Policy into Practice: Accreditation Project Report

National Centre for Autism Studies
&
Scottish Society for Autism

A Collaborative Autism Education & Training Project

Supporting the Development of ASD Accreditation Standards for Trainers and Developing personal accreditation routes for ASD training participants

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Participants

Aline-Wendy Dunlop, Anna Robinson and Charlene Tait
2009

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Acknowledgements

Project Summary

The Scottish Society for Autism (SSA) and The National Centre for Autism Studies (NCAS), University of Strathclyde, were jointly funded for a period of 2 years by the Scottish Government to develop a system to support the development of ASD accreditation standards for trainers and training organisations leading to an Autism Training Accreditation Scheme. Personal accreditation routes for ASD training participants were also highlighted.

The project started in April 2007 and has 3 core strands to system development to enable the recognition, through accreditation, of:

- Organisations providing training in ASD and of the training materials used;
- Individuals who are involved in the delivery of ASD training;
- A process whereby practitioners participating in training can develop and submit a portfolio of non-award bearing training in autism for recognition as a basis for articulation with courses within existing award bearing frameworks.

Project Staffing

At project preparation stage a series of planning meetings were held between senior staff at both participating organisations. This process resulted in the recognition that the tasks to be undertaken on the project were complex and would require a wide range of skills including a strong knowledge of autism and of the training context. On this basis a decision was made to use two existing staff who shared such a background to staff the project. Development work on the project was therefore led by Charlene Tait (NCAS) and Anna Robinson (SSA).

The project team was directed by a steering group comprising:
Professor Aline-Wendy Dunlop (NCAS, University of Strathclyde)
John Macdonald (Chief Executive Officer – SSA)
Jim Taylor (Director of Education – SSA)

Accreditation Standards and Indicators

The project team has developed a series of standards and indicators that will underpin the evaluation of individual trainers, training organisations and training materials. The seven standards are: *Organisational/Individual Provider Training Standards; Individual Trainer Standards – Skills and Competence; ASD Knowledge Base Standards; Marketing and Promotion Standards; Supporting the Involvement of Individuals on the Autism Spectrum in Training Events Standards; Accessibility Standards* and *Outcomes for Training Participants Standards.*

The development of the standards and indicators was informed by the consultation undertaken in phase 1 of the project and by a range of academic and practice literature. Relevant search terms included accreditation purposes, training as a skill, training as a discipline, quality, accountability and adult education.

Criteria were developed that would enable trainers to assign levels relating to the depth and detail of their courses.

Articulation with Formal Frameworks

The levels developed through the present project articulate with the Scottish Qualifications Authority's Scottish Credit and Qualifications Framework, to ensure ease of recognition for all users of the scheme and provide an incentive for organisations to bring their training forward for validation. Discussions with The Scottish Qualifications Authority (SQA) about the articulation of the levels used for non-award bearing training with the formalised levels of the Scottish Credit and Qualifications Framework (SCQF) revealed the potential of linking to the SQA Credit Rating Service, and their Customised Awards. The aim of ensuring such articulation led to a strategic decision to change the working title of 'Autism Training Accreditation Scheme' to the 'Autism Training Approval System' (ATAS).

Process

In order to develop a viable and accessible system the team identified four potential pilot groups to work with the draft system. Outcomes of the pilot led to the refinement of standards and indicators for the Autism Training Approval System. The system is ready to put into practice. Practical application of the system will enable individuals and organisations to access the programme and achieve approval for their training.

Web Presence

The use of an interactive website is an essential element of the fully established system. Site design and accessibility has been developed. There have been discussions around the practical implications of a site that is hosted and shared by two organisations. The intention is to enable prospective participants seeking recognised approval of training status to work interactively through the registration and approval process using the website as the key point of contact, presentation of material and subsequent feedback. Participants will be able to upload organisational portfolios and self-evaluation questionnaires which are central parts of the process of providing evidence about the training offered.

The website development is a last stage of the project. The detail necessary for website launch is dependent on pilot outcomes and the subsequent readjustment of the system to a point where the final design of the training approval scheme is ready for website design and upload.

There is a variety of paperwork that prospective applicants would be required to submit prior to and during the approval process as a means of providing supporting evidence to meet the required standards and indicators of competence to become an approved individual trainer or to take an organisational portfolio through the system. A final step is to populate the space for this to be achieved online rather then working at all times with hard copies.

In conclusion, project completion will allow sign off from the project steering group and will provide them with the necessary information to develop the business model for delivery of the system.

Recommendations

We recommend that -

1) There is a formalised Knowledge Transfer Partnership between the Scottish Society for Autism and the National Centre for Autism Studies to manage the new Autism Training Approval Scheme

2) Two forms of approval for autism training in Scotland form the basis for the scheme

- Individual Trainers Approval
- Organisational Autism Training Approval

3) The route to achieving Autism Training Approval Status should be through a Certificate developed as an SQA Customised Award

4) The ATAS Interactive website should be populated with application, registration, and approval pathway materials

5) There should be an ATAS template for a personal professional portfolio that can be used by participants attending training delivered by approved trainers. Such a portfiloio would articulate with levels of training offered which in turn articulate within the levels in the formal SCQF

6) In keeping with the project outcomes the successful development of the model for the approval of training and trainers in Scotland will be put into practice through:

- Using the ATAS by registering a number training organisations to undertake the Approval process
- Evaluating the Accreditation Project and the Approval Scheme that has emerged.

Context, Aims and Objectives

The purpose of this project was to bridge developments promoted by the Autistic Spectrum Disorders Reference Group in the area of autism education and training in such a way as to provide a model for linking policy with practice. The Public Health Institute of Scotland's (2001) *Autistic Spectrum Disorders - Needs Assessment Report,* (The PHIS Report), had highlighted training as a key means to ensure the improvement of services for individuals with autism and their families. Each major public sector report in Scotland on autism published since then has also emphasised the role of training in raising standards. The National Training Framework for Autistic Spectrum Disorders (MacKay and Dunlop, 2004) additionally recommended that its publication should provide a basis for the accreditation both of training opportunities provided by all training agencies and of prior learning.

Why Accreditation?

The project hypothesis was that training standards would provide security for training purchasers, providers and consumers. The potential impact on individuals with ASD in terms of improved standards in service delivery was a core principle of this project. The standardisation of training – in terms of quality, accountability, contribution to a common body of knowledge across a range of practitioners involved in the field of ASD and the expected benefit to people with ASD would be complementary to and supportive of other forms of regulation.

The present project therefore built on the work achieved in developing a National Training Framework for Autistic Spectrum Disorders in Scotland, by developing a template and structure for:

a) the accreditation of organisations and individuals providing education and training;

b) the accreditation of the training materials and approaches, and for individuals undertaking training to achieve recognition of that training;

c) within the National Training Framework for ASD, SCQF and SQA structures.

The undertaking to develop a structure and template for accreditation aimed to serve several purposes:

- Trainers would make explicit the background, knowledge and skills that they bring to the training process;

- Trainers would demonstrate the level of their training against the National Training Framework for Autistic Spectrum Disorders, the Scottish Credit and Qualifications Framework (SCQF), other relevant training standards and also in relation to other training on offer;

- Through a clear view of what trainers offer, the level of training and the quality of the training process, practitioners will be more able to be confident in the training received and will be more able to select appropriately to meet their training needs;

- Training materials and approaches can be evaluated for their relevance, level of content, and fit to the National Training Framework for Autistic Spectrum Disorders and SCQF, so further ensuring the quality of training;

- Individual practitioners will be able to carve out a personal training route informed by knowledge of the level and nature of the training offered.

These steps towards a structure and process for the accreditation of autism training will support the development of effective services and a fully trained workforce, to the benefit of people with ASD.

The main objectives of the "Policy into Practice - Autism Accreditation Project " were therefore to:

1) build on the National Training Framework for Autistic Spectrum Disorders trainers' survey to establish the range of training currently offered in Scotland and by whom

2) develop in consultation with a core working group, the elements that should be included in a set of training accreditation standards, and level these in accordance with the SCQF and relevant occupational standards

3) pilot the Autism Training Accreditation Standards with a number of different types of trainers/training organisations, to include the Scottish Society for Autism, the Glasgow Adult Resource Centre, a Local Authority, and individual trainers

4) use a Case Study approach to plot the training experience of individual practitioners in order to ascertain that visible standards and levels associated with trainers and training will support individual practitioners to achieve recognition of their training within the National Training Framework for ASD/SCQF/SQA structures.

5) draw from the experience of participants in order to finalise the standards and process

6) design a self-funding Autism Training Accreditation Standards System based on stages 1-5.

Background Literature

One of the qualities of a robust and respected accreditation system of any kind will lie in the perceived expertise and impartiality of the assessors. They will need their experience to bear, but as part of a scheme it will be important to plan for their preparation: there will be a number of elements – familiarity with the process, shared understanding of the standards and indicators, common definitions of quality and a clear view of the range of practices that will be recognized as acceptable, including the application of Mills, Melican, and Ahluwalia 's(1991) concept of "minimal competence". This concept is useful in terms of training those who are going to make judgments – Mills et al write about "a common definition of minimal competence"(p.7): that is 'knowing the cut-off'. This common definition is achieved through time commitment of the accreditors or approvers to discuss a shared view of what is 'good enough' and to reduce the effect of the background variables which they bring to the process, in order to achieve a common standard of what will merit the award of trainer approval. For this purpose the standards and competences need to be exemplified so that the Approval /Accreditation Team will be able to judge what evidence of meeting the standard looks like. The preparation of the team members will need to include a session which focuses on how the standards and indicators have been developed. Development of well thought through standards through a consultation and piloting process avoids any need for the team to be concerned about particular emphases that they may believe are evident in the standards, as this will have been part of the development of the standards to form the scheme.

However the concept of minimal competence is not entirely straightforward in a multi-leveled scheme to accredit trainers. For example it may be argued that a trainer operating at a lower level of a national trainer standard may need to be less knowledgeable about the topic as he/she will be focused on creating and achieving training outcomes for that level. By contrast it could be argued that no matter the level of the training offered, the trainer needs to have an expertise that allows a sound judgment of the level of training they are offering – this may in fact be determined by the prior knowledge, understanding and training level of participants. MacKay and Dunlop (2004)

tease this out further – they proposed a template for planning training needs which is reproduced below with permission of the authors.

Stage of training	Professional role	Level		
		1 Awareness	2 General	3 Specialist
Initial/ undergraduate training	All personnel	•		
Professional training	No role in relation to ASD	•		
	Periodic, non-specialist contact with ASD		•	
	Regular or specialist contact with ASD			•
CPD	No role in relation to ASD	•		
	Periodic, non-specialist contact with ASD		•	
	Regular or specialist contact with ASD			•

Table 1 - A template for planning training needs.

(From A National Training Framework for Professionals working in the field of Autistic Spectrum Disorders, Mackay and Dunlop, 2004)

MacKay and Dunlop identify 3 levels of training needed: 1) Awareness, 2) Generic and 3) Specialist – in so doing they show the need for all personnel likely to meet an individual with autism to have the opportunity for basic awareness training about autism – usually at an initial training stage. At the stage of professional training and thereafter through CPD they emphasise that the level of training needs to be guided by the function of the person's work – that is dependent on whether they have no role in relation to ASD, periodic non-specialist contact with ASD or regular or specialist contact with ASD. The issue here for trainers rests in identifying which of these levels and job functions need to be taken into account as they plan, market and deliver training.

Two main thrusts emerge in terms of training for work in the field of autism: preparation as a core part of the role of any caring profession in an inclusive society, and CPD. CPD can be further differentiated into training that is linked to the workplace or job function and training that is award bearing. The motivation to undertake training may be employer driven and sometimes contractual, personally motivated in terms of seeking greater efficacy and job satisfaction through a developed understanding of autism, or professionally motivated as part of a career path. Each of these motivations will lead individuals who are seeking training, to a common position where there need to know the value and currency of the training they aspire to. Where individuals are already on a qualification pathway they are likely to seek the next level for them – either in terms of increasing specialism or a higher level of award. It is also good CPD practice for individuals to document their training experiences – this may be particularly important to those who lack formal qualifications or seek to develop formal qualifications in any particular field: a portfolio of training undertaken can evidence the development of knowledge, understanding, values and skills: and could be used to show progression across these broad areas of learning.

Portfolios are increasingly used in professional education, for example in teacher education in Germany Imhol and Picard (2009) set out to explore the effects of this increased use on trainee teachers' development of professional attitudes and competence. Their research focused on teacher self-efficacy, their perceptions of subjective workload and stress and a proactive attitude. Through the use of questionnaire and evaluation criteria they examined the trainee teachers' portfolio use

and concluded that individuals who were more self-regulated types of learners benefited most, whereas those who need more support in their development toward being self-regulated learners benefited less. The tutors involved found a more elaborated style of reflecting on professional development emerged. Darling-Hammond and Snyder (2000) find that for portfolios to actively contribute to professional development, the trainers need also to be committed to their use, need to be supported to develop skills in engaging trainees in their use, and to be convinced of the importance of participants recording their learning and reflection on learning in such a way. Whilst the use of portfolio linked to the Autism Training Approval/Accreditation Scheme is not being advocated as an essential part of the training offered, it is being advocated that trainers inform participants about the value to their professional development of keeping a reflective record of training undertaken.

As practitioners aim for increasing specialism there is evidence from across a range of professions that something more than knowledge and skill is required. Dunn, Lawson, Robertson et al (2000) write about their work in Australia on the development of critical care specialist nurses. Their analysis of development grouped competency standards into six domains: professional practice, reflective practice, enabling, clinical problem solving, teamwork, and leadership. These domains support the development of clinical practice linked to sound theoretical frameworks for nursing care, so placing specialist nurses as people who can apply problem solving skills to the new professional demands they face. In considering any limitations of their approach they are clear that to 20 competency standards they developed are neither inclusive not mandatory.

Arguments for efficacy of approaches can also be applied to the need for competence standards for trainers rather than for training participants. The literature highlights a history of developments across Europe reinforcing the need for competence standards for trainers in industry and as workplace trainers. A number of competences were highlighted as necessary if trainers were to meet a European standard and be professional in their approaches (Garrick and McDonald, 1992). Key elements of training were defined as planning, design, delivery and evaluation. The push for increased certification described by Carter (2005), albeit in the USA, and the emphasis evident in all recent public policy reports associated with the field of autism in Scotland, on the

importance of training, leads not only to a need to assure the standard of that training or CPD, but also to ask how we know if improvements in training opportunity do indeed have an impact on the quality of service offered. It is this ambition of improving the competence of the autism workforce in order to improve the experience of individuals with autism across the lifespan that provides the impetus for a Training Accreditation/ Approval Scheme. The belief that this will be so emerges through relevant literature, but implies a need to evaluate the impact of the proposed Autism Trainers Approval/Accreditation Scheme in terms of the quality of trainer, consistency of the scheme and the faith that this will indeed have an impact on the experience of people with ASD.

Some interesting insights are offered from the medical education literature. In Lewis and Wissow's editorial "Who will train the trainers?" (2004) the authors stress the importance given to communication skills in competency frameworks. Murphy, Neequaye, Kreckler, and Hands (2008) sought to explore trainer effectiveness by conducting a randomized trial under the title "Should we train the trainers?". Undertaken in the context of surgical training, traditionally taught through an apprenticeship model of training, a cognitive training method was introduced: the study explored the effectiveness of training trainers in a particular approach by comparing the performance of students taught by these "trained trainers" to students being taught by trainers using their own traditional approach. Murphy et al report that the literature suggests a focus on the specific content of courses as well as on the process is important. The study addressed a difficulty inherent in assessing training effectiveness, by randomized trainers, so avoiding a self-selected group who may be more motivated to improve their training approaches through their own continuing development, and nevertheless found that trainees taught by trained trainers do better.

Turning to the Education field, Shim and Roth (2008) provide many citations in support of the qualities found in 'expert teachers' in Higher Education: they focus not on what these educators do, but how they do it. Qualities include clarity of presentation, enthusiasm of teaching, command of subject knowledge, preparation and organisation, stimulating the interest of participants for engagement in learning, understanding participants, and creating a positive environment, interpersonal relationship, humour and

approachability. They use a theoretical framework of symbolic interactionism and

constructivism and seek to tease out 'tacit' knowledge as a measure of the most expert educators. Hard to articulate, tacit knowledge may best be recognised by an observer: it may be argued that some observation should be an element in evaluating trainers' practices.

In the context of sales training, Ricks, Williams and Weeks (2007) make the point that companies investing large amounts in the training of staff wish to see that such investment helps their firm to achieve its goals. Their paper provides a basis for assessing the competence of trainers. Often self-evaluation of training is accompanied by asking participants to complete an evaluation form. Ricks et al suggest there are best approaches to evaluating training programmes, and that evaluating training personnel may provide one route to explore the effectiveness of training. They challenge the general assumption that sufficient content knowledge guarantees capacity to train whilst pointing out that in fact purchasers of training need to know what skills and competencies are needed by trainers (Gauld and Miller, 2004) if they are to be successful in evaluating such processes .

Rethans, Norcini, Baro´n-Maldonado et al (2002) consider the relationship between competence and performance, and state that competence is a prerequisite of performance.

Competence	Performance
Available technology	Technology evolving
Reasonable costs	High costs
Traditional methods	Traditional methods rejected
Measurement qualities (theory) known	Subjectivity versus objectivity
'Experimental' context	Naturalistic context
Logistically feasible	Logistically difficult
Quantitative	Descriptive ⁄ qualitative
Professionally-based	Involves participants
What can we assess?	What else should we assess that we can't learn from competency assessment?

Table 2 - Current knowledge of practices for competence and performance assessment
(Adapted from Rethans et al, 2002, p. 903)

They assert the need to take account of both systemic and also individual factors that should be considered in assessment (p.907). They are writing from the perspective of

assessing doctors in practice, but applied to a training approval scheme it can be inferred that it will be important in any scheme to find a way to assess the practice element. Their factors in developing an assessment system are also helpful here.

Given that within an accreditation of trainers scheme it will be essential to be assured that trainers' performances are effective, like Rethans et al, it is found that a cycle of approval is implied. We would see this as a continuous process in promoting quality in training in the ASD field. The need therefore is to develop a scheme that acknowledges skill and expertise where it exists and support trainers who do not initially show such skill and expertise, through a developmental process.

Knowledge about teaching – or providing training is 'communicative in nature and socially constructed' (Cranton, 2002, p.64). The notion of knowing your subject has already been addressed, a step further is knowing how to teach your subject so that learning opportunities are created for participants. This transformation makes the difference between delivery of training and engagement with learning. Theoretically it can be helpful to reflect on 'transformative learning theory' (Mezirow, (1991, 1997, 2000). Habermas' work (1971) helps us here when it describes three kinds of knowledge: instrumental, communicative and practical, and emancipatory – Cranton's descriptions (p.64) have been presented below in table form.

Kind of Knowledge	Description
instrumental	Instrumental knowledge is cause-and-effect, objective knowledge derived from scientific methodologies.
communicative	Communicative knowledge is the understanding of ourselves, others, and the social norms of the community or society in which we live. It is derived through language and validated by consensus among people.
emancipatory	Emancipatory knowledge, the self-awareness that frees us from constraints, is a product of critical reflection and critical self-reflection. The acquisition of emancipatory knowledge is transformative.

Table 3 – Cranton's description of training components

Including self-evaluation elements into the Autism Training Accreditation/Approval Scheme allows the possibility of moving from what has been described earlier as a

'minimal competence' to an 'emancipatory' approach. No matter the level of training under consideration, a trainer with this vision is more likely to bring benefit to the participants of their training and more likely therefore to have the desired impact on practice. Such a trainer should be able to evidence both competence and performance in practice. Cranton proposed the following ingredients of transformative learning in practice: *Creating an Activating Event; Articulating Assumptions; Critical Self-Reflection; Openness to Alternatives; Discourse; Revision of Assumptions and Perspectives, and Acting on Revisions.* Such a process can apply equally to trainers and trained.

On a structural level, INTRSA (2005) International Registration Scheme for Assessors (INTRSA) Criteria for Accreditation of Training Providers, offers specific guidance on a scheme to accredit training providers. It focuses on an Assessor Training Course. Several new insights emerge – to sustain accreditation for example, the trainer must be actively presenting courses. All participants should receive a certificate of attendance showing the course title, level and duration. Training organisations should maintain a full list of trainers whose CVs must be always be current and course statistics must be kept, the selection criteria for tutors should ensure consistency of presentation between courses at any given level and between levels and tutor support and monitoring processes should be clear. Accreditation brings a responsibility towards the accreditation scheme whose reputation should be protected by the proper conduct of all approved trainers and organizations: this will include internal annual monitoring including tutor and participant feedback, any changes to course documentation, materials and presentation, evaluation of tutors' performance and any identified training needs and a complaints and appeals procedure (pages 5 and 6).

A systematic review of the literature on 'The Accreditation of Training Experiences: Implications for Employment Training Programmes' (James and others, 1982) arose out of the proliferation in the USA at that time of new forms and opportunities for training that lay outwith traditional approved public sector training. There are parallels with the acceleration of training agendas in ASD in the last 10 years in Scotland, where new

autism specific training has been developed in response to practitioner need, perceptions of professional knowledge and national agendas for change. The National Training Framework for ASD (MacKay and Dunlop, 2004) highlighted the views of 32 trainers or training organizations in Scotland - they estimated that a considerably larger

number of individuals were actually involved in training and given recommendations in all recent policy documents it is likely the number of active trainers and training activity within organizations has increased.

The primary purpose of the James review was to focus on methods of recording formal training experiences and awarding credit. A focus on experiential learning as ".. a set of planned educational experiences designed to enable learners to acquire attitudes, skills and knowledge for work and other life roles by participating in work settings" (p.4) links to the Scottish Vocational Qualifications used as part of a pattern of training opportunities within large care organizations providing for autism. The individualized nature of SVQs can support practitioners to build on workplace knowledge. In an Autism Accreditation Scheme trainers could be encouraged to recognize the potential of adding value to existing workplace schemes by matching the level of their training to build on levels already achieved by participants and to provide participants with increasing specialism.

Typically work experience uses the following means to record development: work observations plans, general work experience plans, work study plans, cooperative occupational educational plans and internships and practicum: the competence shown against planed work experience can contribute to the award of credit.

Weinstein, M.B. (2000) identified thirty-three competencies for trainers: these are offered here under three headings in which she emphasises what, in her view, these competencies imply for trainers as they self-evaluate: that they should develop understandings about the nature of adult learners, ensure their own instructional competences and underpin their work through their own personal competences including reflection and personal development.

Understanding Adult Learners	Developing Instructional Competencies	Personal competences
1. Adults want practical knowledge not theory 2. Adults have preferred learning styles	7. Develop expert knowledge and experience 8. Know about	23. Feed your love of learning 24. Show respect for learners

Understanding Adult Learners	Developing Instructional Competencies	Personal competences
3. Adult learners are diverse and unique 4. Adult learners are motivated and curious 5. Adults learners have much knowledge and experience 6. Adult learners need problem-solving skills	participants' workplaces 9. Organise material carefully 10. Keep ideas simple 11. Establish an appropriate climate 12. Use various teaching methods 13. Develop your questioning skills 14. Hone your research skills 15. Work on your writing skills 16. Facilitate to educate 17. Improve presentation and platform skills 18. Polish group skills 19. Focus on feedback 20. Develop competence in new technologies 21. Be an effective evaluator 22. Be flexible	25. Motivate learners 26. Communicate effectively 27. Use humour 28. Be a leader 29. Work on problem-solving skills 30. Cultivate critical thinking skills 31. Work your network 32. Take time for reflection 33. Don't neglect your personal development.

Table 4 – Weinstein's 33 competencies for trainers.

In the context of health service accreditation Demarteau (2002, p.467) draws attention to four modes in a quality improvement process, starting with individual 'self-improvement' internal development, peer review, professional norms and guidelines and formal independent judgment through an accreditation body. He highlights two important elements of the accreditation process: quality and accountability. In one the effort is to constantly improve the service, in the other – accountability – public proof of the level and efficacy of the service is at stake. If the external process is to be robust the evaluators need to use common procedures and the quality of advice and feedback needs to be monitored.

Pomey, Contandriopoulos, Francois and Bertrand (2004) sought to explore the changes that came about following preparation for the introduction of a formal accreditation system. Methods included interview, questionnaire and the introduction of a theoretical framework for analyzing change. They found that the introduction of the system in a

hospital context resulted in a redistribution of power, the creation of social capital through self-assessment processes, changes in practices, and the emergence of the importance of the 'writing culture' – how documentation influences development. Whilst warning that self-assessment is time consuming, the study affirmed the place of self-assessment and the accreditation report and how each influenced the quality of service.

Again drawing from health care, Nicklin and Dickson's literature review (2008) on the value and impact of accreditation affirms accreditation as a key element in quality improvement. Their argument is that those participating are showing commitment to quality improvement, efficacy and accountability. Whilst calling for further research they highlight improvements for consumers (in their case patients) and a means of providers, policy makers and governments experiencing improved confidence in a service: the review does not cover educational programmes. Applied to the training sector it is easy to infer that reflective approved trainers and comparability across a set of standards may lead to improved training opportunities, and better outcomes for individuals cared for by those who are the recipients of a standardized system. The motivation for all is high.

The accessed literature combines to confirm benefits of accreditation systems – to improve the performance of training approaches by setting and measuring the achievement of standards, to increase consumer confidence in the quality of the training offered, to increase trainer accountability, to reduce the risks associated with unregulated training services. Such systems according to the ISQua Checklist (2006) should be clear in its purposes, should gain the support of stakeholders, should have an advisory board made up of a range of stakeholders, with formal operating procedures, clear mission and values supported by strategic and operational plans.

The ISQua Principles (2006, p.6) for developing standards.recommend that the process of standards development includes –

- Review of other accreditation organisation standards
- Incorporating legislative, technical and safety requirements
- Incorporating best practice where evidence available
- Ensuring standards are client focused, cover the functions or systems of a whole organization or service, address the dimensions of quality and support quality improvement
- Consulting stakeholder groups, including and consumer groups

- Involving stakeholders in standards development committees and working groups
- Developing the measurement system for measuring compliance with/achievement of the standards
- Testing the standards through self-assessment, pilot surveys
- Using feedback from testing to improve the standards and rating system
- Developing guidelines to assist users to interpret and apply standards
- Getting standards approved by an/the accreditation organization governing body

The literature reviewed here, whilst not comprehensive, supports accreditation of training as a means to improve training practices and to ensure development in the workforce, to the benefit of the client group – in this case individuals with ASD. Training is a complex process with a number of important ingredients including knowledge, competence and performance skills. The power of self-evaluation and reflection and their contribution to the professional development of the trainer is reported in a range of professional contexts – the means to build up training and trainee portfolios can be enhanced by the use of IT (Roth, 1995) which provides important tools for an active training approval scheme. An accepted standard of competence and the leveling of training offered against national standards is both helpful and productive for trainer, trainee and service user.

Such insights from the literature are complemented by a range of findings on training drawn from Scottish projects, policy papers and reports discussed in the following section.

Scottish Insights on Training in ASD

Public Health Institute of Scotland (PHIS)
'A Needs Assessment for Autistic Spectrum Disorders in Scotland' (2001)

The Public Health Institute of Scotland drew on a range of expertise and professions to form a working group including representation from clinical psychology, education, educational psychology, paediatrics, parents, psychiatry, psychotherapy, public health, social services (adults and children's services), speech and language therapy and the voluntary sector.

"The aim of this working group was to provide information for service commissioners on the best available knowledge about autistic spectrum disorders (ASD) and current service provision in Scotland, and guidance on how these services might change to better meet the needs of both children and adults with autistic spectrum disorders in the future." (PHIS, 2001, p.4)

The report considered the epidemiology of ASD, the 'ideal' service and what need to be done to ensure this and how current services operated at the time of the report. 32 recommendations were made, with training being the subject of recommendations 19-22, and being stressed as the vehicle to achieve many of the other recommendations.

National Training Framework

A study into the training needs of professionals working in the field of autism and of the autism education of parents was one of the first initiatives to follow the PHIS 2001 report. Led by Tommy MacKay and Aline-Wendy Dunlop in collaboration with the grant holders, the National Autistic Society, this study ran from 2002 and reported in 2004. The outcome was The National Training Framework or Autistic Spectrum Disorders (MacKay & Dunlop, 2004).

The research which led to the development of The National Training Framework or Autistic Spectrum Disorders MacKay & Dunlop, 2004), identified a need for training

initiatives to recognise the unique nature of ASD and also to be embedded into training for work with the wider group of individuals with additional support needs

The brief of *A study of training for professionals working in the field of ASD in Scotland* (Mackay and Dunlop, 2004) was to conduct an audit of existing training arrangements for autistic spectrum disorders in Scotland, to provide a template of training needs, together with an account of current gaps in the provision of training, and to prepare a national training framework with recommendations for implementation. A number of recommendations were made as an outcome of this study, they included several shown here that provide a clear lead into the present study which aims to consider and develop an accreditation system for autism training.

Key recommendations linking to the development of a training accreditation system (numbered as they appear on pages 6-9 in Mackay and Dunlop, 2004).

A National Training Framework for ASD

5. The National Training Framework should provide a basis for ensuring that training opportunities are available through a range of providers at each level of the SCQF.
6. The National Training Framework should provide a basis for ensuring that core training is given at pre-service and in-service levels for the key professionals working in the ASD field.
7. The National Training Framework should provide a basis for the accreditation both of training opportunities provided by all training agencies and of prior learning.

Training providers

8. Arrangements should be developed with the universities and other validating bodies for accrediting ASD training and prior learning within the National Training Framework.
9. Training providers should be encouraged towards seeking accreditation for the training they offer.
10. Universities, colleges and other providers of higher and further education should

be asked to review their course structures and content to ensure that there will

be an appropriate level of autism awareness raising or professional training.

11. All relevant professional and occupational groups should be asked to establish

minimum standards of training for their personnel in terms of the knowledge, skills, understanding and attitudes required for working with people with ASD.

Local Training Strategies

19. A national network should be established for sharing information on good practice and training opportunities with local ASD networks.

20. Local ASD training strategies should be regularly monitored and reviewed.

Of these recommendations, 7, 8, 9 and 20 are central to the present enquiry into supporting the development of ASD accreditation standards for trainers and developing personal accreditation routes for ASD training participants.

Any proposals for developing training standards specific to ASD should be supported by a clear rationale. As part of the background to developing accreditation standards that are specific to training for ASD it is important to recognise the way in which autism is presently understood. Over a relatively short space of time, ASD has changed from being considered as a rare disorder affecting less than five people in every 10,000, to being recognised as one of the main dimensions of atypical development and of additional support needs. The development of an inclusive definition of autism as comprising a triad of social, communication and behavioural impairments, together with the introduction of Asperger's Syndrome as a diagnostic classification, have been the two principal factors in recognising a spectrum of autistic disorders which is now commonly reported to affect 1 in 100 children (National Autistic Society and the Office for National Statistics).

The National Training Framework for Autistic Spectrum Disorders was underpinned by the recommendations of the PHIS Report 'A Needs Assessment for Autistic Spectrum Disorders in Scotland' (2001), and was been endorsed by the Scottish Executive.

HMIE - '**Education for Pupils with Autism Spectrum Disorders' Report**

In the foreword of HMIE's 'Education for Pupils with Autism Spectrum Disorders' Report (HMIE, 2006) it is stated that **-**

 "Training for all staff involved in the education of pupils with ASD was also a key area for development. We need to do better in these highlighted aspects. It is important to get them right because if things go wrong, they can have serious consequences." (p.iii).

The *Education for Pupils with Autism Spectrum Disorders* report (HMIE, 2006a) made eight key recommendations: two focused particularly on the importance of training as a means of ensuring the quality of provision.

Recommendation 6:
They should involve parents in relevant training events about autism spectrum disorders. Where appropriate, people with autism spectrum disorders could be invited to contribute to training programmes for parents and staff.

Recommendation 7:
Education authorities should ensure that teaching and support staff have access to a programme of staff development relating to autism spectrum disorders. Continuing professional development at an appropriate level should be available to all staff in schools where there are pupils with autism spectrum disorders. Specialised training should be provided for teachers and non-teaching staff working directly with pupils with autism spectrum disorders. The Scottish Executive should work with training providers to ensure that a comprehensive and progressive programme is available.

National Autistic Society's '*make school make sense*' **Campaign Report**

The National Autistic Society makes a special focus each year on a topic of importance to people in the field of autism. In 2006 they focused on the school experiences of pupils on the spectrum. The report on Scottish respondents views drew attention to three key issues that had emerged from the survey, these were: the right school for every child, the right training for every teacher and the right approach in every school.

These concepts presented in the Scottish version of the '*make school make sense*' report which contains recommendations for both the Scottish Government and local authorities. The authors state that "1 in 110 children has autism but there is currently no requirement for teachers to undertake any training in autism and just one in three parents

are satisfied with the level of understanding of autism at their child's school (p.25).'*make school make sense' campaign report (Scotland)* (Batten and Daly, 2006)

SIGN Guideline

A national clinical guideline was published in July 2007 on assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders, by the Scottish Intercollegiate Guidelines Network.

"The experience of interacting with a child or young person in order to elicit clinical evidence about ASD, that is compatible with ICD 10 or DSM 1V, is a significant professional task, which cannot be undertaken without significant clinical experience. Such skills are not exclusive to disciplines. The crucial ingredients are training and experience." (page 11). Additionally the SIGN Guidelines devotes section 7.1 to the importance of ASD training and of training and support for parents.

Commissioning Services for People on the Autism Spectrum

The report on offering policy and practice guidance, 'Commissioning Services for People on the Autism Spectrum' (2008), provides helpful guidance on the knowledge needed in the commissioning of services. For example it is clear that as part of knowing what an individual needs, people with ASD should be " assessed by appropriately trained staff following a diagnosis or becoming known to services". (p.6). This will mean some staff need a basic awareness training whilst others will need much more specialist knowledge.

In addressing outcomes on the needs of parents in the commissioning process, it is stated that "Parents/carers are offered training to increase understanding and knowledge of ASD and tools to increase confidence and family capacity" (page 12).

Recommended actions include to:

7) Provide **awareness training** in the requirements of people with ASD for staff. Training should be accredited. (p.13)

An Annex of this report includes the National Diagnostic Standards, and again training is highlighted as a means of ensuring a quality service -
"A quality service should:

1. Take place within the context of a multi-disciplinary AND multi-agency service involving professionals with ASD training." (p. 14)

Such training applies to all sectors and all services if the needs and rights of individuals are going to be met the workforce must be appropriately qualifies. To ensure a well trained workforce we must be able to be confident in the quality of training offered at all levels of the system and at all levels of training requirement. This means that the statement that "training should be accredited" is crucial and to ensure this trainers must be accountable.

This report highlights the Government funded projects managed through the ASD Reference Group: one of these projects was to develop 2 new Professional Development Awards (PDAs) at Level 7 and Level 8 of the Scottish Credit and Qualifications Framework.

Project 8: Develop 2 new awards: Professional Development Awards (PDAs)

Aims of project:
To equip professionals/employees/carers/parents/volunteers to meet needs of those with ASD, gain skills, improve standards of practice and assist employees to progress within specialism.
Delivery of project:
The national Autism Spectrum Disorder Reference Group identified the need for awards to recognise thespecialist skill involved in working with people with autism spectrum

disorders.

The Scottish Social Services Council with a working group appointed a consultant to develop 2 new awards for SQA Care Scotland 2004/5. The awards were completed at the end of 2005 and promoted from early 2006, by Care Scotland, via centres and at Falkirk (Airth Castle) event.

Developed Certificate in Supporting Individuals with Autistic Spectrum Disorders (SCQFlevel 7) and Certificate in Managing the Support of Individuals with Autistic Spectrum Disorders (SCQF level 8).

Outcomes for people with ASD:

The outcomes reflect the aims above. There is an increase in the number of people with the right skills and knowledge to work with people with ASD, improved referrals between services, improved information sharing and involvement of support services like advocacy.

Outcomes for local authorities and health boards:

Retention of skilled staff, improved referrals, increased information exchange and good practice.

The Toolbox

The Autism Toolbox was commissioned by the Support for Learning Division of the Schools Directorate, Scottish Government, as an outcome of the work of the Autistic Spectrum Disorder Education Working Group which was convened following the publication of the HM Inspectorate Report into Autism and the National Autistic Society's '*make school make sense*' campaign report. The guidance published as 'The Autism Toolbox, A Resource for Scottish Schools' (Dunlop, Tait, Leask, Glashan, Robinson and Marwick, 2009) highlights training issues, and states "ASD is a lifelong condition. Services will need to offer at least some level of support throughout life. This highlights the importance of strategic analysis, direction and action planning in the light of the need for joined up services, consultation with families and service users, training of staff and the right services for ASD." (Dunlop et al, 2009, p16)

Annex 4a of The Autism Toolbox shows present training and development opportunities for ASD in Scotland.

Reflection on the literature, policy and practice documents presented allows a clear justification for the development of training, trainer standards and indicators in Scotland.

The Autistic Spectrum Disorders Reference Group

The ASD Reference Group was convened by the then Scottish Executive to consider the report and its recommendations. Three sub groups were formed at an early stage and these focused on diagnostic issues, training issues and information issues.

Concurrently Mackay and Dunlop had recognized the need to investigate training needs in the field of autism. They conducted an audit of existing training arrangements for autistic spectrum disorders in Scotland, provided a template of training needs, together with an account of existing gaps in the provision of training, and to prepared a national training framework with recommendations for implementation. Whilst their work was not commissioned by the Scottish ASD Reference Group, the work fed into developments being taken forward by the Scottish ASD Reference Group Training sub-group.

Work of the Scottish ASD Reference Group Training sub-group

As an immediate response it was recognised that the availability of awards within the existing Scottish and Credit Qualifications Framework (SCQF) required bolstering. A sub group formed with a remit to address this within Scottish vocational qualifications (SVQ) There was a particular focus on developing awards that could be accessed by care staff and managers of care services. The awards developed could be integrated with existing programmes in order to avoid practitioners feeling they had to commit to autism spectrum as an exclusive focus within their professional development.

Not all practitioners or individuals concerned with autism spectrum wish to undertake training that is award bearing. Mackay & Dunlop (2004) evidence that a range of awards do exist but they do not all have relevance for the specific role or indeed level of engagement a practitioner may have with an individual or individuals on the spectrum. Additionally entry requirements for certain levels of qualifications may be a barrier. Families and individuals on the spectrum often see access to training as a way to understand themselves or their family member more fully. This does not necessarily translate to undertaking study that when linked to an award has an academic component and usually assessment requirements. It therefore has to be acknowledged that non-

award bearing training in autism is important in the wider landscape of personal and professional development in this field.

Within Scotland a number of organisational and individual training providers offer a range of courses.

Accreditation Project Development

Consultation Exercise

Rationale

It was essential that development of a training standards system was able to take into account the views of potential users and others involved in the field of autism. The two key project staff had developed an outline structure of what might be required, and from this developed key questions for different groups of consultation participants.

Sample

Existing NCAS, SASN and SSA contact lists were used to identify participants. Four discrete groups of consultees were sought – organisations that provide training, individual training providers, training purchasers and parents of and individuals with ASD who might be considered beneficiaries of training. Questions were prepared for each of the focused consultation groups.

Six consultation events were held with a total of 86 participants, including Inverness – Highlands (15), Ellon – Aberdeenshire (25), SSA in Alloa (6) which included consultees from Edinburgh, Lothians and Fife and at the University of Strathclyde for consultees located in the West of Scotland (30), and others.

Methods

A three hour period was allowed for each consultation focus groups Discussions were led by the two key project staff. Responses were scribed by volunteers in each group and collected by the project staff at the end of each session to be coded for relevance to the different strands of the project.

Focused Consultation Group Meetings

Stage 1: Training Providers: Organisations

The discussion with representatives of organisation providing training focused on two strands –

Organisational perspectives
An accreditation system

Prior to consultation the project team prepared exemplars in relation to each standard area to use as prompts during the consultation process.

Focused Consultation: Stage 1
Organisational Perspectives
• What would be the main benefits to your organisation in relation to accreditation of the training you offer? • What would be a reasonable and manageable investment in terms of the time it would take to obtain accreditation? • Would this place an additional resource burden on your organisation, if so do you feel the potential benefits merit such an investment? • Is seeking accreditation something you would consider? • What proportion of your ASD training activity would you like to have accredited?
An Accreditation System
• What are the key areas you would expect an autism training accreditation system to evaluate? • What quality assurance/monitoring systems do you currently have in place? • What means of evaluation, as part of the accreditation process do you feel would be reasonable? • What range of evidence do you as an organisation feel you would be able to assemble? • How long do you think accredited status should last before review? • In terms of the accrediting body what level of experience and involvement in ASD do you think is needed before a person is well placed to make judgements about the training your organisation offers?

2) Training Providers: Individuals

Individual trainer perspectives
• Do you view the potential to become an accredited autism trainer as something you would wish to pursue? • What if anything do you feel it would add to your practice and to the service you provide? • To what extent do you think accreditation is an issue for your clients, if it is not currently an issue what credentials do prospective clients usually look for? • What quality assurance/monitoring systems do you currently have in place?

The Accreditation System

- What are the key areas you would expect an autism training accreditation system to evaluate?
- What quality assurance/monitoring systems do you currently have in place?
- What means of evaluation, as part of the accreditation process do you feel would be reasonable?
- What range of evidence do you as an organisation feel you would be able to assemble?
- How long do you think accredited status should last before review?
- In terms of the accrediting body what level of experience and involvement in ASD do you think is needed before a person is well placed to make judgements about the training your organisation offers?

3) Training Purchasers

Training purchasers' perspectives

- What quality assurance systems or credentials do you currently look for when contracting ASD training from individuals or organisations?
- What do you feel would be the main benefits, if any of a formal system of accreditation/
- What range of ASD training have you purchased to date?
- What are your general experiences as consumers of ASD training?
- Do you monitor any impact or change in practice in staff as a result of accessing training, if so how do you monitor this?

An Accreditation System

1. What are the key areas you would expect an autism training accreditation system to evaluate in relation to organisations & individuals?
2. Do you generally feel you get good value for money when you purchase training?
3. What is the price range you generally expect for training?
4. Do you feel it would be worth paying more for training if the training provider was accredited?
5. What means of evaluation would you expect an accredited organisation or individual to have undergone?
6. How long do you think accredited status should last before review?
7. In terms of the accrediting body what level of experience and involvement in ASD do you think is needed before a person is well placed to make judgements about the training your organisation offers?

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4)   Parents & Individuals with ASD

Perspectives of parents and individuals with ASD
• Are you aware of the range of ASD training undertaken by professionals who support you or your child? • Do you feel you are able to determine when a professional has had relevant and effective training? • What difference if any do you feel a system of accreditation for organisations and individuals who provide training would make to you? • What are your personal experiences of training? • Would you be more reassured or more likely to undertake training if it was delivered by a person or organisation with accredited status?

Stage 2: Focused Consultation

Developing Standards

In the second stage of the consultation sessions issues were posed to all groups. The aim was to ascertain if the standards identified for development by the project team were viewed as relevant by consultation groups.

1. ASD knowledge base
2. Quality of training resources
3. Use of training resources including modes of delivery
4. Quality, skills & competence of trainer
5. Complaints procedures
6. Marketing, Promotion & Information Materials (target audience, outcomes, extent of training - % of training for accreditation)
7. Accessibility Issues (Links to Disability Discrimination)
8. Outcomes for training participants

The consultation also involved eliciting views on what the detailed aspects of such standards should be. Any additional areas identified during consultation would be considered for inclusion in the standards by the project team and the management group.

Consultation Outcomes

Participants

Of the 86 consultation group attendees more training providers (n=31) attended than other participants. 20 attendees were both providers of training and purchasers of training – this mixed model is prevalent in the education sector. 13 attendees were particularly focused on the factors that influence the purchase of training, whilst 14 family members attended the sessions and additionally 9 family members contributed to training – a growing feature of ASD training within Scotland.
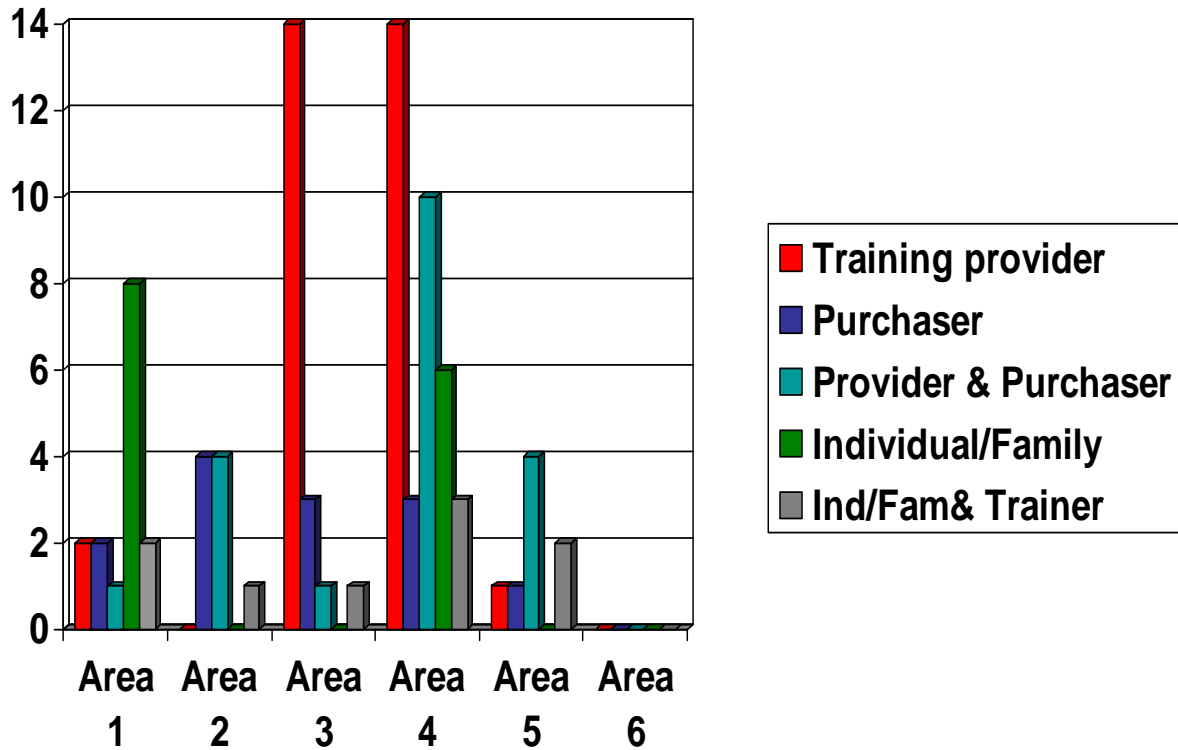
Training providers

51 training providers took part in the six-group consultation process. Highest representation came from the independent and education sectors of training providers. The National Training Framework had shown that many professionals in the health sector provide training.

Legend:
- ■ Health
- ■ Education
- ■ Independent
- ■ Person with ASD/Parent/Carer
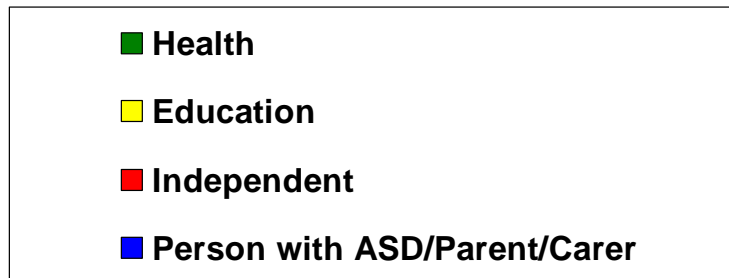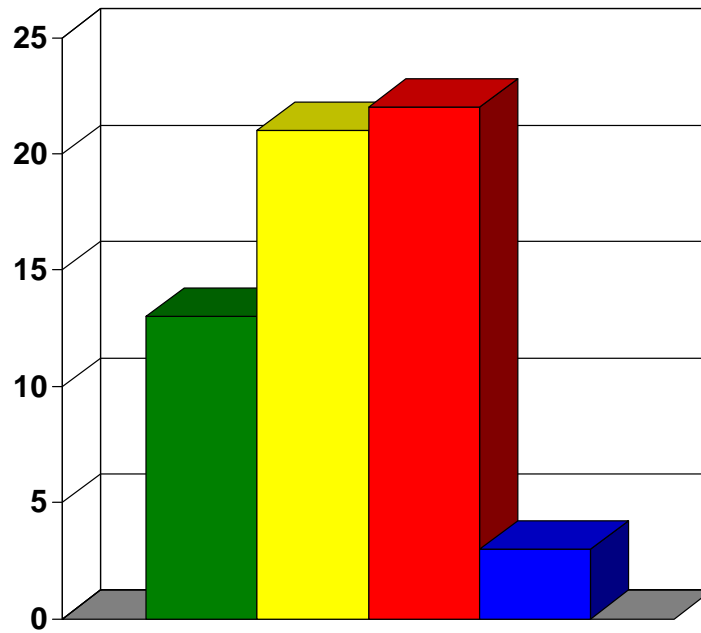
Training Purchasers

The consultation process drew in more training purchasers from Education than from other sectors, where traditionally most training for the education sector was provided by Educational Psychology services or external trainers. This fits the pattern found in the National Training Framework Project, where both Health and Education sectors invest in considerable in house training. This was recognised in the consultation planning within the present Accreditation Project.

- Health
- Education
- Social Work
- Dual Discipline
- Independent
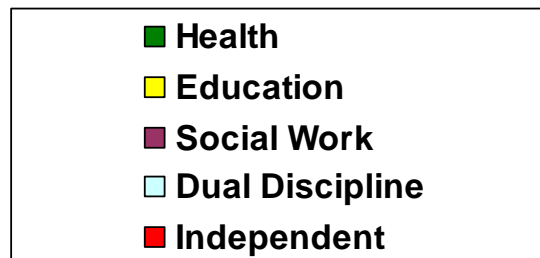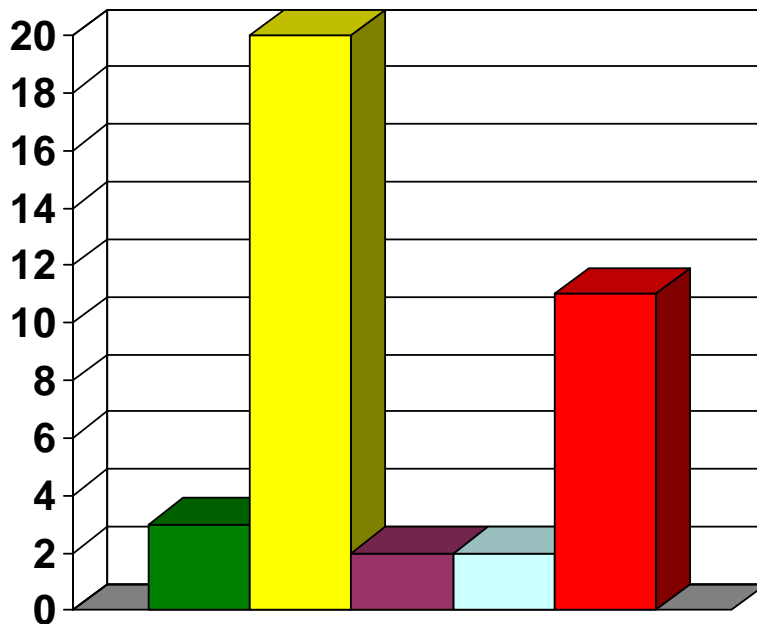
Data from the consultation process

The focus consultation groups generated considerable interest and a range of pertinent points to the development of the Autism Training Accreditation System. The session transcriptions were coded using the following categories:

Development of the system	Operation of the system
Rationale for the system	Costs
Process of Accrediting	Quality of the trainer
Raising Standards	Clarity of Remit
Content of Standards	Parents and Individuals on the Spectrum
Articulation with other systems	Confidence
The Accrediting Body	Risks and Concerns
Independence/Issues relating to the status of the accrediting body	

Consultation group participants were assigned discussion groups in relation to their role and main interest in an accreditation scheme. Remarks were however collated as a whole. The following provides a narrative that draws out the key points in relation to the main, broader themes that emerged across all consultation groups.

The Accreditation System

1) Development of the system

Rationale

Overall there was support for the development of a system of accreditation of training. Participants identified a range of factors such as the potential for such a system to improve the lives of people with ASD. Raising the quality of the "in- house" training provided by organisations was also felt to be beneficial. The opportunity for the development of training portfolios was welcomed as was the potential for more consistency across the range of training provided. A range of issues that could be considered under the broad theme of "trustworthiness" were raised. These included recognition that there are currently lots of trainers and training providers but that it is difficult to know the value of the training that is delivered. Additionally it was felt that an accreditation system would enable training budgets to be more wisely spent.

In terms of the rationale for the development of an accreditation system some concerns were raised. These included that some organisations may operate internal accreditation systems. This means that the scope and remit of any system needs to be very clear. In other words what does the system set out to do, what are the operational parameters?

There was also a view that an accreditation system may actually overcomplicate the situation leading to "over professionalisation" of training that may have a disempowering effect on practitioners who have training as part of their remit. An accreditation system could potentially lead to a more competitive environment with some organisations gaining an edge. It could of course be argued that this is both a positive and negative effect. This was augmented by the suggestion of an evaluation of training methods with some feeling this should be tested in quite a formal way.

Process of Accrediting

There was wide discussion as to what the actual process should be in order for an individual or organisation to become accredited.

The need for evidence of competence was reflected in a number of ways. Standards should be developed and such standards should link to different levels of training. Direct observation of the trainer and scrutiny of the materials should be a feature. Some participants felt that planned and unplanned observation should be used. The use of course evaluations as a source of evidence was highlighted. The need to embed self evaluation into the process was also raised.

It was felt that if the system was overly prescriptive in terms of knowledge there was a risk that this may not give training participants the knowledge they need so there had to be a degree of flexibility. The system should also encourage development and creativity. Some participants did feel that the system should not be linked to a single approach.

The need for re- accreditation was discussed. The range in terms of time scale for this varied from an annual re-accreditation to three years. Ongoing monitoring in periods between formal accreditation was also raised. Peer support was felt to be an important feature with the suggestion that this would be a supportive aspect for novice trainers. A register of accredited trainers with a code of conduct should be established with a system for "consumers" to feedback to the accrediting body. Related to this, it was felt that there was a need for a complaints procedure. The system should have identifiable branding.

Raising Standards

It is notoriously difficult to evidence a direct link between training and improvement or development in practice. There was however broad agreement that a system of accreditation of training and trainers would be useful in terms of quality assurance. In that it would be an indicator as to the quality of training that had been accessed. Participants felt this would at least give the potential to provide quality services via quality training

Content of Standards

Consultation participants were asked to drill down into what they felt the key areas were

that required the development of standards. Responses were wide ranging and covered a number of areas relating to trainer competence, content and wider considerations such as ethical behaviour.

In terms of trainer competence a number of specific aspects were drawn out. Core knowledge is perhaps an obvious one however it was frequently mentioned particularly in relation to theory to practice connections. Knowledge across the spectrum and across the lifespan was felt to be important. Issues such as understanding co-morbidity and practical application of strategies were specifically raised. It does have to be acknowledged that developing specific standards in relation to core knowledge of ASD is complex. The system is not aiming to develop a "national curriculum" in relation to ASD but rather to ensure the accuracy of a wide range of knowledge likely to be used in a training environment.

The qualifications and experience of the trainer featured highly with a specific focus on training skills such as presentation style and ability to train across a number of contexts and levels. Linked to this was a view that the past and continuing professional development of trainers should feature within the standards.

It was felt that standards should reflect the expectation that there is use of and reference to a current evidence base that takes account of a range of approaches. Trainers should be expected to make reference to reputable sources. This highlighted the need for standards to keep pace with developments such as SIGN guidelines. Related to this was the need to enable those going forward for accreditation to evidence an ethical approach with no "product" promotion taking place within the training context. This is interpreted to mean that the training context should not be used to "sell" a particular approach or other services.

A number of issues were raised in relation to the need for standards around a broad theme of marketing, promotion and accessibility. This included clarity as to the intended target audience, where possible the needs of the group should be assessed prior to training. This is perhaps easier to achieve when a trainer is specifically contracted by an organisation as opposed to training that is offered widely to a generic audience.

However in the later groups a need for clear promotional material was expressed. Aims of training should be clear and costs should be reasonable. The aims of the programme should relate to the size of the group and training events should not be over crowded or over booked. Linked to this issue was the general accessibility of training events. Values, language and terms used should be embedded in standards. It was felt that standards were required for the involvement of parents and individuals with ASD in training. The need for a complaints procedure was again raised in relation to these issues.

Articulation with other systems

A further theme was that any new system should aim to work ion such a way that there is articulation with existing approaches to what could be broadly termed the "auditing" of services. It was felt there was a need to avoid duplication and that any system should have something unique but complimentary to offer.

The Accrediting Body

Consultation participants engage in discussion around the nature and credentials of any potential accrediting body. Issues such as the need for training for those involved in accrediting was raised. Broader more philosophical issues such as "What is quality?" were raised. These are legitimate questions that are challenging to respond to however they are important and require to be met with a satisfactory answer. Later developments in the life of the project may resolve some of these concerns.

2) Operation of the System

A range of matters arose in relation to the operation of the system. The need to accommodate different levels of training was highlighted. Participants could see the benefit of a system that enabled cross over between formal qualifications and more informal training. It was strongly felt there was a need for the system itself to be trustworthy and for standards to be transparent and explicit.

Costs

Cost was a recurring theme. It is important to develop a system that is accessible at all levels including affordability. "Hidden" costs in terms of the time staff would need to commit with engaging with the process needs to be taken account of. This is also a consideration for the project team in terms of how the process will ultimately operate. It was felt that cost should not be a barrier for small organisations. Added to this there was a general feeling that there should be an expectation that trainers who charge for their services should be expected to have accredited status. Such an expectation can only come about as a result of a cultural shift once the system is operational as the scheme will not be mandatory.

Quality of the trainer

The quality of the trainer is inextricably linked to the quality of training over all. There was some discussion re qualifications and the need for training for trainers. This is challenging to resolve when accessibility has also been raised as it has to be recognised that there are currently a diverse range of individuals with an equally diverse range of qualifications and experience involved in the delivery of training.

Clarity of Remit

There are multiple manifestations of training and training activity. It is clear numerous models are in place and that a number of purposes are served for staff across a range of professions and roles. A recurring theme from consultations was that any system has to be clear about what it does and does not include. This in turn raises questions as to establishing a common language. An example being that it was asked if the system would cover consultancy. It would seem that in some organisations this is viewed as a form of training whilst in others it is not. The picture is therefore fairly complex.

Parents and Individuals on the Spectrum

Parent training and training involving individuals on the spectrum was discussed. Interestingly some parent participants held the view that accredited training was less likely to be required by parents as they are looking for strategies to support their child

whereas a teacher has a broad range of children to deal with. Whilst this was not a universally held view it did add an interesting dimension to the discussion. It was felt there was scope for involving individuals on the spectrum in training. There was a view that literature and information used should be accredited so that parents had a measure of the reliability of training. This however would be beyond the scope of the system in terms of any literature or sources that were already publicly available.

Confidence

There was general agreement that a system of accreditation has the potential to raise confidence. Some parents expressed the view that they would feel more confident if they knew staff in school had more training. The importance of quality assurance emerged in connection with this broader theme of confidence.

Risks and Concerns

Throughout the consultation process the overall tone was positive and supportive however a few areas that could be viewed as risks or concerns were expressed. These included that there was a danger that once accredited, trainers may consider themselves "experts". It was felt that any focus on trainer qualifications may lead people on the spectrum to be excluded from the system if they do not hold specific qualifications. Some individuals questioned the need for what they termed further "assessment of charities". This is interesting as the system is aimed at all sectors not just voluntary organisations that provide training. There were also concerns that geography may be a factor and that there may not be the capacity for accreditation of training in certain areas. The view that some professional groups may not see such a system being of relevance to them was expressed. Conversely there was a view that some professional groups may be excluded as there may be restricted support for engagement with the system at a senior management level presumably due to resource implications.

The status of the accrediting body

This theme reflects a range of views concerned with what could be termed the integrity

of the system. Questions such as "who accredits the accreditors?" were raised. Additionally participants were interested in the profile of those who may be assessing training. It was however felt that a national system for accreditation of training and trainers should be a body that leads in ASD training. Overall it was felt that the system should be entirely independent in order to be effective.

Summary of Consultation Process

The consultation process both affirmed and challenged many of the views of the project team. The general enthusiasm for a system of some sort was clear however there were some reservations and it is important that the final system offers as satisfactory a response to these as possible.

There was a high level of agreement between what consultation groups felt were the key areas for the development of standards and the areas identified by the project team prior to the consultation. The process was helpful in drawing out specific areas. New areas were also identified such as the need for standards relating to the involvement of people on the spectrum in training events. This area emerged directly from the consultation and was felt to be important based on the experiences reported by some participants.

Other key messages include the need for clear parameters in relation to the system, this factor is important in terms of final design and operation of the system. Clearly a major concern is cost and value for money: the system has to be financially accessible and viable in order to encourage engagement.

The notion of a register of training is interesting and could be a development for when the system is established and embedded. This would suggest that the system itself could generate a network that might bring about peer support and would have the potential to identify and respond to continuing professional development opportunities for autism trainers.

The integrity of any accreditation system and the body that operates it is a paramount concern. It was felt that it was important to address this very clearly in the final system.

These matters were influential in year two of the project when considering the most robust context for taking the system forward operationally. Whilst any limitations in the consultation process are acknowledged it is felt that participants were a fairly representative sample from across Scotland. A wide range of professions and organisations were involved as well as parents and individuals on the spectrum. The outcomes have been useful not only in shaping the content and design of the system but in providing the opportunity to engage with the issues that matter to individuals who provide and access training in relation to ASD.

At the end of Year 1 of the project it was clear from the consultation process and the exploration of traditional models of accreditation that there was common ground across the various accreditation arenas: standards, indicators, submission of evidence and validation of standards and indicators by an appropriate accreditation body.

In the second year of the project three pilot groups agreed to work up their evidence in terms of the draft Accreditation System. The Pilot Groups were Glasgow City Council, The Scottish Society for Autism Society's Outreach Education Service and the Autism Resource Centre in Glasgow. One other Council dropped out early in the project recognising that they were not yet at a stage to participate.

Accreditation System development

Standards and indicators

The full Standards and Indicators for the Autism Training Approval System are included in Appendix 4. The process of consultation led to the development of standards and indicators to be used in the Autism Training Approval System. These were trialed in the Pilot process and modified thereafter. Organisations and individuals seeking recognition of the training in autism that they offer will be required to provide evidence to show that they meet each of the following benchmark standards. The standards are organised into 6 categories as follows –

- A. Organisational/Individual Provider Training Standards
- B. Individual Trainer Standards – Skills & Competence
- C. ASD Knowledge Base
- D. Marketing & Promotion
- E. Supporting the Involvement of Individuals on the Autism Spectrum in Training Events
- F. Accessibility Issues
- G. Outcomes for training participants

A)   Organisational/Individual Provider Training Standards

Organisations or individuals such as those operating as autism training consultants whose sole or part function is to provide training in autism are required to evidence their commitment to delivering high quality training. Such commitment should be evident throughout all relevant documentation.

Organisations and individuals seeking recognition of the training in autism that they offer will be required to provide evidence to show that they meet each of the following benchmark standards. The standards are organised under 3 key headings –

1. Systems and policies

2. Organisational commitment to training

3. Delivery of training

B)   Individual Trainer Standards – Skills & Competence

An essential aspect of the process of accreditation is that individuals and organisations demonstrate that they are competent to deliver the training resources and materials they produce in a way that is accessible to a potential wide range of participants.

1. Quality and relevance of trainer's experience
2. Trainer's understanding of the training process
3. Delivery of training
4. Understanding of participant learning needs
5. Source of training materials acknowledged
6. Evaluation of training

C)   ASD Knowledge Base

Education and training activities will encompass a broad range of topics and issues. A core expectation of all events is that there is evidence of a current and robust ASD knowledge base.

Given this diverse range of training it is important that standards and evidence are not overly specific but rather that standards are developed that will allow the accrediting body to evaluate the depth and nature of ASD knowledge in relation to the given topic

1. Accuracy and currency of training materials
2. Evidence of understanding of core diagnostic features
3. The diverse nature of autism presented in context
4. Autism as a lifelong condition

D)   Marketing & Promotion

Individuals and organisations use a range of methods to advertise their training. It is therefore important that marketing and promotion materials accurately reflect the content, level and expected outcomes of training events.

1. Marketing gives and accurate representation of content
2. Marketing defines he level of training offered against the SCQF
3. Marketing materials are explicit about the guarantees made in the training contract

E) Supporting the Involvement of Individuals on the Autism Spectrum in Training Events

There are an increasing number of individuals who are on the autism spectrum or who live with individuals on the spectrum who share their experiences in order to enhance the understanding of others. It is important to make the distinction between what constitutes sharing the lived experience for information and when this type of involvement becomes part of the training experience. The ATAS makes the distinction in the following way. If an individual is on the spectrum or a family member is invited to make a contribution that is central to achieving outcomes related to the training then the following standards and indicators would be applied. Trainers and training organisations are encouraged to reflect on the contribution they are inviting people to make in the broader rationale of the training they offer in order that they are clear as to the purpose and nature of the involvement required from individuals on the spectrum.

1. Inclusion of any individual with ASD in training delivery is ethical
2. Speaker briefing matched to speaker skills
3. Speaker contingency planning in place
4. Informed consent to use of materials
5. A robust system for speaker feedback

F) Accessibility Issues

Trainers and training organisations need to be aware of a respond to the accessibility issues and needs of potential training participants. ATAS view consideration of such issues as a core component of a high quality training experience for all.

1. Strategy for inclusion in training events is in place

2. Accessibility to course and materials meets national legislative standards

3. Training is offered in appropriate facilities

G) Outcomes for training participants

Trainers and training organisations need to be aware of and respond to the need to inform participants of the ways in which the training offered could contribute to the individual participant's portfolio of training and how the particular training links to the SCQF for individuals.

1. Trainers are aware of their obligations to provide participants with clear information about their training

2. The level of the training offered is set against the competences of SCQF

3. Participants are advised about the place of personal training portfolios

Pilot Groups and Outcomes

The use of pilot groups to test out systems and approaches is embedded in the initial project proposal. A number of potential pilot participants were identified and selected either because they had been identified by the project team or because they had approached the team and requested involvement. The aim was to identify a sample of training providers that was representative: initially interest was expressed by individual trainers, local authorities and voluntary organisations.

All potential pilot participants were invited to an information morning where they were given draft standards and indicators to work with. Participants were also given a draft of the self-evaluation portfolio. The model that had been developed to that point was outlined and expectations were made clear. The plan was that the pilot participants would work through the process in "real time" in other words they would engage with the model and process in the way they would be working with it if it were established. Three services from the original four identified attended the meeting. The pilot phase proceeded with Glasgow City Council, The Scottish Society for Autism Education Outreach and The Autism Resource Centre (ARC). Pilots were asked to complete an evaluation of the process as part of their participation. The timescales and processes were explained by means of a mini training session, all participants had the opportunity to clarify any aspects that may be unique to their setting and ongoing contact with the team was offered if needed. It was important that pilot participants understood several key points these were:

- The standards pilot participants were asked to work with were draft standards that although similar were unlikely to fully match the final standards and indicators that will be used in the system proper.
- The purpose of the pilot was developmental and as such was a learning process for the participants and the team involved in developing the accreditation system.
- On this basis, outcomes may not necessarily be indicative of those that would result from participation in the actual accreditation system.

By the first deadline for submission of information one group had submitted the self-evaluation portfolio. The member of staff from The Scottish Society for Autism Education

Outreach Service had left the post and had not yet been replaced. The project team followed up Glasgow City Council by making direct contact with the representative however no submission was made within the timescale for the pilot project.

The limited number of pilot groups is clearly disappointing and the project team have reflected on this. Although there were other interested parties, by the point that it became clear that only one group remained in play, there was insufficient space within the overall project timescale to set up other groups to follow the same process. Involving others at a late stage would have required that they go through a different process. Also, based on the information that came from ARC, there was significant demand in terms of staff time needed to complete the portfolio. It was felt that it was quite unreasonable to expect an organisation to undertake this at short notice and in limited timescales.

The remaining group engaged in a very committed way with the process and this process yielded useful information that has informed the development of the final standards and indicators as well as the operation of the proposed Autism Training Approval System.

Pilot process

Before the direct observation of training ARC staff submitted a detailed portfolio of evidence to the team. This was reviewed and where appropriate the project team were able to identify appropriate sources of evidence in relation to standards and indicators. The ARC provides a range of training courses at different levels. For the purpose of the pilot, ARC staff identified the Advanced Autism course.

This is an eight week course involving either an afternoon or morning session per week with one whole day session to allow for extended work. During the pilot there were two deliveries of the course running over the same period but on different days with two different target audience groups. Observations were made of both groups and were conducted either singly or jointly by members of the project team. Joint observations

enabled project staff to identify similarities and differences in interpretation of the draft standards and indicators.

The team employed a number of processes to enable them to assess training against the prescribed standards and indicators. These include:

- Assessment of the portfolio against standards and indicators – this process relies heavily on the information being submitted by the organisation coming forward for accreditation
- Assessment of standards and indicators by means of direct observation of live training – this process relies heavily on the observations of the team during live training sessions, this may include feedback from participants as well as assessment of any training materials and teaching activities used during training.

To support these observations the team used a grid containing all the required standards and indicators. Project staff then rated either portfolio or observed evidence as being:

- Fully met
- Partly met
- Unmet
- N/A

Assessment of the portfolio and observed practice enabled project staff to construct a report which was used as the basis of a feedback session with the trainer. The approach taken was that a number of recommendations were made. The intention was that recommendations would in effect be developmental in nature. These were areas where the team felt the trainer could reflect on practice and make adjustments that would enhance the training experience of participants, develop trainer's skills or improve materials. Additionally the report indicated requirements. Within the model used for the pilot process, requirements are areas where the assessment of the team of either the portfolio, observed practice or a combination of both result in a view that a standard has not been met. Evidence of addressing requirements would need to be addressed before accreditation could be given.

The support of ARC in this process has to be formally acknowledged. The specifics in terms of their report are not presented here as issues cannot be made anonymous.

Lessons Learned

The following insights were gained and lessons learned by the project team as a result of this pilot approach.

- Timescales in the original model require need to be reconsidered. This may have been a factor in the drop out of the other groups but this is speculative. The rationale for the original timescale lay in the project team's awareness of the time demand that completion of the portfolio required. Additionally it may be that an organisation has multiple training courses being offered therefore timescales need to allow for this.

- The model of observation of direct practice is necessary. The consultation showed this to be an expectation and it is clearly needed in order to be able to make a fair assessment and give meaningful feedback. It is however very staff intensive. Within the pilot there was a greater level of observation than might feature in the final approach nonetheless this is an important issue. The level of staff involvement will have a direct bearing on the cost of a system. The consultation clearly highlighted this as a concerning factor for potential participants. Direct observation is staff intensive as is the time required to scrutinise and evaluate paper evidence submitted in portfolios. Additionally cross -referencing is needed to ensure paper evidence matches observed practice. The work with the pilot group highlighted a need to resolve this in order that the eventual system is both robust and affordable.

- Levels: The issue of levels of training has always been complex. Assigning a level requires participants to assess their course against prescribed descriptors. It is however clear that in some organisations levels are currently assigned by comparing the courses they offer against each other. There is therefore the potential for a wide range of benchmarks being applied. There are implications here if, for example, an organisation offers a range of training at different levels

where levels have been moderated against internal courses only. This could result in a course that was felt to be advanced being assigned at a lower level. This has implications for the organisation and for the CPD of people who have engaged with the course previously. Levels are none the less important and this is an area where the pilot revealed further thinking is needed particularly if there is an ambition to make connections with the formal qualifications framework.

- The standards and indicators used in the pilot were in draft form and had been considerably refined throughout the period of time the pilot was running. The pilot process did however enable the project team to identify gaps and to see where further clarity was needed.

Despite limited participation there was significant benefit to the project from adopting a pilot approach.

The Autism Training Approval System

The consultation process, the pilot of standards and indicators, the review of current documentation and the literature on accreditation and the insights provided from discussions with SQA come together to inform the proposed scheme.

The Autism Training Approval Scheme will involve two forms of approval for autism training in Scotland.

1) Individual Trainers Approval
- the ATAS will be achieved for individual trainers by successful completion of the units over a 12 month period (a calendar year)
- the ATAS will be achieved for organisations by a combination of their nominated representative's achievement of individual approved trainer status then leading the organisation through organizational autism training approval

2) Organisational Autism Training Approval
- This process is led by the organisation presenting an organisational portfolio of training
- This portfolio of training will include the meeting the described standards – systems and policies, organisational commitment to training, delivery of training.
- Organisational Autism Training Approval will be granted if the organization evidences through its portfolio that it has met the described organisational standards

In order to ensure impartial management of this process the ATAS staff will be made up of experienced trainers from the field of autism: required and desirable criteria for employment within the Autism Training Approval System will include evidence of meeting all standards, experience as a trainer at all or appropriate levels of the System, experience of evaluating and assessing the work of others, preparation of materials, demonstrable training skills and personal qualities suited to engaging both positively and insightfully with the training role. It will require a high level of academic and practical experience if Approvers are to be able to level the training, apply the standards and

report on the competencies of individuals and organisations.

In the light of consultation with SQA we propose that the route to achieving Autism Training Approval Status should be through an approved Certificate developed as an SQA Customised Award (SQA, 2007a, SQA, 2007b)(with exit points at different levels of the System and allowing the possibility of having trainer and training -whether individual or organizational - approved at a higher level at subsequent re-registration in the System) and managed through a Knowledge Transfer Partnership Agreement between Scottish Society for Autism and the University of Strathclyde.

Registering on the planned Autism Training Approval System (ATAS) interactive website will provide individuals and organisations with information on the application process, costs and FAQs, The 'shell' for the interactive website remains to be completed by populating it with the final set of materials.

Conclusions

As we draw together the experience of the consultation process, the pilot experience and our own organisations' experience of developing and maintaining standards in autism education we can conclude that the best way forward is to work with what existing systems can offer. Discussions to date on the experience of the SSA Centre for Education and Training in Autism, with the Faculty Officer, Faculty of Education, University of Strathclyde and the Scottish Qualifications Authority leads to our recommendation that the Autism Training Approval System is based on the development of an SQA Customised Award: such an approach satisfies the need for an externally recognized accrediting body which can endorse an internally developed Knowledge Exchange Partnership for the delivery of the Autism Training Approval System. In this way issues of integrity, affordability and consistency will each be addressed.

Such a system is highly innovative, unique at the present time to Scotland, and a logical policy progression that builds on the work of the Scottish Government ASD Reference Group's efforts to ensure policy into practice links.

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Appendices

Appendix 1 – Consultation Feedback

Appendix 2 – Autism Training Approval System Process

Appendix 3 – Level Descriptors

Appendix 4 – Autism Training Approval System Standards and Indicators

Appendix 5 – Self-evaluation portfolio

Appendix 6 - Present Training and Development Opportunities for ASD
           in Scotland

Appendix 1 – Consultation Feedback

The full range of issues raised during the consultation process were recorded during the meetings and are listed here.

1) Development of the system

Rationale for the system
Overcomplicating & danger of over professionalisation disempowering practitioners who have this as only part of their remit Priority for improving the lives of people with ASD Priority for higher quality in-house training (cascade) Everyone singing from the same hymn book Accredited training would be better than non- accredited Positive that people will be able to develop personal portfolios Recognition that there are lots of trainers but difficult to know value of training Some organisations my have their own accrediting system In support of such a system as it offers better way of thinking about the training available & establishing what meets needs Accreditation could give trainers / organisations a competitive edge Potential to include courses, trainer outcomes & organisations System could potentially provide consistency Reassurance that you are spending money wisely Set standards for non autism services to aspire to Status, confidence, self-reflection, trust & respect of peers

Process of Accrediting
Observation of trainer & materials Evidence / evaluation forms Timescale should be relevant to numbers of courses needing accredited Mystery shopper / peer review Trainers should be accredited 1st before the training materials Review & re-accreditation A logo or a badge is need on the literature of accredited organisations A 3 year gap for re-accreditation National registrations for accredited trainers A formal test in relation to content & practical content Levels with standards linked to different levels Evaluation & quality control Prescriptive knowledge may not give the participants the skills they need Route to feed back to the accrediting body if needed

Process of Accrediting

Direct observation of the trainer
Need for updating
3 direct observations
Re-accreditation (1 – 1 ½; 2 years; 3 years with refresher in between)
Review of training methodology
Practice evaluation of trainers
Use of competencies
Should take account of professional diversity
Takes account of the range of needs within ASD
Credentials of the trainer
Should rule out single approaches
Include direct observation both planned & unplanned
Should be monitoring between accreditation
Re-accreditation should be annually (1 – 2 years)
Complaints procedure
Code of conduct for the trainer or organisation
Should be opportunities of trainer & trainer support – especially for trainers who do not
have a professional qualification
Needs to enable creativity & development
Self-assessment – evaluation
Feedback recommending further training if needed
Needs badging so accrediting training can be easily identified
A register of accredited trainers

Raising Standards

Useful for quality assurance
Potential to provide quality services via quality training

Content of Standards

Ethical content / no 'product' promotion
Needs to take account a range of approaches & interventions
Prior to training their should be an assessment of need of the target group
Clear marketing information
Practical experience qualifications
Theory to practice – influence in the workplace
Accessibility of training
Trainers knowledge, materials & handouts
Collaborative & multi agency links
Referencing – using reputable sources
Credibility of trainers in different contexts
Skills to train
CPD of the trainer & evidence of CPD
Involvement of parents & other agencies

Content of Standards
ASD knowledge Link theory to practice Trainer presentation style Competency of delivering across levels Qualifications Trainers portfolio (evidence of CPD) Content / current & factual & practice experience Evaluation – access to previous evaluation & should undertake evaluations Use of accessible language (technical terms explained) Materials of a professional standard Time should be adequate Standard needs to be regularly updated in keeping in developments of SIGN & current research Capacity – no over booking, content linked to size of audience Aims need to be explicit Standards for organisations need to show a cycle of training & that it is on going Incorporates opportunities for reflective practice Involvement of cares / individuals delivering training (need standards & support for that) A range of delivery modes Clarity of expectations – what is offered Cost of training – especially for parents & individuals Accessibility issues (accessing training) Transfer of theory to practice & application Involving people with ASD Core knowledge of ASD Knowledge of the spectrum & co-morbidity Knowledge needs to show a practical application Level the trainer is trained to Complaint s procedure Clear outcomes in relation to the course provided Equal opportunities for participants – evaluations Transferability of training packages to other trainers Knowledge & understanding within 5 years ASD knowledge & lifespan issues Trainers CPD Sources & references Accessibility Values & language used Strategies Knowledge vs. understanding Involvement of users & carers

Articulation with other systems
Avoid duplication Concerns re: duplication

Articulation with other systems
Stream lining with other auditing services Transferability of credits

The Accrediting Body
Training for auditing bodies Who accredits & what is quality

2) Operation of the system

Different levels of training ability
Need cross over between formal / informal qualifications
Different levels of training
Flexible system against desired outcomes to meet needs
If peer review was included who would monitor?
Standards need to be explicit & transparent
Needs to be trust worthy

Costs
Value for money Cost, time & input Trainers who charge should be accredited Cost of accreditation should not exclude small organisations or individuals Cost Cost should be linked to level of training Cost can not be too prohibitive

Quality of the trainer
Qualifications of trainers Training for trainers

Clarity of Remit
What does it include / not include (e.g. consultancy)

Parents and Individuals on the Spectrum

Parents less likely to require accredited training – looking for strategies than awareness as they have their own child to deal with whereas a teacher has a broad range of children to deal with
Great scope fro services users to become involved in training
Not as important for parents as they are only looking after their child, but more important for parents as they are looking after a broad spectrum
Literature & information should be accredited sop they can be aware if it is reliable

Confidence

Would feel more confident if staff at the school had more training
Useful for quality assurance
A badge of accreditation would reassure if staff were trained by accredited trainers increase confidence
Give professionals more confidence

Risks and Concerns

Danger that people may consider themselves experts
Would criteria exclude people with ASD who don't have a degree?
Is there a need for more assessment of charities?
Capacity of geography?
Some professional groups may not see the need in it for them

Some professionals could be restricted need senior management support
Concerns re: exclusivity

Independence/Issues relating to the status of the accrediting body

Accreditation system being entirely independent
Who will be accrediting?
A national resource of ASD training & trainers should be a body that leads in ASD training
Who accredits the accreditors?

Appendix 2 - Autism Training Approval System Process

Autism Training Approval System Process Pilot Model	
1) Register interest or obtain information via web or directly from ATAS	Web/admin person
2) Register on the accreditation programme and pay fee- at this stage portfolio requirements including standards are received. If necessary an initial meeting with a member of the accreditation team can be arranged.	Person cost implications Fee payment Admin ATAS Staff input
3) Submit accreditation portfolio along with relevant evidence a maximum period of 3 months is given to return all required documentation	Processing costs
4) Documents reviewed by Accreditation team. Opportunity for clarification of submitted evidence. Meeting or other contact arranged as necessary. Observed practice is arranged (within 1 month maximum 2 months)	Staff intensive – pp and organisational processes –
5) Observed practice is conducted. The number and nature of observations will be dependent on the assessment of the portfolio.	Practice visits Observation Moderation process
6) Compile draft report including analysis and assessment of materials, critique of observed practice and summative comment. A meeting for clarification purposes will be held between the assessors and the organisation or individual seeking accreditation.	Reporting and feedback to client
7) Final written report will be presented to the accreditation committee (this stage is still to be finalised in terms of ensuring the appropriate governance of the System.) Status conferred or further work indicated depending on outcome.	Sign off and confirmation of Approval. ATAS Committee costs

Appendix 3 – Level Descriptors

The Autism Training Approval System

Level descriptors
Developed by adapting Key elements of The Scottish Credit and Qualifications Framework

Level	Core Features - Content	Indicators/features within outcomes	SCQF LEVEL
Foundation	Basic knowledge, mainly factual & ideas relating to subject area	Participants will have basic subject knowledge. Be able to relate to current everyday practice experience. Will understand basic data in relation to subject	1 - 2
Intermediate	Input is both factual and theoretical	Participants will be able to use knowledge to inform problem solving in the practice context. Participant will be able to apply knowledge to hypothetical situations to evidence their understanding of factual and theoretical content. Participants will be able to integrate knowledge both factual and theoretical from a range of sources.	3 - 5
Advanced	Content will utilize technical knowledge. Critical engagement with theory base. An evaluative approach to use of knowledge. High degree of specialist knowledge linked to evidence based practice and research relevant to the field.	Participants will engage with a range of factual, theory and research based knowledge. Participants will be able to take a critically evaluative approach to knowledge and its application to and relationship with their current practice and also to a range of hypothetical scenarios. Knowledge will be integrated with practice. Participants will be able to identify synthesis of factual knowledge, theory, research and practice.	6 - 9

Level	Core Features - Content	Indicators/features within outcomes	SCQF LEVEL
Higher Advanced	Content will utilize detailed knowledge and understanding of theory concepts, research and application to practice, professional role and or function. Content will utilize and facilitate the critical evaluation of data. Content will promote opportunities for participants to engage in critical and reflective thinking. Content will enable participants to demonstrate the application of detailed knowledge and understanding in relation to their evolving knowledge base and or their daily practice. Content will promote the interpretation of data and synthesis of such data with broader conceptual understanding. Content will promote the development of new knowledge and understanding in relation to the field by facilitating the application of knowledge. Content will promote original thinking in relation to the enhancement of knowledge and practice of participants.	Participants will have detailed knowledge and understanding of key concepts, current and relevant research and the theory base relevant to content. Participants will be actively involved in the appraisal and application of a range of data. Participants will critical reflect on practice in light of new knowledge. Participants will have the opportunity to take an evaluative role to their developing knowledge & theory base and practice context. Participants will be required to utilize practice experience, detailed knowledge and understanding as part of the process of learning.	10 - 12

Appendix 4 – Autism Training Accreditation System Standards and indicators

<u>**Autism Training Accreditation Project**</u>

<u>**Standards & Evidence**</u>

Organisations and individuals seeking recognition of the training in autism that they offer will be required to provide evidence to show that they meet each of the following benchmark standards. The standards are organised into 6 categories as follows –

    A. **Organisational/Individual Provider Training Standards**
    B. **Individual Trainer Standards – Skills & Competence**
    C. **ASD Knowledge Base**
    D. **Marketing & Promotion**
    E. **Supporting the Involvement of Individuals on the Autism Spectrum in Training Events**
    F. **Accessibility Issues**
    G. **Outcomes for training participants**

A) Organisational/Individual Provider Training Standards

Organisations or individuals such as those operating as autism training consultants whose sole or part function is to provide training in autism are required to evidence their commitment to delivering high quality training. Such commitment should be evident throughout all relevant documentation.

Organisations and individuals seeking recognition of the training in autism that they offer will be required to provide evidence to show that they meet each of the following benchmark standards. The standards for **Organisational/Individual Provider Training** are organised under the following 3 headings –

1. Systems and policies
2. Organisational commitment to training
3. Delivery of training

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
1. There are systems and or policies that support the development and delivery of autism training				
0.1. There is a strategy, policy and or mission statement relating to the delivery of autism training	Submit strategy, policy and or mission statement	**Section 1**		
0.2. There is a statement of organisational aims and objectives in relation to the development and delivery of autism training.	Submit statement of organisational aims and objectives Submit examples of training targets	**Section 1**		
0.3. There is a training pathway / framework that indicates levels, progression and articulation with the range of training offered by the provider	Submit training pathway / framework	**Section 1**		
1.4 There are criteria for the identification and selection of staff who deliver training	Submit organisational procedure	**Section 1**		

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
0.4. There is a complaints procedure available to purchasers of training				
0.5. There are processes that support the ongoing evaluation of training and trainers				
2. There is Organisational or Personal Commitment to the Development of staff involved in training				
2.1. There is continuing professional development in ASD for staff involved in development and delivery of training	Submit staff CPD portfolios and or CV	Section 2		
2.2 There is a system of articulating trainer profile with level and content of the training delivered	Submit procedure	Section 1		
2.2. There is a system of mentoring for staff involved in training – both established and novice trainers	Submit procedure	Section 1		
2.3. Training activity is reviewed routinely as part of annual review or staff appraisal	Submit appraisal template	Section 1		
3. There is organisational commitment to the improvement of the delivery of training				
3.1. All training delivery is routinely evaluated by participants	Submit evaluation template	Section 3		
3.2 Staff involved in training routinely review evaluation outcomes	Submit collated summary of evaluations	Section 3		
3.2. Revisions are made to content and or delivery of training in response to evaluation outcomes	Submit evidence of review and or redesign of training	Section 3		
3.3. In response to evaluation outcomes and or self evaluation there are opportunities for staff to access CPD directly linked to the training role e.g. Training for Trainers courses	Submit procedure	Section 1, 2		

B)   Individual Trainer Standards – Skills & Competence

An essential aspect of the process of accreditation is that individuals and organisations demonstrate that they are competent to deliver the training resources and materials they produce in a way that is accessible to a potential wide range of participants. The standards for **Individual Trainers – Skills & Competence** are organised under the following 6 headings -

1. Quality and relevance of trainer's experience
2. Trainer's understanding of the training process
3. Delivery of training
4. Understanding of participant learning needs
5. Source of training materials acknowledged
6. Evaluation of training

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
1. The individual providing training has an ASD knowledge base that is relevant to the training being delivered.				
1.1. There is evidence of an academic and or professional qualification in a related field or a portfolio of experiential learning and record of CPD can be provided	Submit detailed CV and a Portfolio of professional development.	Section 2		
1.2. There is evidence of ongoing professional development in relation to ASD knowledge	Professional development plan showing priorities for CPD	Section 2		
1.3. Training delivered makes reference to a range of sources including research, literature and other sources of evidence that are relevant to the content of the course.	Submit training materials including referenced sources	Section 4		

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
1.4. Practice Knowledge is recent and or relevant to the context in which the training is provided	CV. Personal profile (requirement of the accreditation process) Trainers content and presentation.	Section 2		
1.5. There is development in materials and or approaches as a result of evaluation feedback	Progression and development of training materials over time. There is a system of managing evaluation information. There is a process of reflection on practice such as supervision or senior management support or peer review of training delivery.	Sections 1 & 3		
2. There is understanding of the training process.				
2.1. The rationale for the content of training and approach to delivery is clear	Statement of aims, objectives & learning outcomes.	Sections 1 & 3		
2.2 The content of training is commensurate with the level of experience and prior knowledge of the participants		Section 1 & 3		
2.3. There are a range of methods and approaches used in the training process	Observed practice			
2.4. There are a range of materials and resources to support learning and participation		Sections 3 & 4		
2.5. There are opportunities for participants to participate in learning tasks and discussions	Observed practice			
2.6. Training delivery is logically sequenced	Observed Practice			
2.7. The training environment is structured and utilised to complement the methods and approaches used in training delivery	Observed Practice			
2.8.Training sessions are completed with topics covered as stated within the course descriptor	Observed Practice			

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
3. Training content is clearly communicated and presented				
3.1. The trainer can be heard by all present	Observed practice. Evaluations. Links to other standards e.g. accessibility	Observed Practice		
3.3. All training materials and resources are clear, legible and visible to all participants	Observed practice and scrutiny of submitted materials	Section 4		
3.4. There are opportunities for participants to ask questions and to seek points of clarification	Observed practice. Evaluations			
3.5 Attempts are made to clarify the understanding of the participants in relation to key themes and points	Observed Practice			
3.6. Interaction between the trainer and participants promotes opportunities for clarification and learning	Observed practice			
3.7. The trainer shares all evaluation feedback with training purchaser as a matter of routine		**Section 1**		
4. There is understanding of the learning needs of participants				
4.1 Methods and approaches support a range of learning styles	Observed Practice	Section 4		
4.2 Where appropriate the participants experience and knowledge is acknowledged and utilised within the training	Observed Practice			
4.3. Participants are well supported and managed throughout the training session	Observed Practice			
4.4.The pace of training is responsive to the level of motivation and engagement of participants	Observed Practice			

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
4.5.There is sensitivity and responsiveness to group dynamics	Observed Practice			
5. Training resources are credited to original sources				
5.1. There are appropriate permissions for the use of copyright materials		Section 4		
5.2. There is a recognised system of referencing used for literature and web based resources		Section 4		
5.3. Consent is obtained for the use of personal information or representation of individuals in training resources. E.g. video material		Section 4		
5.4. Training participants should be informed of the status of consent for any training resources.	Observed Practice			
5.5. Personal and organisational confidentiality is protected in training resources used.	Observed Practice			
6. There is a process of evaluation of training				
6.1. Evaluation outcomes inform the development of the trainer and subsequent training		Section 1 & 2		
6.2.Evaluation outcomes inform the appropriateness of the training environment		Section 1 & 2		
6.3.Evaluation outcomes inform the appropriateness of training materials		Section 1 & 2		
6.4.Evaluation outcomes inform the appropriateness of learning activities		Section 1 & 2		

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
6.5. Evaluation outcomes inform the future promotion and marketing of training		Section 1 & 2		
6.6. Evaluation outcomes inform accessibility issues and practices in relation to disabled participants.		Section 1 & 2		

C)   ASD Knowledge Base

Education and training activities will encompass a broad range of topics and issues. A core expectation of all events is that there is evidence of a current and robust ASD knowledge base.

Given this diverse range of training it is important that standards and evidence are not overly specific but rather that standards are developed that will allow the accrediting body to evaluate the depth and nature of ASD knowledge in relation to the given topic. The standards for the **ASD Knowledge Base** are organised under the following 4 headings -

1.   Accuracy and currency of training materials
2.   Evidence of understanding of core diagnostic features
3.   The diverse nature of autism
4.   Autism as a lifelong condition

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
1. Training materials contain accurate and current information				
1.1 Training Resources contain information that is evidenced based.	A recognised referencing system is used or that sources of information or opinion are attributed as appropriate	Section 4		
1.2. Training Resources contain information on sources of evidence E.g. references to sources including books, journals, and policy documents and websites	As above	Section 4		
1.3. There is rationale for the terminology used by the trainer throughout training and in resources.	Observed practice.	Section 4		
1.4. There is clarity between differentiation of anecdotal and evidence based knowledge.	Observed practice	Section 4		

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
2. Training content and materials should evidence understanding of the core diagnostic features associated with the spectrum				
2.1 Training content in relation to social communication utilizes a range of sources of evidence	Observed Practice	Section 4		
2.2. Training content in relation to social interaction utilizes a range of sources of evidence	Observed Practice	Section 4		
2.3. Training content in relation to social imagination and thinking utilizes a range of sources of evidence	Observed Practice	Section 4		
2.4 A range of sources of evidence are used in relation to training in approaches to support social communication	Observed Practice	Section 4		
2.5. A range of sources of evidence are used in relation to training in approaches to support social interaction	Observed Practice	Section 4		
2.6. A range of sources of evidence are used in relation to training in approaches to support social imagination & flexibility of thinking	Observed Practice	Section 4		
3. Training content and materials reflect the diverse nature of the spectrum				
3.1. Terminology relating to the diverse nature of the spectrum is defined	Observed Practice	Section 4		
3.2. There is differentiation between aspects associated with the autism spectrum and those that are attributable to other conditions or factors.	Observed Practice	Section 4		

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
3.3. A range of sources of evidence are used in training on related issues or conditions associated with the spectrum.	Observed Practice	Section 4		
3.4.Training materials are relevant to the sub-group within the autism spectrum that is the stated focus of the course.	Observed Practice	Section 4		
4.Training materials reflect the impact of the spectrum across the lifespan				
4.1.Training materials differentiate the potential implications of the spectrum on different stages of development across the life span.	Observed Practice	Section 4		
4.2.Training materials are relevant to the life stage that is the stated focus of the course e.g. childhood, adolescence, adulthood.	Observed Practice	Section 4		

D) Marketing & Promotion

Individuals and organisations use a range of methods to advertise their training. It is therefore important that marketing and promotion materials accurately reflect the content, level and expected outcomes of training events. The standards for the **Marketing & Promotion** are organised under the following 3 headings -

1. Marketing gives and accurate representation of content
2. Marketing defines he level of training offered against the SCQF
3. Marketing materials are explicit about the guarantees made in the training contract

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
1. Content of training is clearly reflected in marketing materials				
1.1. Marketing materials contain factual information in relation to the content of training provided	Marketing materials	Section 3		
1.2. Marketing materials contain factual information in relation to arrangements for course delivery and duration	Marketing materials	Section 3		
1.3. Marketing materials contain clear information as to expected outcomes of training.	Marketing materials & Observed practice	Section 3		
1.4 Marketing defines the level of training offered	Marketing materials	Section 3 & 4		

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
2. Consumer issues are clearly addressed in marketing materials or contractual documents				
2.1 The cancellation policy is prominent and clearly stated	Marketing materials	Section 3		
2.2. Procedures for the use of a substitute trainer are clearly stated	Marketing materials	Section 3		
2.3. The complaints procedure is clearly stated	Marketing materials	Section 3		

E)   **Supporting the Involvement of Individuals on the Autism Spectrum in Training Events**

There are an increasing number of individuals who are on the autism spectrum or who live with individuals on the spectrum who share their experiences in order to enhance the understanding of others. It is important to make the distinction between what constitutes sharing the lived experience for information and when this type of involvement becomes part of the training experience. The ATAS makes the distinction in the following way. If an individual is on the spectrum or a family member is invited to make a contribution that is central to achieving outcomes related to the training then the following standards and indicators would be applied. Trainers and training organisations are encouraged to reflect on the contribution they are inviting people to make in the broader rationale of the training they offer in order that they are clear as to the purpose and nature of the involvement required from individuals on the spectrum. The standards for **Supporting the Involvement of Individuals on the Autism Spectrum in Training Events** are organised under the following 5 headings –

1. Inclusion of any individual with ASD in training delivery is ethical
2. Speaker briefing matched to speaker skills
3. Speaker contingency planning in place
4. Informed consent to use of materials
5. A robust system for speaker feedback

Standards & Indicators	Examples of Evidence	Cross referencd to portfolio section	Documents	Observed
1. Involvement of any individual on the spectrum in training is directly linked to course aims				
1.1 There is a clear remit for the individual that indicates why and how their input will articulate with training aims and outcomes.	Observed practice, Marketing materials	Section 1		
1.1. Start & finish times, breaks and any other logistical information is clearly communicated with support available if needed.	Observed practice, Marketing materials	Section 1		

Standards & Indicators	Examples of Evidence	Cross referencd to portfolio section	Documents	Observed
2. Advanced planning is commensurate with the experience and needs of the individual on the spectrum				
2.1 There is clear information re location, numbers, and designation of participants, training environment, length and format of the session. E.g. will speaker be expected to respond to questions	Observed practice	Section 1, 3 & 4		
2.2. Nature and level of support available for the event is clear	Observed practice	Section 1, 3 & 4		
2.3. Travel and accommodation plans including any support needed is clear.	Observed practice	Section 1, 3 & 4		
2.4. Individual needs are established and addressed prior to the event.		Section 1, 3 & 4		
3. Contingency planning is in place for the individual on the spectrum				
3.1 A clear arrangement is in place for contact should the need arise. E.g. if event is cancelled	Observed practice	Section 1, 3 & 4		
4. Consent is sought for use of personal information or representation in materials. e.g. video material				
4.1 Sensitive video material is should be used in a respectful manner	Observed practice	Section 4		
4.2 Training participants should be informed of the status of consent for any video materials used within training.	Observed Practice			
4.3 Personal confidentiality should be protected as appropriate	Observed practice	Section 4		

Standards & Indicators	Examples of Evidence	Cross referencd to portfolio section	Documents	Observed
4.4. The individual has a clear understanding that consenting to the use of images, commentary or video material will result in their experiences being in the public domain.		Section 4		
5. There is a system of feedback and support following the event				
5.1 The individual has access to constructive feedback in a format that is in keeping with their needs.		Section 1, 2 & 3		
5.2. Support is available to enable the individual to understand and cope with any negative feedback		Section 1, 2 & 3		
5.3. Constructive feedback is available to enable the individual to develop skills		Section 1, 2 & 3		

F)   Accessibility Issues

Trainers and training organisations need to be aware of and respond to the accessibility issues and needs of potential training participants. ATAS view consideration of such issues as a core component of a high quality training experience for all. The standards for **Accessibility Issues** are organised under the following 3 headings –

1. Strategy for inclusion in training events is in place
2. Accessibility to course and materials meets national legislative standards
3. Training is offered in appropriate facilities

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
1. Trainers are aware of their obligations under disability/ accessibility legislation				
1.1 The accessibility needs of participants are ascertained prior to training delivery	Pre delivery planning, service specifications, contractual arrangements.	Section 1		
1.2 The trainer can respond to any accessibility issues that are disclosed on the day of a training event	Observed practice	Section 1		
1.2 A system is in place to enable potential participants to request reasonable adjustments prior to or on the day of training	Pre delivery planning processes, marketing materials	Section 1& 3		
1.3 There is liaison between training provider and training purchaser prior to delivery of training re accessibility issues and needs	Pre delivery planning processes, marketing materials	Section 1& 3		
1.4. There is due regard for the dignity & confidentiality of any individual requesting any specific arrangements	Record keeping, information sharing practices, storage of documentation	Section 1		

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
1.5. There is routine evaluation of the extent to which disabled participants consider that their needs have been met, and consideration of how future participants' needs could be met as a matter of routine rather than of adjustment.	Self evaluation, course evaluation, supervision	Section 1,2 & 3		
2. A system is in place to enable potential participants to request materials in alternative formats prior to participation				
2.1 There is clarity between training provider & purchaser as to who is responsible for the organization of such ,materials	Pre delivery planning, service specifications, contractual arrangements.	Section 1 & 3		
2.2 There is clarity as to which party will be responsible for any additional costs as a result of any arrangements made	Pre delivery planning, service specifications, contractual arrangements.	Section 1		
3. Where the trainer has control over the training environment, that the environment is accessible for all individuals				
3.1 The trainer is aware of any environmental constraints likely to impact on the training event prior to delivery	Pre delivery planning , observed practice	Section 1		
3.2 The trainer knows who to inform or consult if there are aspects of the environment that are not accessible, but that they themselves do not have control over.		Section 1		
3.3. There is clear demarcation in terms of responsibilities of ensuring that any technical and or AV equipment is in good working order	Pre delivery planning, service specifications, contractual arrangements	Section 1		

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
3.4. There is understanding of any environmental issues that may be problematic for any participant	Observed practice & Pre delivery planning, service specifications, contractual arrangements	Section 1		
3.5. There is awareness of health and safety issues associated with the environment	As above , observed practice	Section 2		
3.6. The trainer is aware of and can use any technical systems that support the accessibility of participants	Observed practice	Section 2		
3.7.The trainer has access to CPD that supports their understanding of accessibility and disability issues.		Section 2		

G)   Outcomes for training participants

Trainers and training organisations need to be aware of and respond to the need to inform participants of the ways in which the training offered could contribute to the individual participant's portfolio of training and how the particular training links to the SCQF for individuals. The standards for **Outcomes for training participants** are organised under the following 3 headings –

1. Trainers are aware of their obligations to provide participants with clear information about their training
2. The level of the training offered is set against the competences of SCQF
3. Participants are advised about the place of personal training portfolios

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
1. Trainers are aware of their obligations to providing participants with clear information about their training				
1.1 There is clear information available to prospective participants (as in Standard D - Marketing and Promotion)	Pre delivery planning, service specifications, contractual arrangements.	Section 1		
1.2 Aims, objectives and outcomes are made clear to participants	Observed practice	Section 1		
1.3 There is clear information as to how courses offered articulate with differentiated levels within the approval scheme and with the SCQF	Pre delivery planning processes, marketing materials	Section 1& 3		

Standards & Indicators	Examples of Evidence	Cross referenced to portfolio section	Documents	Observed
2. The level of the training offered is set against the competences of SCQF				
1.1 Course descriptors reflect the language and terminology of SCQF Competences.	Pre delivery planning, service specifications, contractual arrangements.	Section 1		
1.2 There are clear links between training content and SCQF competences at the appropriate level.	Observed practice.	Section 1		
1.3 Course evaluation methods enable participants to reflect and comment on the extent to which training content and approaches articulate with stated competences.	Completed evaluation summaries based on course evaluation sheets completed by participants.	Section 1& 3		
3. Participants are advised about the place of personal training portfolios in career development				
1.1 The aims and outcomes the course are clear in terms of the needs of the contracting service.	Pre delivery planning, service specifications, contractual arrangements.	Section 1		
1.2 The nature of what can be recorded in personal portfolios in relation to the course is made clear.	Observed practice.	Section 1		
1.2 The usefulness of a personal training portfolio is explained to participants.	Pre delivery planning processes, marketing materials.	Section 1& 3		

Appendix 5 – Self-evaluation portfolio

Autism Training Approval System

**Pilot
Self-evaluation Portfolio**

The National Centre for Autism Studies & The Scottish Society for Autism

Section 1: Organisational Profile
Please provide a detailed outline of your organisation including:

- Organisational Mission Statement
- Training policy
- Training Strategy
- Procedures relating to accessibility of training and training materials
- Portfolio of nature and range of training provided to date
- Procedures for involving and supporting parents, carers, family members or individuals on the autism spectrum in the delivery of training
- Range of internal training activity including target audience
- Internal training pathway/framework including levels (progression) and articulation between different courses
- Range of external training activity including target audience
- External training pathway/framework including levels (progression) and articulation between different courses
- CPD pathway for staff involved in the delivery of training
- Mentoring/support for staff involved in delivery of training
- Training evaluation methods and systems including procedures for responding to evaluation feedback

NB. Depending on the nature of your organisation not all of the items will be applicable.

SECTION 2: Trainer Profile(s)

A profile should be completed for each individual who is involved in delivering training. This should include:

- Name
- Designation within organisation
- A CV
- Practice experience in relation to ASD or other relevant area
- Profile of relevant training experience
- Record of CPD in relation to ASD & in relation to training as well as other CPD that is felt to be relevant to the role of training in ASD.

- Completed Trainer Mapping Profile (Appendix 1)
- Professional development plan (minimum of 1 year)
- Staff appraisal systems relevant to delivery of training
- Procedure for involvement of people on the autism spectrum in training
- Procedure for responding to evaluation feedback regarding issues relevant to the trainer or training style.
- Procedures for preparing, supporting and providing feedback to individuals on the spectrum, family members or carers who participate in training delivery.

SECTION 3: Training portfolio

This section should give specific details of each element of training that is being put forward for accreditation. This should be done on a course by course basis. Training packages should also be submitted individually. For each element the following is required:

- Title of training
- Aims, objectives & outcomes
- Target audience
- Self assessment of level (using the enclosed criteria)
- Statement of methods & resources – this could take the form of a detailed session plan
- Marketing materials – copies of all sources of information that are used to promote the course
- Evaluations- a collated summary of all evaluations in relation to previous delivery of the course.
- Response to evaluations – details of how feedback was responded to including any evidence of adjustment.

SECTION 4: Training Materials

This section should be cross referenced with the previous section and should include:

- A copy of any handouts used in the session
- A copy of any teaching & learning resources used in the session including any tasks or discussion based activities with all original sources indicated.
- Measures taken to ensure accessibility of training materials and other resources such as video
- A copy of permissions for the use of any sensitive materials e.g. video and or copyright material
- Any other resources should be documented and their use should be evidenced in the documentation.
- Glossary of terms and or rationale for terminology used in training

SECTION 5: Unique Features

It is important that when introducing a process of accreditation that creativity and individuality are not stifled. In this section participants should demonstrate and evidence any aspect of their work that they feel is not included in other areas of the portfolio.

Annex 1

Each trainer should complete the mapping profile as part of the required evidence for section 2. This should include all courses delivered by each trainer.
Course title and level should be indicated. The trainer should map their individual skills, experience and qualifications onto the grid below.

Trainer Mapping profile

Course	Level	Relevant Skills and experience	Relevant academic or other qualification

Appendix 6 - Present Training and Development Opportunities for ASD in Scotland

STUDY LEVEL	TYPE OF TRAINING	FOR WHOM	WHERE
POSTGRADUATE	PhD	Grads & postgrads	Universities
POSTGRADUATE AWARDS	Multi-professional Certificate, Diploma and Masters in Autism	Specialist practitioners and managers of services who hold first degrees or equivalent – range of disciplines	University of Strathclyde – on campus, local outreach and e-learning. University of Birmingham Distance Education programme
POSTGRADUATE AWARDS	Certificate in Autism & Learning	Mainstream teachers and other education professionals	University of Aberdeen
POSTGRADUATE AWARDS	Certificate in Asperger Syndrome	Professionals with first degree	Sheffield Hallam delivery at Glasgow Nautical College
PROFESSIONALLY SPECIFIC POST-GRADUATE AWARDS	MSc Educational Psychology Clinical psychology	Educational & clinical psychology trainees	Various universities
PGDE	core element on Autism in the professional studies strand of the PGDE	PG Diploma in Education students	Aberdeen University
PROFESSIONAL AND STATUTORY BODY QUALIFICATIONS	Core or option element on autism in initial undergraduate vocational degrees	Teachers, speech & language therapists, nurses, doctors, social workers, occupational therapists	Faculties of education, medicine, health studies, social work – various universities
CPD – LOCAL AUTHORITY AND HEALTH BOARD	In-service, local authority training provided by LA personnel & speakers outwith. GTCS Professional Recognition in ASN Autism	Usually targeting single professional groups. Professional recognition for classroom teachers	In local centres Various

STUDY LEVEL	TYPE OF TRAINING	FOR WHOM	WHERE
BA DEGREES	Non-vocational degrees, eg psychology	Major project and undergraduate dissertation students	Universities
HEI	HE undergraduate certificates and diplomas with option elements	Those exiting before degree status.	Universities and higher & further education colleges, ACE in Autism
FE	PDA awards students, SGA students		FE colleges
HNC AND NC	Social Care awards – non-specific	Career pathway in social care, childcare and education	FE colleges
SQA	Levels 7 and 8 set in units	Level 7 in supporting people with ASD; Level 8 for managers and senior practitioners on managing support. Both are new Professional Awards	Level 7 Grampian SVQ accredited centre; Ochil Social Care Consortium and VSA in Aberdeen Level 8 only by Grampian SVQ.
National Qualification Higher level	SCQF level 6 "Working with Children and Young People with Autism: An Introduction	Classroom and learning assistants	Langside College & also taught to their campus and distance students - learning pack produced by NCAS
SVQ	Levels 3 & 4 SVQ cluster skills set, in preparation	People who prefer a practical way of learning	Learning activities undertaken in the workplace
COMMUNITY LEARNING	Reflection on personal development	People working in a range of community care settings	Community-based learning
IN-HOUSE	Building a portfolio of experience and training, shadowing, planned learning opportunities	All employees in a given setting	Workplace learning
INITIAL PRACTICAL EXPERIENCE IN COMMUNITY OR WORKPLACE	Informal life and work experience	Volunteers, work experience students, returners, parents	Informal learning through observation and experience