching persons with ASD.
- To promote a quest for learning and improvement among participants and a willingness to learn through trying new approaches.
- To inculcate a spirit of partnership working with family carers and other supporters in a range of services.
- The training will help the development of improved or new services for people with ASD and their families, both locally and regionally, notably in:
    - Early intervention.
    - Transitions from school to post-school.
    - Further education, vocational training and employment.
    - Social and recreational pursuits.
    - Independent and supported living.

It is unlikely that short, one-off courses will attain these ambitious objectives. Hence personnel need to be given opportunities for cumulative and progressive training opportunities. This will be all the more necessary as new insights are gained into this condition through ongoing research and practice. Training can become outdated hence personnel need to be encouraged to undertake refresher training.

2.3. Key features of the training (i.e. principles and ethos).

This section defines the key features of how training should be delivered in order to attain the aims and outcomes noted above. These will be further defined in later sections but a statement of principles helps to clarify the style and form of training that is being proposed.

Our consultations suggest that the Strategy should embody the following values:

- The training is inclusive and accessible to all who could benefit from it, including parents and family members.
- The training aims to be trans-agency and trans-disciplinary with insights and techniques freely shared to the mutual benefit of all.
- The training should be available locally. This is especially important for family members and to reduce travel costs.

- The training will emphasise practical strategies for use with people who have ASD.
- The training is eclectic in that a range of approaches are required to meet the diversity of needs of people with ASD. However these should be underpinned by an evidence base.
- The learning gained from the training by the participants should be evidenced, i.e. there is demonstrable evidence of outcome benefits from the training delivered.
- The training should be of high quality and from reputable providers.

These values are intended to give an indication of the training approaches that deserve priority within Northern Ireland, arguably focussed on 'grass-roots' rather than on specialist and more theoretical approaches.

2.4. Main target Groups

The Strategy is intended to cover all personnel with an involvement in the lives of people with ASD and their families. Within this the health sector, this will include staff in primary care services, community health and social services across different programmes of care, acute hospitals as well as those in specialist services. Equally staff who work under the aegis of other Government Departments can come under the one broad Strategy.

More broadly, training opportunities must also be available to family members and to the voluntary and community sector.

Hence Figure 3 summarises the possible groups of personnel that could be covered by the Strategy. These have been listed under four different functions they may fulfil within services which may be delivered by statutory or voluntary providers. Note that the same target group may appear in two columns. A Strategy embracing all groups provides an opportunity to create or enhance cross-sector training opportunities and develop mechanisms for doing this. This is not common at present.

From this comprehensive listing, the implementation plans at a regional or local level would identify certain priority groups from within this broad spectrum of possibilities. This could be informed by the service development plan and targets (see 2.1). The groups should be chosen from the four domains rather than from one or two of them which tends to be the case at present.

The numbers of personnel within some of these groupings can be very large. Recommendations may need to be made regarding the criteria for selecting particular personnel for training from within each grouping; for example those with a higher likelihood of encountering people with ASD within their work. This would assist service providers to be more pro active in identifying staff for training rather than responding to requests from staff to attend training courses which happens more often at present.

2.5. Core Issues and Topics

The Strategy may also need to focus on certain core issues and topics that are likely to be dominant in ASD provision for the foreseeable future. These could be identified through the demand for training from service personnel and families, and gaps in current training provision. (This analysis was done in Education as part of the five ELB Strategy for ASD). Those topics that have an evidence-base to support the training content need to have especial priority.

The topics for which there will be an ongoing demand for training include:

- Early identification, referral and pre-diagnostic advice.

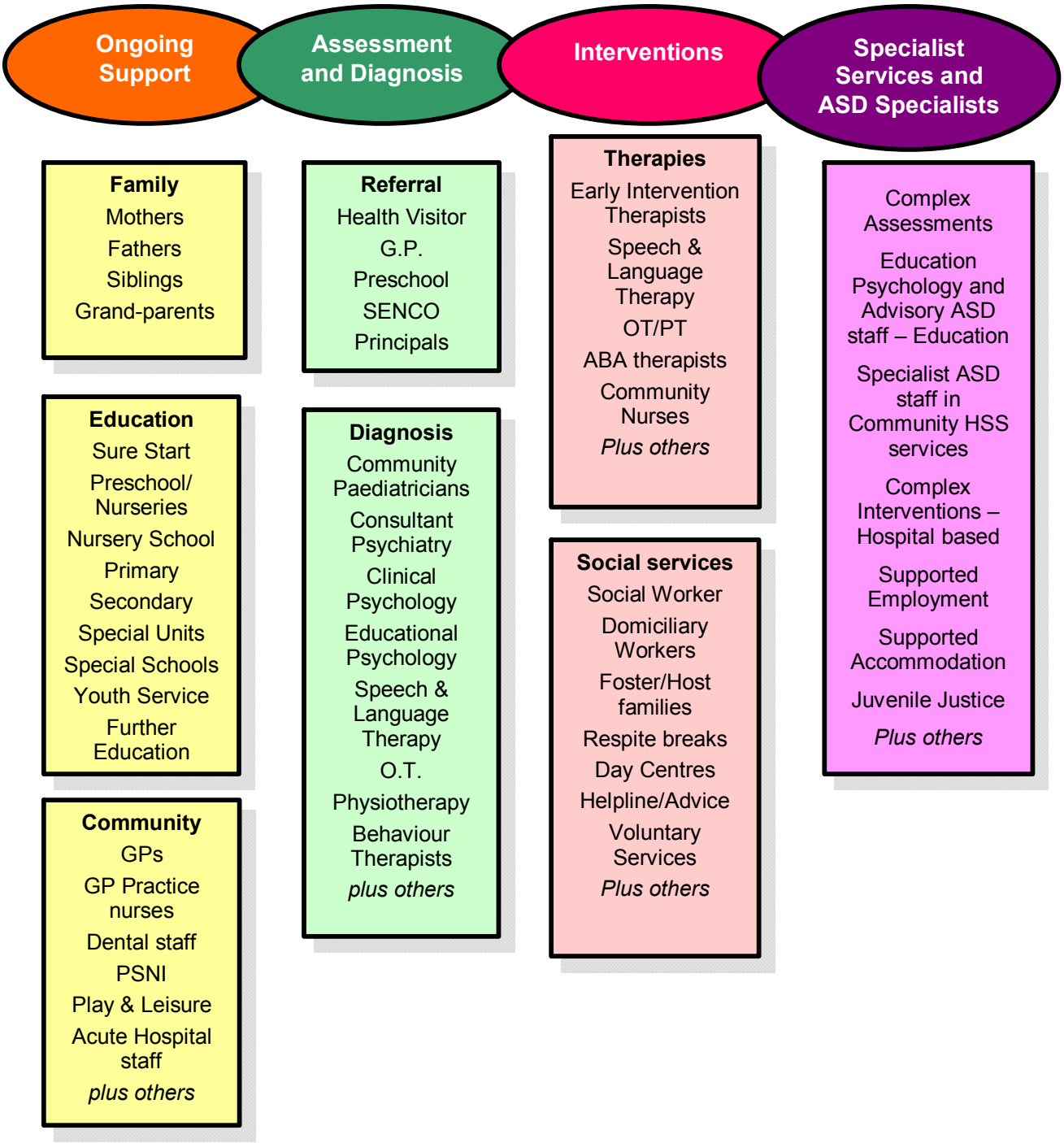

Figure 3: The range of target groups covered by the Strategy

- Assessment, diagnosis, early intervention.
- Family support and education.
- Improving communication and socialisation.
- Managing Behaviour.
- Adapting school curriculum and teaching approaches in nursery, primary and secondary education.
- Transitions from nursery to primary; primary to secondary.
- Transitions from school to post-school provision.

- Social skills training – relationships; sexuality.
- Mental health issues.
- Employment preparation and training.
- Supported living.

These topics will need to be available to a range of personnel including family members and also at different levels (see later section). Ideally the training curriculum for each topic should be developed on an inter-disciplinary, inter-agency basis by personnel who have relevant and recent practical experience of the topic and informed by the international literature. The curriculum must also be updated to incorporate developments from practice and research.

The above topic listing needs to regularly updated so that the training Strategy is a source of continuing innovation; introducing participants to new approaches and forms of service delivery. Contact needs to be maintained with national and international leaders in the area so that latest thinking and practices can be implemented in Northern Ireland.

2.6. Expertise of trainers

The qualifications and experience of trainers is a crucial dimension to the success of the Strategy. This covers both the delivery of formal training that is the focus of this Strategy but also the other forms of training that certain professionals (and others) can undertake as trainers within their work remit (such as mentoring, one-to-one advice and guidance; the preparation of guidance leaflets). Hence the identification of suitable trainers, their development and support must feature in the Strategy.

Implicit in the ethos of the Strategy is a presumption that trainers will be shared across agencies and sectors. Although there are practical impediments to doing this, these need to be overcome if a cost-effective Strategy is to be developed.

Given the ethos underpinning the Strategy and the range of courses and target groups to be covered, the definition of trainer must not be overly restrictive or exclusive – for example, certain parents can be effective trainers. A likely 'person specification' for a suitable trainer would include the following. For example:

- Practical experience of working with a range of people with ASD and their families – a competent practitioner and perceived as a 'leader' in ASD practice.
- An appreciation of the different contexts and their effects on the person with ASD.
- Up-to-date with latest knowledge and research in ASD.
- Successful completion of specified training courses related to the topics in which they offer training to others. This is already a requisite for certain courses such as TEACCH.
- Skills in communication and presentation; adjusted to the needs of the learners, and confidence in responding to questions.

Thus far, there are small numbers of people in Northern Ireland who meet these criteria, although they are growing in number. A key priority is to provide local personnel with opportunities to acquire expertise as trainers and therefore have less reliance on overseas tutors.

2.7 Training the trainers

Within Northern Ireland, there is a need to develop:

- 'Advanced' courses in certain topics in ASD for that practitioners can further their knowledge and skills.
- 'Training for trainers' opportunities – such as workshops offering skills training; co-tutoring with more experienced trainers; and trans-disciplinary working in service settings.
- Accreditation opportunities of training competence, e.g. within NVQs.
- Higher education awards in ASD[4] that emphases and recognises the knowledge and skills required of trainers in ASD.

Services need to be proactive in identifying personnel to act as trainers perhaps using the foregoing 'person specification' as an aid to their selection. Opportunities and support for the trainers to develop their competence must be provided. This could entail a variation in their contracts of employment to cover this function.

HPSS agencies and voluntary service providers should have clear policies in place for supporting personnel undertaking post-qualifying training so as to encourage people to take on the role of trainers (e.g. payment of fees; study leave).

The DHSSPS through its workforce planning unit and possibly in conjunction with DEL, should stimulate local provision of advanced courses in by the FE and HE sector in Northern Ireland[5].

A review should be undertaken of the ASD content in pre-registration training of therapists, nurses, psychologists and their preparation as trainers of others within their initial training. The provision of optional modules within these courses would a step towards increasing the training capacity of new recruits to the HPSS workforce. Such modules might be delivered across disciplines and training institutions.

Accreditation of trainers

The issue of accrediting trainers must also be considered. This simplest method is to continue to use the current approach, namely accreditation is provided by the agency that 'employs' the trainers either as members of their own staff or as invited trainers. A potential disadvantage is the variation that could result across agencies as they apply differing criteria in the trainers they appoint.

Another option would be for the trainer to seek formal accreditation from the proposed Regional Forum who would set out certain criteria (core competences) that the applicant would be expected to fulfil; for example through the provision of a portfolio of evidence. This option should be developed as part of the implementation process for the Strategy.

The Knowledge and Skills frameworks that are being developed for HPSS professions should include training competences. Similarly the NVQ Framework could allow trainer's competences to be assessed as an extension of current procedures for work-based assessors and internal verifiers.

2.8. Training methods

A range of training methods need to be deployed within a variety of training courses. To date the most common form of training appears to be one-day courses led by an ASD 'specialist' with an emphasis on conveying information through lectures/talks. Although

[4] QUB offers a Masters course in ASD primarily for teachers. UU as introduced a Postgraduate Diploma and Masters Degree in Applied Behaviour Analysis. E-learning courses from University of Birmingham and Trinity College, Dublin have been undertaken by NI personnel.

[5] For example, there would be scope to introduce post-registration training in ASD in NI Universities for various HSS staff, e.g. within nursing, social work and the therapies.

this approach enables large numbers of people to be 'trained' at relatively low cost, it is not always the most effective means of learning for their participants. Also training on certain topics and for particular target groups would be more effectively delivered using other training methods.

Hence an important aspect of the Strategy is the promotion and development of other methods of training alongside the production and dissemination of relevant resource materials for use in training. The implementation strategy needs to contain mechanisms for commissioning and funding these developments. Again these are likely to be done by best using partnership approaches.

New approaches to training

Among the training options that require development and wider usage are:

- Workshop training that is based around participants gaining practical experiences and receiving feedback from tutors. This may be more easily provided on an individual basis. This development is taking place within Education as trainers have a role as advisory teachers within schools.
- Printed materials such as guidelines and workbooks. Often these will be used alongside other training methods so that participants have a reference source for their personal use but which they can also share with others. A central repository should be established in Northern Ireland of commonly used reference materials (e.g. website) or those developed by the training providers engaged in the Strategy.
- Resource kits. These provide a set of materials for use with children or adults who have ASD but guidelines are provided to 'train' personnel in their use. In Northern Ireland this approach has been pioneered by Autism NI in the area of early intervention.
- Video presentations. This medium is especially well suited for demonstrating techniques that learners can emulate. It also overcomes any literacy problems that certain learners may experience. These are readily distributed through DVD formats. However they can be expensive to produce but if widely used, they are a very cost-effective means of making training locally accessible. Again a centrally available library of suitable DVDs would be valuable.
- E-learning. This take the form of multi-media CD-Roms or Web-based, internet training. This method is increasingly available for certain professional groups such as nurses and GPs, and features more often in under-graduate training, especially for optional modules. A directory of recommended courses should be compiled and widely circulated.

As is apparent from the above, these alternative training approaches are more cost-effective if developed in a co-ordinated manner through partnerships of training providers. Indeed the lack of the latter may account for the dearth of alternatives to the more easily provided talk-based training.

2.9. Accreditation of Learning and Levels

It is vital that consideration is given to how participant's learning is assessed and accredited. All training should include mechanisms for assessing participants' learning although this can be done informally and in a non-threatening way, especially for certain groups such as family members. The goal of these types of evaluations is often more to improve the training rather than judge the learners.

Equally not all learners will want or need to have their learning accredited. It is important that opportunities for assessment are separate from training opportunities. This is usually easily arranged. To date insufficient attention has been paid to accrediting learning. However formal assessments would be appropriate in most training courses aimed at professional staff. This not only assures employers of their newly acquired competence but it is of personal benefit to learners in their career development. At present assessment of learning does not often happen for many short courses in ASD offered in Northern Ireland. This may be due to lack of agreement on an appropriate means for accrediting learning.

A related issue is providing an indication of the level of training which has been successfully completed. For example, the Scottish Society for Autism uses three levels that appear to have widespread support:

- *Level 1: Introductory* – designed for practitioners new to the field and parents requesting basic information. These are sometimes referred to as 'awareness training'.
- *Level 2: Intermediate* – for more experienced practitioners and parents requiring more detailed information. This could take the form of short courses around specific topics and issues.
- *Level 3: Advanced* – primarily for experienced/skilled practitioners and clinicians requiring information on specific issues and approaches. This training is likely to be more detailed and of longer duration.

This three-tier framework is useful for categorising short courses and in advertising them. Participants could be expected to have successfully completed training at level 1 before proceeding to Level 2 and likewise, 2 before 3. Guidance may need to be given for allocating courses to different levels. The nature and extent of how learning is assessed would vary across the Levels. Existing accreditation frameworks allow for this.

Qualification frameworks

ASD training also need to be placed within broader qualifications frameworks such as those endorsed by the various Qualification and Curriculum Authorities in these islands. In Northern Ireland, nine levels are defined as per the following table. Arguably ASD training should feature at all levels although this is not the case at present.

Level	Main Stage of education/employment	Example awards
Entry	Qualifications can be taken at any age in order to continue or return to education and training	Entry level Certification (NQF)
1	Secondary education, initial entry into employment or further education	NVQ Level 1, Level 1 certificate. GCSEs at grade D-G.
2	Continuation of secondary education and progression to skilled employment	NVQ Level 2; Level 2 Diploma, GCSEs at grade A* - C.
3	Entry to higher education; qualified/skilled worker	NVQ Level 3; A Levels; Level 3 Certificate, Level 3 Diploma
4	Specialised education and training	NVQ Level 4; Level 4 Certificate; Level 4 Diploma
5	Entry to professional graduate employment	NVQs, Level 5 Certificate; Level 5 Diploma, Degree.

6	Intermediate/higher education ; advanced skills training	Postgraduate awards
7/8	Professional or postgraduate education and employment	Specialised Diploma from professional body/Advanced award

Accreditation Frameworks

The options for national accreditation of training courses are as follows:

- *NVQs – primarily Levels 1 through III.* These awards are common in child care (e.g. learning support assistants) and in social care. However there no modules/units specific to ASD at present. Proposals could be presented for their development although this might be best done on a UK-wide basis. A major obstacle could be the lack of suitable work-based assessors required by these awards.
- *Awarding bodies such as Open College Network and AQA.* These bodies already accredit both certain training courses related to ASD in Northern Ireland and the centres that deliver them. Hence there are local people with expertise in making applications for accreditation as well as implementing methods for assessing of learning. The existing accredited centres (e.g. AutismNI) could be used by other training agencies to assess participant's learning. In the future, it is also possible that CEA in Northern Ireland could offer this accreditation.

  There are costs involved in accrediting training with these bodies which would have to be re-couped through the fees charged to participants. However the assessment component could be optional.
- *Professional training.* Professional bodies also award nationally recognised training. The PQ Framework for social workers is one example. These awards are discipline specific but the training that underpins the learning could be done on an inter-disciplinary basis with the assessments being specific to the demands of the professional body.
- *Higher Education:* Universities can offer accredited awards within a degree programme but also at a sub-degree level (e.g. Certificate and Higher Certificate). These courses may also be delivered through Colleges of Further Education and Higher Education. Post-graduate awards at Diploma or Masters degree level are also possible. However individual modules can also be accredited.
- *ASD specific accreditation:* Another option would be to develop an accreditation system specifically for ASD training courses. The Belfast Education and Library Board have developed 'in-house' awards for the courses they provide for their staff. Hence a Regional or Local Forum for ASD Training in Northern Ireland could act as an accrediting body for training courses although this would have cost implications. These awards might have limited recognition beyond Northern Ireland.

Each of these accreditation approaches has advantages and disadvantages. A mix of systems can be tolerated although there should be some read-across with training pathways offered.

Assessing learning

A variety of approaches are available for assessing learning, some more suited to adult learners than traditional methods such as tests and examination. In summary, they are:

- Multiple choice tests
- Examinations

- Work sheets/portfolios
- Direct observation

It is important that these assessments to cover learners' attitudes, knowledge and behaviour. A central bank of assessment approaches could be developed and shared among training providers.

2.10. Quality Assurance of Training

The final aspect of the Strategy relates to determining the quality of training provided which also needs to incorporate value-for-money issues. The latter is an important issue in relation to ASD in that high quality training from international specialists (e.g. TEACCH) can be costly and therefore limiting of the number of people who can avail of it.

Aspects of quality in training have been covered by the preceding sections relating to trainers and accrediting participant's learning but there is the further option of having a system for accrediting training organisations and services – an 'approved' list approach. The organisation would take responsibility for accrediting the training and assessing participant's learning. The most likely agency to accredit training organisations would be the proposed Regional Forum in ASD acting on behalf of DHSSPS or other Government Departments.

Organisations wishing to be accredited would have to meet certain prescribed standards relating to course organisation and delivery. Their assessment could be through submission of written documentation, observation of training courses and feedback from participants. This approach allows a range of organisations to become training providers while maintaining common standards across a region. A possible model is the accreditation of training in physical interventions offered by the British Institute of Learning Disabilities.

Even in the absence of a formal accreditation framework, training agencies can quality assures their training in a number of ways:

- Use of reputable trainers with a proven track-record and evidence of esteem.
- Feedback from participants on training courses.
- Learning outcomes evidenced for participants (see above).
- Feedback from service managers about documented impact on services as a result of staff having attended the training course.

2.11. Strategy review

As noted at the outset, the nine elements of the strategy are cumulative but also cyclical. Hence there needs to be a review process that documents the experiences and learning accrued as the Strategy is implemented with adjustments made and incorporated into future plans. At a minimum this should be done formally on a three-year basis although ideally it would be an ongoing responsibility of the proposed Regional and Local Forums

2.12 Complementing training courses

A strategy for the provision of training in ASD within Northern Ireland cannot be done in isolation. As noted at the outset, it must be closely linked to improvements in service delivery both in terms of availability and its effectiveness. However there are certain additional steps that can be taken to ensure that training courses are of benefit to the learners.

- Individual consultation with tutors during and after courses so that queries can be addressed and assistance is provided about the implementation of their learning in practice.
- Telephone or email helpline
- Access to literature – database of articles, books, DVDs,
- Mentoring by an experienced colleague.
- Observation and Visits to 'centres of excellence'.

All of these options are more likely to become available through a co-ordinated approach by provider agencies.

2.13 Conclusions

This section has described the complexity of a training strategy for ASD but also illustrated how important dimensions of it could be realised. Indeed much has already been accomplished in Northern Ireland within recent years but often this has happened on an 'ad hoc' basis with consequent inequalities in provision across geographical areas and populations of need.

The next section details specific recommendations for realising the nine elements of the Strategy.

Section 3: Recommendations

In this section, we summarise a series of recommendations based on the consultations undertaken and the evidence gathered during the Project. These are intended to form a plan for action that could be implemented from early 2008 onwards. Although these are the judgements of the report's authors, they seem to us to command widespread support. It is hoped that DHSSPS will respond to the Report and enact these recommendations with the minimum of delay.

3.1 Procedural recommendations

- The DHSSPS immediately refers this report to the Ministerial ASD Review group.
- Hopefully the proposed Training Strategy will feature in the recommendations produced by the Independent ASD Review Group. To this end, the report's authors hope to meet with the Group to fully brief them on the information gathered and the recommendations made.
- The DHSSPS in its response to the Report from the ASD Review Group, hopefully by mid- 2008, confirms its commitment to a regional training strategy for ASD.
- The DHSSPS should nominate one official with lead responsibility for ASD policy and commissioning of services. This official would co-ordinate the contribution of different sections within DHSSPS to the training strategy and liaise with his/her counterpart in the Department of Education.
- The DHSSPS official would convene a meeting with the ASD co-ordinator within each Health and Social Care Trust to discuss the Report on the training strategy and explore options for establishing a Regional Training Forum and/or local training forums in each HSC area.
- DHSSPS should commission an agency to provide a 'one-stop' information service on ASD and available training courses. This could be done for a three-year period in the first instance. The remit would also include the development of new courses, the provision of 'training for trainers' opportunities and extending the accreditation of existing courses. This agency would serve primarily DHSSPS service personnel working with children and adults and would liaise closely with the unfolding developments that are planned by the Department of Education at the Middletown Centre.
- A Directory of existing training providers in ASD should be produced and widely circulated through HPSS agencies in Northern Ireland.
- Training in ASD for paid staff should be accredited and linked to the NVQ framework. The DHSSPS and DE (along with other interested parties) will explore with CCEA the possibilities of offering accreditation for ASD training under its occupational studies remit. Meantime other accreditation routes, such as AQA and Open College should be explored.
- The professional groupings, within DHSSPS - Medicine, Nursing, AHPs and Social Services – should be asked, in consultation with ASD specialists, to define minimum standards of training for their personnel in terms of the knowledge, skills, understanding and attitudes required for working with people with ASD. This training should be accorded priority for identified staff groups within these professions.

3.2 Development of training opportunities

- AutismNI and the University of Ulster will organise in Spring 2008 a one-day workshop to showcase training developments within Northern Ireland as described in the Report and the recommendations for future action. The target audience will include commissioners and providers of training across the different sectors with invitations also to personnel in neighbouring countries.
- The DHSSPS in association with HSC Trusts would indicate to Higher Education Institutions in Northern Ireland their interest in seeing the development of a range of e-learning options in ASD. In particular, modules on ASD that can feature in the undergraduate training of HSS personnel and the development of a multi-disciplinary postgraduate Diploma in ASD studies with a strong emphasis on practical strategies and service provision.
- The Social Services training section of the DHSSPS will promote, through the Sector Skills Councils and with support from the Celtic Nations Autism Partnership, the development of ASD specific units within the NVQ framework that can be offered both within Child Care awards and Social Care awards.
- Each HSC Trust will inform all primary care staff of the ASD training resource produced by NHS Scotland and available free of charge at: www.nes.scot.nhs.uk/asd.
- Professional bodies and commercial organisations linked to them, should be approached about producing ASD-related training courses that can be taken online. For example, the Celtic Nations Autism Partnership could instigate discussions with BMJ Learning who provide courses for a wide range of doctors and nurses.
- AutismNI should seek funding to develop an accredited award on the theme of 'Early Intervention in ASD' that brings together a number of existing courses they provide supplemented with further reading and a portfolio of completed activities in which participants demonstrate the incorporation of their learning into their practice. This Certificate would be aimed mainly at staff working in early childhood education, parents and personnel such as health visitors would have a role in early identification, child development and parental support. This would also serve as a model for further themed awards, such as 'Adolescence and ASD' which would be targeted at frontline support staff and parents.

3.3 Conclusions

This is an illustrative rather than an exhaustive list of recommendations that will take forward the ambitions of the DHSSP when they commissioned this Project. As all our informants recognised, a shared training strategy for ASD will bring many benefits to service providers and their clients. In recent years a great deal of knowledge and expertise has been garnered about ASD but effective means of sharing this systematically have not kept pace. Yet the need to skills the HPSS workforce about ASD has never been greater and if present trends continue the demand will grow even more. Action is needed now.

References to Research in ASD undertaken in N. Ireland

Cassidy, A., McConkey, R. and Truesdale-Kennedy, M. (2007) Preschoolers with autism spectrum conditions: The impact on families and the supports available to them. *Early Child Development and Care (in press)*

Crawford, H., Doherty, K. Crozier, B., Bhurgri, S. and McConkey, R. (2003) An evaluation of a short training course on autism for preschool personnel. *Good Autism Practice Journal, 4,*2, 12-20

McConkey, R. and Bhurgri, S. (2003) Children with autism attending preschool facilities: The experiences and perceptions of staff. *Early Child Development and Care*, 173, 443-452

McConkey, R., Kelly, G. and Cassidy, A. (2006) *An evaluation of the need and early intervention support for children (aged 2-4 years) with an Autistic Spectrum Disorder in Northern Ireland.* Belfast: Department of Education

McConkey, R., McGreevy, E., Crawford, H. and Cassidy, A. (2003). *The Keyhole Project: Early Intervention Project in Autistic Spectrum Disorders.* Belfast: PAPA.

McConkey, R., Taggart, L. and Truesdale, M. (2005) *An Evaluation of the Spectrum Project: Supported employment for young people with Asperger's Syndrome in the Southern Education and Library Board area.* Armagh: Appleby Trust.

McConkey, R. and Truesdale, M. (2004). *An evaluation of new autism services in SHSSB area.* Armagh: SHSSB.

McConkey, R., Truesdale-Kennedy, M. and Milligan, V. (2006) *Evaluation Report on the Western Area Support Project (WASP) on early intervention with families who have a child with Autistic Spectrum Disorders (ASD).* L'Derry: WHSSB and AutismNI

Moore, K., McConkey, R., Sines, D. and Cassidy, A. (1999) Improving diagnostic and assessment services for autistic spectrum disorders. *Early Child Development and Care*, 154, 1-11.

Acknowledgements

We are very grateful to many colleagues who participated in this project from a wide range of agencies. A particular thanks to those who attended Round Table meetings and to the members of the Steering Group.

Roy McConkey's post at the University of Ulster is jointly funded by the Eastern Health and Social Services Board