

Submission
No 7

**INQUIRY INTO TRANSITION SUPPORT FOR STUDENTS
WITH ADDITIONAL OR COMPLEX NEEDS AND THEIR
FAMILIES**

Organisation: Autism Spectrum Australia

Date received: 10/08/2011

NSW Legislative Council Inquiry into Transition Support for Students with Additional or Complex Needs and Their Families

Submission from Autism Spectrum Australia (Aspect)

Introduction

Living with Autism Spectrum Disorders (ASD)

Autism Spectrum Australia (Aspect) submits the following evidence to the Standing Committee on Social Issues in relation to the transition support needs of families and students with an autism spectrum disorder (ASD). The submission highlights the particular challenges at times of transition faced by this substantial group of students and their families who are clients of an Aspect service. Currently, Aspect is the country's largest autism-specific service provider and is committed to helping people who have an autism spectrum disorder achieve their potential. Aspect builds confidence and capacity with people who have an ASD, their families and communities by providing information, education and other services. Services include; early intervention, schools, educational outreach, adolescent support and adult services

Research indicated a prevalence rate for ASDs of 6 per 1000 (Fombonne, 2005; Wray & Williams, 2007). In the Australian study based on these prevalence rates, the core finding was that there was an estimated 10,625 children aged between 6 and 12 years with an ASD in Australia. Based on rates of 6 per 1000 it was estimated that in 2002 about 43,000 people in NSW had an ASD (based on 2002 ABS population data). This was extrapolated to include an estimated 11,000 children 0 -18 years.

A research study conducted in the U.K. suggested that this figure may be even higher with a prevalence of 1in100 (Baron-Cohen et al., 2009). This is borne out in the latest figures released from the ABS in 2011, which indicate that the numbers of Australians with an ASD had increased significantly in 2009 data and that the estimated figure is now 64,600 Australians of whom 53,500 are aged 0 -19 years (ABS 2011).

The high prevalence rates of ASDs and associated large numbers of school-age students in Australian schools highlights the urgent need for education providers to make available appropriate education provisions and ensure equal access for all students on the autism spectrum to these services. The recent ABS report indicated that of the children with autism attending school, 88% experienced some restrictions in their experience of education (ABS 2011).

Due to challenges with their communication and social competencies and unique learning styles, every child and adolescent with an ASD should have access to an appropriate transition plan appropriate to his/her needs. All individuals with an ASD are identified with impairments in social interaction, communication and a tendency for inflexible patterns of thinking and behaviour (Volkmar & Klin, 2005). Individuals with ASDs may possess relative strengths in visual-spatial processing, rote memory and attention to detail, and yet experience difficulties with flexible thinking, planning and organisation. These impairments serve to compound the difficulties experienced by most students at significant points of transition from home to pre-school; pre-school to school; between stages of schooling; and from school to post-school options.

As a result of these impairments and unique learning styles, students with an ASD experience significant challenges in education and community environments. Many struggle to cope or fail in the education system. Evidence suggests that they are significantly more likely than their typically developing peers to be suspended or excluded (Barnard et al., 2000), targets of bullying (van Roekel, Scholte & Didden, 2010), to suffer depression and anxiety (Kim, Szatmari, Bryson & Wilson, 2000) and to under-perform academically relative to their level of intelligence (Ashburner, Ziviani & Rodger, 2010). They are often misunderstood by educators, peers and the wider community. A recent survey of families of children with an ASD in mainstream schools by Whitaker (2007) found that many families were concerned by the lack of understanding of the implications of their child's diagnosis among the school staff, particularly in children at the higher functioning end of the autism spectrum.

1 General Overview – the adequacy and accessibility of appropriate support for children and their families

All children benefit from transition planning to make a smooth move from preschool to school. This is particularly so for children with ASD who may require additional planning so that the necessary adaptations and supports can be put in place prior to school entry. Aspect Building Blocks, Aspect's specialist early childhood intervention and support service, takes a comprehensive approach to the development and delivery of services to young children. This is an holistic approach that responds to the child's range of developmental needs, promotes family centred practice and fosters collaborative working relationships with community service providers (such as child care and preschool). Aspect Building Blocks is committed to ensuring that young children with ASD have a positive start to school through the development and implementation of individualized transition programs.

For young children with an ASD, transition may involve additional challenges and may be a source of stress and anxiety for children, their families and for schools. Successful transition requires careful and collaborative planning, information sharing and good communication between Aspect Building Blocks, early childhood service providers, families and schools. This leads to a shared understanding about the child's strengths, abilities, preferences and challenges; the core features of the child's ASD and the impact these have upon functioning, learning and development; supports and adaptations that can be put in place; effective teaching and support strategies that respond to the child's learning styles and developmental functioning; positive behaviour management; as well as ways to ensure the child's safety and well-being at school.

Transition to school begins in the months prior to the child's entry and continues into the first months following school entry. This may include parent education programs, extended orientation for the child, development of social stories and visual supports, development of an individualized transition plan, information sharing with school personnel, and other activities as indicated.

The Disability Standards for Education (2005) have raised awareness and increased understanding of people with disabilities and their rights with education providers. However, many families are still unaware of their rights under the Education Standards. Families of students attending non Aspect schools report to us that many students with an autism spectrum disorder, due to a lack of adjustments by schools, are currently on long term suspensions, school excluded or on partial enrolments only. This is further supported by Aspect Educational Outreach consultancy services that support students in mainstream and support class settings.

It is important to note that research indicates a significant hereditary component to ASDs. Many families have multiple people with ASD related difficulties, whether diagnosed or not. Often families need as much support as the students to help them to plan for and cope with the changes that transition brings.

Aspect has developed and delivers a specialised educational program for school-age students with an autism spectrum disorder. The program provides an intensive specialist solution to the educational needs of students within a reasonable economic framework for both governments and carers. The particular approach developed by Aspect, the *Aspect Comprehensive Approach for Education (ACAE)*, recognises the educational needs of all school-age children on the autism spectrum. A summary of the Aspect Comprehensive Approach for Education can be found in Appendix 1.

Currently Aspect operates eight schools and eighty-seven satellite classes hosted in mainstream New South Wales Department of Education and Communities (DEC) and Catholic Education

Office (CEO) schools. In total there are eight hundred and fourteen students (814) in Aspect schools in the Hunter, Central Coast, South Coast, Macarthur, Riverina, North, South East and Western Sydney.

A key feature of Aspect's educational approach is the transition of students to more inclusive educational settings. Aspect transitions approximately 100 students annually to more inclusive settings. To explore the outcomes for students exiting Aspect schools, a number of research and evaluation projects have been completed that highlight very positive long-term outcomes (see Aspect Research Insights paper attached). Aspect supports and reinforces the importance of educational inclusion by giving students the skills and structures that enable them to manage in a mainstream environment. This philosophy is further supported by the Aspect Education Outreach team, which delivers support to students, families and teachers in mainstream school settings.

In order to ensure transition is embedded in practice Aspect has developed a number of policies relating to transition, such as, 'Transition of Students from an Aspect School', 'Transition Planning for Young People and Adults', 'Service Entry' and 'Working with Families'.

Aspect also operates programs for adults with autism and as such is concerned with the transition from school to post school options. Transition planning is particularly critical given the life stage considerations and implications impacting on the movement from school to post school. Not only is there a need for families and individuals to learn a new service system and what options are available, which in themselves operate within different parameters and relationships to those in support of children, but there is also a need to involve the implications around adulthood itself and what these mean for families / carers and service providers. In many cases the mix of issues can mean a sudden questioning of parental authority, a loss of certainty and access to coordinated support, poorer access to resources and information, and potentially reduced access to funding and supports specialised to address the needs of people with ASD. There is in effect an increased vulnerability around five key areas that are required to ensure successful and sustainable transition outcomes.

- *Communication*: the avenues for communicating needs and wants, and for managing information, are relatively unclear leading to a weakened collaborative approach. The relationships between parties are themselves altered by the fact that the person at the centre is now an adult. Families and individuals may need to be more independent and proactive in connecting and coordinating supports and providers.
- *Coordination*: adult services tend not exist in a coordinated framework of available supports, opportunities and resources. The onus falls heavily on families and individuals to become aware of what can be available and from where. Eligibility and fitting into available service types becomes a central theme in utilising funding. Additionally, managing

information and coordination issues are further complicated by features related to Cultural and Linguistic Background, and Aboriginality.

- *Comprehensiveness*: the openness of having disparate supports and services can lead to a weakened capacity to ensure a holistic approach to meeting individual and family need.
- *Continuity*: managing the integration of supports and services and life directions can mean haphazard streams of support and precarious attempts to secure adult directions in life. Additionally, there is a loss in moving from a childhood realm of services and professionals to unfamiliar people and supports. Rather than life change, progression is compromised by re-learning and an experience of starting all over again.
- *Choice*: all the above can restrict choice - choice can often mean choosing from what is known to be available rather than what is really needed.

Transitioning to post school can involve trade-offs arising out of numerous factors which place contingencies on what is available, how it is available, and what is possible. This includes factors and implications associated with: having Aspergers / high functioning autism; mental health issues; employment and specialised supports; cultural background and dynamics; the transfer of information and communication between schools and adult services; the general knowledge base and expertise of service providers; and, the accessibility of adequate professional support.

The transition to adulthood is a major life stage for individuals and their families, and while the make up of available resources and avenues for achieving preferred directions requires determined and familiarised approaches, transition to adulthood for people with complex needs can fail to account for clear directions and an emerging adult life.

2 Best practice approaches to ensure seamless and streamlined assistance during transitions

Transition from Preschool to School for Young Children with Autism Spectrum Disorders

Transition for children with ASDs may be like that of any child in some ways – they are children first and foremost, and beginning school is an important transition in life. However, transition may differ in many ways due to the involvement of a number of other services and professionals, such as early childhood intervention as well as early childhood education and care services, during the years prior to school entry. There may also be a large amount of information known about the child and this must be gathered and synthesized so that it can be made available to the school. For many children with ASDs and their families starting school can be a source of stress and anxiety. Facilitating transition is key to ensuring children with ASDs have a positive start to school and to reducing anxiety and stress for children, their families and for school personnel.

Starting school can give rise to heightened anxiety and stress for families as they adjust to the loss of previous support personnel and negotiate their involvement with the school and school personnel. Parents benefit from guidance and support that assist their decision-making regarding school placement; assist the development of a positive relationship with the school; build their confidence to share information about their child's strengths, abilities and special learning needs with school personnel; prepare their child for the move from an early childhood setting to the school setting; and explore options regarding additional educational supports that may be available (ACD 2009).

A positive start to school is critical for young children with disabilities. Research has shown that a child's preschool experiences and initial transition to school impact later academic and social success and that children who experience poor transitions experience greater adjustment problems and more academic difficulties (Rous et al 2007). The ultimate goal of a transition process is the child's success in the next environment. Successful transition processes support children and families through collaboration, communication and individualized planning. Therefore, a transition support plan that guides and underpins the child's move from preschool to school is a critical feature of high-quality transition programs (Rous et al 2007).

Transition is a two-way process involving collaboration between families and professionals. Professionals include those from universal early childhood education and care settings, those from specialist support services such as early childhood intervention, those from the school, as well as support personnel who may become involved in the child's education. Collaboration is an essential ingredient in the process of transition.

Transition involves more than simply moving a child from preschool to school. It is not a single event, but, rather, is a process that begins long before the child moves from one setting to another and continues after the child has moved to the new setting. Successful transitions require preparation and planning for children, families and schools.

Quality transition programs for children with ASDs include the following:

- Parent education programs that strengthen parents' capacity to support a positive start to school for their children.
- Opportunities for parents to spend time in school settings in order to assist decision-making regarding school placement and to reduce stress and anxiety that may arise.
- Opportunities to provide learning and development programs regarding core features of ASD and effective teaching and support strategies to schools – taking a whole-of-school approach.
- Extended orientation in the school of choice for the child.

- Development of resources such as social stories and visual supports that will assist the child's transition to a new setting.
- Opportunities for key school personnel to observe the child in the early childhood environment.
- Development of mechanisms that support clear communication between the family and the school.
- Specific interventions that assist children to manage the new environment – including playgrounds, toilets, school routines, etc.
- A learning and development statement that guides and underpins the child's transition to school.

The transition learning and development statement for children with ASDs includes:

- Core features of a child's ASD and the impact this may have upon the child's thinking and learning, communication, social relating, play skills, emotions and behaviours.
- A developmental profile of the child describing his/her strengths, abilities, learning styles, challenges and needs.
- Adaptations and supports that may need to be put in place to ensure the child's successful transition to school.
- Teaching strategies that respond to the child's particular learning style and developmental status.
- Effective strategies that address the child's safety and well-being.
- What the family may want to tell the school.
- What other services (including early childhood education and care services and early childhood intervention services) may want to tell the school.
- What the school may want to know.

(Department of Education & Early Childhood Development, Brereton 2010).

When a child has an autism spectrum disorder the transition to school process can be complex and challenging. The difficulties that children have in the areas of communication and social development as well as the unique learning styles of individual children with ASDs give rise to the need for careful and considered planning and preparation. A positive start to school requires a transition program that:

- Commences in the year prior to school entry and continues into the first year of school.
- Focuses upon preparing the child to move to a new setting.
- Assists parents to prepare the child for school.
- Assists parents to establish and maintain a positive and effective relationship with the school.

- Gathers and synthesizes critical information regarding the child's particular learning style and functioning.
- Addresses the specific needs and learning styles of the child.
- Builds upon teaching and management strategies that are most successful.
- Promotes shared understanding between families, early childhood services and school.
- Assists the school to effectively include the child with ASD.
- Reduces stress and anxiety for children, families and school personnel.

Successful transition is more likely when families, early childhood services, early child intervention programs and schools work together to share information, plan and collaboratively make decisions about appropriate strategies, supports and resources that will promote a positive start to school.

Education Transitions

Aspect's philosophy endorses a model of service provision that focuses on inclusion in the general community. Supporting transition into more inclusive educational settings is therefore a key element of the Aspect Comprehensive Approach for Education. Aspect staff include transition planning in individual student and family meetings as soon as they are placed in an Aspect school in order to reinforce the purpose of Aspect school services.

For children and families living with autism the stress of transitions are not confined to the recognised life stages. It should be recognised that transition occurs between lessons, each year with the change of classes, as well as between school placements. The small transitions can be just as stressful for children with autism and teaching and learning strategies have to take account of the need to plan for every change that a child will encounter.

Aspect recognises that in order for learning to be effective, skills should be generalised beyond the classroom and home and into the general community. When taught in natural settings, some targeted skills become more meaningful and have higher likelihood of generalising to real life situations. Community access programs facilitate functional programming, whether it is play development for young children, educational excursions for older children or living skills for adolescents. Community access assists in overcoming fears and phobias, visiting places of interest and preparing for future learning environments. Community access also provides opportunities to expand leisure activities and learn new skills, such as a sport or using public transport.

The decision to transition a student from an Aspect school into a more inclusive educational setting is made by the staff of Aspect in consultation with the child's family. Transition can be stressful for any student, for the student with autism this can be particularly challenging. When a child shows

indicators of readiness, strategies to prepare for transition are introduced. Strategies include a reduction of supports and prompts, an increase in unpredictability and an expectation of independent functioning. All transitions involve careful, detailed and collaborative planning. Research indicates that successful transitions involve a collaborative approach that prepares both the child and receiving school (Keane, 2008). Aspect takes responsibility for the transition process in terms of both personnel and staff and will organise the initial preparation of the receiving school. The Aspect Comprehensive Approach for Education involves planned transition and follow up support. Consultative support is provided to the receiving schools by the Aspect school for twelve months after the student has exited the Aspect school. After this period continued support is available from the Aspect Educational Outreach Team in negotiation with both parents and school personnel.

All transition decisions at Aspect are based on the child's individual education plan (IEP). Aspect recognises the importance of Individual Plans (IPs) in promoting and maximizing the potential of every learner. Their importance has been highlighted in recent research (Iovanonne, Dunlap, & Kincaid, 2003; Rubin & Lennon, 2004; Siegel, 2003). The broadening of the concept of autism to a spectrum disorder involved recognition that a 'one size fits all approach' is not appropriate (Australian Advisory Board on Autism Spectrum Disorders, 2010). Individualised Plans (IPs) form the cornerstone of service provision across all Aspect educational services.

For schools, Individual Education Plans (IEPs) provide long and short term learning goals across curriculum areas according to the age and support needs of the students (National Autism Center, 2009). Long term goals and outcomes, indicators of progress, assessments, strategies and teaching resources are documented on an IEP planning form.

Programs are based on developmental and/or functional assessment and may be implemented on a one to one basis or during class group activities. Functional programming refers to the development of functional skills for current and future learning needs. Functional programs complement developmental learning and consider self-care, leisure, and life-skills. Functional planning (for example using a computer or cooking) starts early, with the aim of increasing independence and inclusion in the community, and gradually increases as students become older.

Research highlights the benefits of carefully documenting a child's individual profile of strengths, support needs and response to intervention (National Autism Center, 2009). IEPs are developed collaboratively with parents and a multi-disciplinary team, and are evaluated and modified according to ongoing data collection and regular review. IEP meetings are conducted annually, with formal evaluation and reporting of learning goals occurring at three monthly intervals and

informal evaluation occurring daily and weekly. As students become older, there is an increased focus on person-centred planning and self-determination.

As a knowledge leader in the field of autism Aspect has developed a range of resources to support transition from Aspect classes to mainstream schools. There is Transition Booklet that is given to each receiving mainstream or special school that was developed by Aspect school coordinators. In addition, we are finalising a Manual for High School Teachers that we were commissioned to research and write by a Catholic Education Office. Below is an extract from the Manual that emphasises the importance of planning for students with autism as they move between settings.

Transition to High School: Implications for Practice

Transition to high school can be daunting for students with autism. The environmental conditions are more complex than primary school, there are more teachers and changes of class, the workload increases and students are required to organise books, class work and homework. Skills that were specifically taught in primary school may not always be taught in high school and there is more emphasis on discussion, writing and independent work, and less on direct teaching. It is not possible to over-emphasise the importance of information sharing and collaboration between sending and receiving services and the need to consider individual student's support needs within a broad set of guidelines for practice. Three key elements involved in successful transition programs are planning, process, and follow-up.

Planning should allow time for primary and high school staff to share information, conduct assessments, and prepare students, their family and the high school. A visit to the primary school by a high school staff member may also be useful. Strategies to prepare students for transition whilst they are still in primary school may involve a gradual reduction of supports, an expectation of more independent functioning, the development of self-monitoring and the means of seeking assistance (Roberts, Keane & Clark, 2008). It is also recommended that students are assisted in developing auxiliary skills. Skills that may be useful for high school centre on language comprehension, understanding classroom dynamics and social communication (Smith- Myles, et al., 2001). Aspect conducted research with people who had transitioned from an Aspect satellite class in 2010. Parents and teachers who took part emphasised the importance of primary schools passing on relevant information if transition to high school is to be successful (Keane, Aldridge, Costley and Clark, 2011).

Process: Transition visits: It is not change per se that is problematic for students with autism, rather, unpredictability. Therefore, the key purpose of transition visits is to familiarise students with their new school. The process may involve school orientation days, optional small group visits or a sequenced program of individual visits. Group visits are generally designed to provide a snapshot of high school experience. For example, one school gives prospective students information about how the timetable operates and their prospective

teachers, followed by a short quiz and the opportunity to buy something from the school canteen. Students may sit in on lessons, be introduced to key staff such as the librarian and school counsellor and be informed of where to get help. In general, a lengthy transition period may be stressful as students are coping with different sets of school rules and expectations. Participants to an Aspect research study cautioned against overloading the students with too much information, as this could raise rather than alleviate anxiety levels. Information can also be provided in a short booklet or information CD that students can take home from visits.

Follow-up: Full-time enrolment: The transition process does not cease once students are enrolled in high school. During the first few weeks, a combination of whole grade and individual support should be adopted. This may involve subject teachers meeting their classes and accompanying them to their next lesson and information provided in roll call classes. There may be some situations where the transition process outlined above is not feasible (e.g. student arrives without being initially identified with an ASD). In such cases, a modified form of transition can still be followed. The student should be provided with information on the school and given opportunities to discuss any questions or concerns with a mentor (case manager, roll call teacher). General strategies may be put in place while the individual support plan is being developed. Parents should be kept informed and provided with information about whom they should contact for assistance and support.

School to Post-school Options

At Aspect schools post school transition options begin to be discussed in consultation with students and their families from Year 8 onwards as a key focus area within their Individual Education Plan (IEP) meeting. At this meeting, individual strengths and interests are acknowledged and form the basis for decision making in relation to future courses of study within the curriculum, employment or further study post school. Historically this has resulted in expanding the options for graduating students including supported employment, independent employment, community participation programs, transition to work programs, traineeships, vocational TAFE courses and university.

Post School Transition Issues

The current issues associated with transition from school to post school services for people with ASD who require ongoing and / or temporary support in activities of daily living and development of independence, stem from a lack of a coordinated approach to transition planning which takes into account the factors noted above. In particular, (i) the perspective of continuity and links to new service and support environments, (ii) access to information and resources to make informed decisions, and, (iii) change in the focus of support, are inadequately managed in the current system. The inadequate responsiveness to these factors by an inconsistent mediating process potentially leads to making familial and individual compromises regarding quality of family life and

individual life satisfaction; to the extent that in many cases there is a starting all over again experience.

Some key themes and issues involved with these factors include the following.

- (i) The perspective of continuity and links to new service and support environments:
 - a. A general impression and experience that everything stops and has to start again in relation to identifying services and supports; connecting with professionals and advisors; and, a loss of access to coordinated support available to children.
 - b. An unfamiliarity with services and supports available to adults and the parameters they need to work within.
 - c. An unfamiliarity with the strengths and weaknesses of different service providers
 - d. Inexperience in adapting previous roles and relationships to define an empowered base.
 - e. A lack of connection and previous relationship with new service providers.
 - f. A general lack in new providers having access to a history of the person and support needs / strategies.
 - g. Lack of mainstream schools connection with adult services – some connections may even be built on marketing strategies of service providers.
- (ii) Access to information and resources to make informed decisions:
 - a. Lack of available information regarding what is possible and not possible, and familial rights, in managing a service response.
 - b. Accessibility to operating guidelines for varying service types.
 - c. Information regarding funding streams and implications around mutually exclusive streams.
 - d. Full awareness of best practice expectations.
 - e. Planning for change in family circumstances arising from a change in elements existing while at school, such as transport, taxation, medical system, and hours of support.
 - f. Accessibility for CALD and Aboriginal communities, particularly in regards to managing government designed programs and objectives.
 - g. Reduced availability of clinical resources.
 - h. Making the most of a competitive market place.
 - i. Knowing how to identify and manage the options around individualised funding.
- (iii) Change in the focus of support:
 - a. Change from school based experiences to adult environments.
 - b. Change from conception of child to emerging adulthood and the implications of individual rights and guardianship, particularly around restricted practices and ad hoc consent.

- c. Change to adult focussed activities and context of support.
- d. The trade-offs in taking up service options operating within sometimes restricted guidelines and funding parameters –including level of support needed vs. level of provision afforded by funding.
- e. The types of skills and future planning involved making the most out of adult life.

Transition planning would be better served in general by a process that starts earlier, particularly for families / individuals with ASD moving from a generalist SSP or mainstream to post school options. Transition planning would also involve greater exchange of information around behaviour support, communication skills, personal profiles, and other documentation. In relation to the factors noted above, transition planning will allow for a clearer understanding of the implications associated with:

- Funding eligibility and the options available.
- The legislative impact of the Disability Services Act.
- The objectives of post school programs.
- What activities can be started (and when) at school to ease the transition process.
- The availability of mentors and peer to peer support.
- Issues of sexuality and relationships.
- Adult rights.
- Family and individual advocacy.
- Mental health support.

Transition should be aimed at providing a structured and predictable pattern for change and individual / family directions. Effective transition planning will in turn involve some of the following features:

- An appropriate assessment of current and future needs (and interests) – with consideration of emerging adulthood.
- Provision and accessibility of family focussed training and empowerment.
- Activities that can be started in school.
- Travel training issues.
- Making choices and decisions.
- Respecting the rights of those who do not want to participate.
- Access to family support groups to share knowledge and experiences of adult services.
- Use of templates as models of experience and how to interact with services and other facilities and agencies.
- Information manual and checklist re services and meeting needs for someone with ASD.
- Linking the achievement of outcomes with ASD.

Person Centred Approaches

In order to account for the dynamics of family and individual moves into adulthood, transition planning is more effective when based on a person centred approach. Person centred planning can be an extension of how some schools undertake Individual Education Plans (IEPs) within a family centred context, and builds upon the relationships strengths by identifying future direction and aspirations, identifying the steps to travel this road. Person centred approaches to transition planning helps identify resources, goals, and the planning required for community participation (e.g. new skills needed). Strategies involved, such as community mapping, help to identify and facilitate resources existing within the community, the provider system and social capital, which are able to meet the needs of someone coming to terms with the adult world. This includes understanding implications of ASD characteristics and the strategies to manage them within an adult context (that differs to the expectations placed on a child).

Person centred transition planning assists in identifying and empowering families and individuals to plan for the future in regards to aspirations on lifestyle and expectations. For instance, options such as supported living models (a cooperative approach between families, individuals and providers to the design of accommodation and support) can establish a clearer picture of the types of living arrangements possible as well as the mechanism for developing circles of support and making the most of brokerage and host organisation.

In sum, current transition planning for most people coming to adult services starts too late and is insufficient to ameliorate the issues around information, choice and continuity. Clear expectations and directions are needed to provide a strong grounding for families and individuals to avoid starting all over again. Person centred approaches demand the involvement of relevant stakeholders and aspiration, centred on the person, and the quality assurance in directions that target meaningful outcomes. They provide a mechanism to review and respond to personal and family well-being. The drive for meaningful outcomes that combine the aspirational with the realistic is able to deliver sustainable patterns of life that configure individual and family satisfaction and capacity building.

3 Other related matters

Aspect has a commitment to continuous improvement (CIP), evaluation and research and one focus for projects in 2011-2012 is on transition. Three key projects that will collect data to help us improve our response to transition are briefly outlined below.

Transition CIP/Research

Aspect carries out an annual review of the number of students who transitioned from an Aspect satellite class in the last academic year and records their current placement. In 2009, 121

students transitioned from an Aspect satellite class. From the information provided by parents and receiving schools, 98 students or 94.2% were still in the same setting they had transitioned to at the twelve month follow-up. During 2009, each Aspect school maintained transition spreadsheets to collate the information returned to them by mainstream schools and parents. From the replies received 14 % of children needed extra support, which was provided by the Aspect schools, and 86% of the respondents were happy with their placement and needed no follow up support.

As for previous years the Aspect manual "Effective Support Strategies for Students with Autism Spectrum Disorder Transitioning to New Educational Settings" was given to teachers and parents of students transitioning from an Aspect school as part of their transition package.

Long Term Outcomes for Students with High Support Needs as they transition from school into adulthood

The feasibility and options for a research project that will document the issues that faced adolescents and adults with high support needs and their families and carers as they transitioned from school to adulthood has recently been completed. As a first step we have developed a continuous improvement project that will collect data in 2011/12. We will assess the data collected in 2012 and consider further the feasibility of a longer term research project on this important subject. This project will compliment the previous research projects that explored the outcomes of transition for students exiting an Aspect satellite class.

Adolescents and Adults with High Functioning Autism (HFA) or Aspergers

This project will collect information about the lived experiences of adolescents and adults who have Aspergers Disorder and high functioning autism. Research methods will include adolescents and adults completing a guided questionnaire; parents or primary carers completing a questionnaire; and service providers providing information through in-depth telephone interviews. The data collection will particularly focus on the experiences and needs of the target group in the domains of education, social support, employment and health and mental health.

The aims of the project are to raise awareness of the needs of this group with the Australian community including governments and other organisations for the purpose of identifying new services and supports and funding requirements.

References

- Ashburner, J., Ziviani, J. & Rodger, S. (2010) Surviving in the mainstream: Capacity of children with autism spectrum disorders to perform academically and regulate their emotions and behavior at school. *Research in Autism Spectrum Disorders*, 4 (1), 18-27
- Association for Children with a Disability, Victoria (2009). *Positive Education Planning*
- Australian Advisory Board on Autism Spectrum Disorders (2010). *Education and Autism Spectrum Disorders in Australia: The Provision of Appropriate Educational Services for School-Age Students with Autism Spectrum Disorders in Australia- A Position Paper*. Frenchs Forest, NSW: Australian Advisory Board on Autism Spectrum Disorders.
- Australian Bureau of Statistics, (2011) 2009 Survey of Disability, Ageing and Carers (SDAC), Retrieved on 8/08/11 from <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4428.0Main%20Features62009?opendocument&tabname=Summary&prodno=4428.0&issue=2009&num=&view=>
- Barnard, J., Prior, A., & Potter, D. (2000). *Inclusion and autism: Is it working?* London: The National Autistic Society.
- Baron-Cohen, S., Scott, F.J., Allison, C., Williams, J., Bolton, P. Matthews, F.E. & Brayne, C. (2009). Prevalence of autism-spectrum conditions: UK school-based population study. *The British Journal of Psychiatry*, 194, 500-509.
- Brereton Avril (2010). *Autism Spectrum Disorders: Transition Learning and Development Statement* CDPD Monash University
- Department of Education and Early Childhood Development, Victoria (2008). *Sharing Our Journey: The Transition from Kindergarten to School for Young Children with Disabilities*
- Department of Education and Early Childhood Development, Victoria (2009). *Transition: A Positive Start to School Resource Kit*
- Fombonne, E. (2005). Epidemiological surveys of pervasive developmental disorders. In F. Volkmar, R. Paul, A. Klin & D.J. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders* (3rd Edition, pp. 42-69). New Jersey: J. Wiley.
- Iovannone, R., Dunlap, G., Huber, H. & Kincaid, D. (2003). Effective educational practices for students with autism spectrum disorders. *Focus on Autism and other Developmental Disorders*, 18 (3), 150–168.
- Keane, E. (2008). *The integration of students with autism into N.S.W. primary schools: a multiple-case study of inclusion*. Unpublished PhD thesis. Charles Sturt University, N.S.W. Australia.
- Keane, E., Aldridge, F., Costley, D., and Clark, T. (2011). *Students with autism in regular classes: a long term follow-up study of a satellite transition model*, International Journal of Inclusive Education, First published on 17 June 2011 (iFirst).

- Kim, J. A. Szatmari, P., Bryson, S. E., Streiner, D. L. & Wilson, (2000). The prevalence of anxiety and mood problems among children with autism and Asperger Syndrome. *Autism*, 4 (2), 117-132.
- National Autism Center (NAC) (2009). *Evidence Based Practice and Autism in the Schools*. Randolph, Massachusetts: National Autism Center.
- Roberts, J.M.A., Keane, E. & Clark, T.R. (2008). *Making inclusion work: Autism Spectrum Australia's Satellite Class Project*. *Teaching Exceptional Children*, 41 (2), 22-27.
- Rous B, Hallam R, Harbin G, McCormick K, Jung L A (2007). The Transition Process for Young Children with Disabilities – A Conceptual Framework. In *Infants and Young Children* Volume 20 Number 2
- Rubin, E. & Lennon, L.. (2004). Challenges in social communication in Asperger syndrome and high-functioning autism. *Topics in Language Disorders*, 24, 271-85.
- Siegel, B. (2003). *Helping children with autism learn: Treatment approaches for parents and professionals*. New York: Oxford University Press.
- Smith-Myles, B., Adreon, D. & Stella, J. (2001). *Asperger syndrome and adolescence: practical solutions for school success*. Kansas: Autism Asperger Publishing Company.
- Van Roekel, E., Scholte, R. H., Didden, R. (2010) Bullying among Adolescents with Autism Spectrum Disorders: Prevalence and Perception. *Journal of Autism and Developmental Disorders*, 40 (1), 63-7
- Volkmar & Klin, (2005). Issues in the classification of autism and related conditions. In F. Volkmar, R. Paul, A. Klin & D.J. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders* (3rd Edition, pp. 5-41). New Jersey: J. Wiley.
- Wray, J. & Williams, K. (2007). *The prevalence of autism in Australia: Can it be established from existing data?* Autism Advisory Board on Autism Spectrum Disorders

Dr Trevor Clark
Director, Education and Research
Autism Spectrum Australia (Aspect)

Dr Debra Costley
General Manager, Education Development and
Research
Autism Spectrum Australia (Aspect)

Appendix 1

The Aspect Comprehensive Educational Approach

The Aspect Comprehensive Educational Approach (ACEA) is derived from over forty years experience of operating services for children with autism spectrum disorders (ASDs). The term 'comprehensive' refers to ASD specialised programs that include a skill development focus together with therapeutic interventions, using a multi-disciplinary team including parents (Herin & Simpson, 1998; Perry & Condillac, 2003). Intervention takes place in multiple settings including home, school and the community. The Aspect evidence-based approach recognises the value of referring to multiple sources of information including empirical research, theoretical papers, models of best practice, and autobiographical perspectives to provide high quality education for students with ASDs.

Why a comprehensive approach?

The nature of ASDs indicates that although there is a need for specialised educational intervention a 'one size fits all approach' is not appropriate for the range of individual needs of all students at all times (Australian Advisory Board on Autism Spectrum Disorders, 2010). The ACEA acknowledges that within a set of standard procedures and core curriculum, different teaching tools, interventions and techniques may be used at different times during a child's development. The approach also recognises the transactional and interactive nature of ASDs, whereby the learning environment, curriculum, and persons interacting with the individual, all influence development (Wetherby & Prizant, 2000).

Aims of the Comprehensive Educational Approach

The Aspect Comprehensive Educational Approach aims to:

- Develop a student's skills to facilitate participation and ongoing education in the wider community
- Maximise each individual's learning potential and adaptive functioning
- Develop students' self-regulatory abilities and independence.

Principles

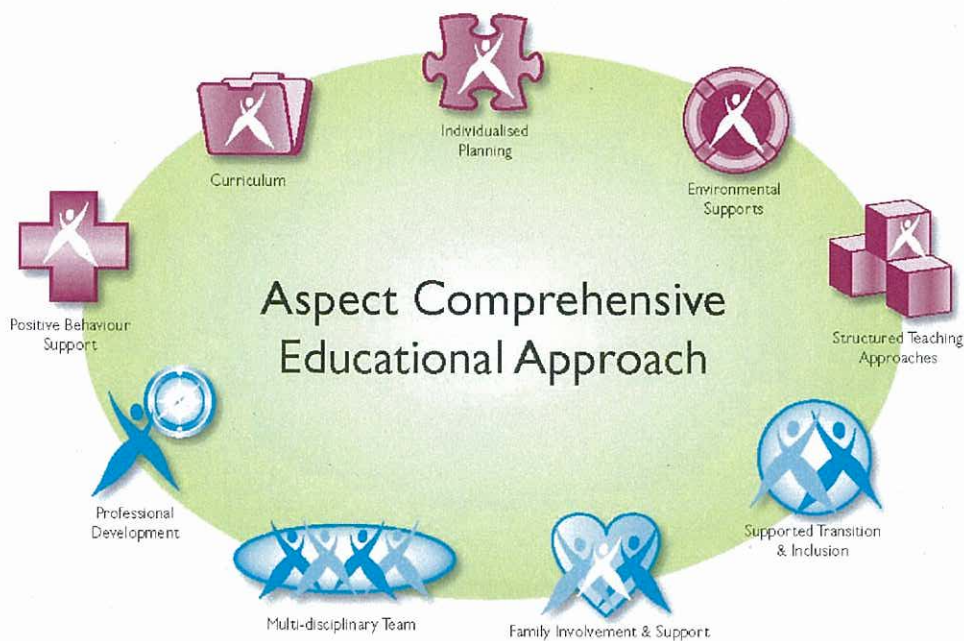
Five Principles underpin the ACEA:

1. It is inclusive of all variants of autism spectrum disorders
2. Interventions support all areas of the child's development and are based on an assessment and evaluation of individual needs
3. The approach is a positive supportive model rather than a deficit approach, acknowledging the learning style, strengths and interests of children with ASDs
4. Aspect's approach involves co-operation and collaboration between parents, carers and professionals

5. The approach is based on ongoing reference to research and clinical literature and may therefore be inclusive of other interventions.

Elements of the Aspect Comprehensive Educational Approach

The Aspect Comprehensive Educational Approach includes a specialised curriculum and a focus on skills training underpinned by individual assessment and planning. The approach recognises the important role of transactional supports and includes environmental supports, structured learning, and positive behaviour supports. System supports include professional development, a multi-disciplinary team approach and family involvement. Aspect endorses a collaborative approach to transition to more inclusive educational placements that prepares both the students and the receiving school.



Key

- Student Focus
- System Focus

1. Individualised Planning

Aspect recognises the importance of Individual Plans (IPs) in promoting and maximizing the potential of every learner. Their importance has been highlighted in recent research (Iovanonne, Dunlap, & Kincaid, 2003; Rubin & Lennon, 2004; Siegel, 2003). The broadening of the concept of autism to a spectrum disorder involved recognition that a 'one size fits all approach' is not appropriate (Australian Advisory Board on Autism Spectrum Disorders, 2010). Individualised Plans (IPs) form the cornerstone of service provision across all Aspect educational services.

For schools, Individual Education Plans (IEPs) provide long and short term learning goals across curriculum areas according to the age and support needs of the students (National Autism Center, 2009). Long term goals and outcomes, indicators of progress, assessments, strategies and teaching resources are documented on an IEP planning form.

Programs are based on developmental and/or functional assessment and may be implemented on a one to one basis or during class group activities. Functional programming refers to the development of functional skills for current and future learning needs. Functional programs complement developmental learning and consider self-care, leisure, and life-skills. Functional planning (for example using a computer or cooking) starts early, with the aim of increasing independence and inclusion in the community, and gradually increases as students become older.

Research highlights the benefits of carefully documenting a child's individual profile of strengths, support needs and response to intervention (National Autism Center, 2009). IEPs are developed collaboratively with parents and a multi-disciplinary team, and are evaluated and modified according to ongoing data collection and regular review. IEP meetings are conducted annually, with formal evaluation and reporting of learning goals occurring at three monthly intervals and informal evaluation occurring daily and weekly. As students become older, there is an increased focus on person-centred planning and self-determination.

2. Curriculum

Four core curriculum competency areas inform the content of Aspect's individual educational and class group programs. The term core competency refers to the core challenges and specialised learning needs of students with ASDs. For school-aged children, core curriculum competencies are integrated into the New South Wales Board of Studies mainstream curriculum.

Sensory: Clinical and biographical reports describe atypical patterns of sensory processing, including hypo/hyper sensory responses/sensitivities and problems with filtering sensory input (Baranek, Parham, & Bodfish, 2005; Keane, 2004). Survey research has confirmed the elevated levels of atypical sensory responding in children with ASDs in comparison with their typically

developing peers (Dunn, Saiter & Rinner, 2002; Taylay-Ongan & Wood, 2000). Program priorities include identification, assessment and remediation of sensory challenges. Support in the form of occupational therapy is provided as necessary. Strategies may include environmental modification, visually supported learning, increasing tolerance to sensory stimuli, and sensory related activities (Baranek, 2002; Baranek et al., 2005; Koegel, Openden, & Koegel, 2004).

Social: Overwhelming research evidence indicates atypical social development as the most defining aspect of ASDs. These difficulties commence early in life (Chawraska & Volkmar, 2005) and affecting children across the spectrum (Carter, Ornstein Davis, Klin, & Volkmar, 2005). Aspect's programs are informed by careful assessment of individual needs and transactional supports (Laurent & Rubin, 2004). Areas addressed may include recognition and expression of emotions, sharing attention, early interaction, play, social understanding, peer interaction, self-regulation and perspective taking (Baron-Cohen, 2000a; Dawson, Toth, Abbot, Osterling, Munson, Estes, & Liaw, 2004; Hobson, 2002; Jackson, Fein, Wolf, Jones, Hauck, Waterhouse, & Feinstein, 2003; Mundy & Stella, 2000). Aspect staff utilise a range of interventions including play, cognitive strategies, peer support, using strengths and interests, and social skills groups (Grandin, 1995; Keane, 2008; Rogers, 2000; Rubin & Lennon, 2004; Wolfberg, 2003).

Communication: In ASDs communication is characterised by atypical semantics (meanings), pragmatics (social use), and paraverbal (facial expression, gesture and voice tone) communication (Howlin, 1998a; Prizant, 1983; Twatchman-Cullen, 1998; Wetherby & Prizant, 2000). In order to foster their students' comprehension staff may adjust their communication style, use modified facial expression or gesture, allow time for students to process information, and utilising clear concise language. Aspect's approach to assessment and teaching recognises the range of communicative competencies; from individuals with little or no verbal communication to those who are highly verbal yet experience problems with abstract processing and social communication (Paul, 2005). A broad range of assessments and interventions are utilised to develop comprehension, expression and pragmatics.

Learning & Behaviour: Individuals with ASDs often have uneven patterns of cognitive development. They often display relative strengths in the areas of in visual processing and/or rote memory skills and difficulties in terms of goal-directed behaviours, abstracting and manipulating information, and flexible thinking (Marans, Rubin, & Laurent, 2005; Ohta, 1987; Wing & Gould, 1979). Difficulties with organising information, skill generalisation, and problem solving (Hughes, 2001; Lawson, 2001; Sainsbury, 2000) arise from this atypical learning style. Further, ASDs are characterised by a tendency to circumscribed patterns of behaviour and activity (American Psychiatric Association, 2000). Programming focuses on developing supportive and structured learning environments, assessing learning strengths to assist curricula access, and developing

problem solving abilities (Cumine et al., 1998; Janzen, 2003). As suggested in biographical accounts, particularly for young children, allowing the child to initially participate in activities around their areas of strengths and interests may develop trust and facilitate positive learning outcomes (Koegal, Koegal, & Parks, 1995). In older children special skills or interests may be developed as leisure or future vocational options (Grandin, 1996; Sainsbury, 2000).

Key Learning Areas: For school-aged children the core competencies are integrated with the New South Wales Board of Studies mainstream curriculum Key Learning Areas (KLAs). The KLAs provide the framework for the class program through which the IEPs are implemented. Teachers plan a class program based on the regular curricula, which includes English, mathematics, science and technology, human society and its environment (HSIE), personal development health physical development (PDHPD), and creative and practical arts. Content and delivery may be modified to enhance communication, social understanding, learning and behaviour. Individual goals based on the regular school curricula are developed where the class group program does not sufficiently address specific learning needs. Typical examples are for reading difficulties, receptive language or motor co-ordination problems.

3. Environmental Supports

ASDs have been increasingly conceptualised as a different way of processing and understanding rather than a set of deficits, with individuals having learning strengths as well as difficulties (Baron-Cohen, 2000b; Grandin, 1992). Research highlights the importance of educational approaches modified for the needs of students with ASDs (Jordan, 2005). Environmental supports take into account ecological conditions, a structured approach to programming, and the provision of learning supports. Environmental supports provide a secure and comprehensible physical setting, provide choice-making opportunities, encourage independence, enhance social competence, and assist positive behaviour support (Iovannone et al., 2003).

Ecological considerations underpinning Aspect's approach draw on theoretical research of the learning style in autism, the TEACCH approach (Mesibov, Shea & Schopler, 2004), and biographical recollections of school-experience (e.g. Sainsbury, 2000). Ecological considerations are concerned with the physical layout of the room. This includes the use of clearly designated areas, seating arrangements and areas for access and non-access to equipment and resources. Audits of sensory factors such as lighting, heating, and acoustics are conducted (Batten, Corbett, Rosenblatt, Withers, & Yuille, 2006). This is in line with biographical accounts which recommend minimising distracters and the importance of a quiet calm learning environment (Sainsbury, 2000).

The learning challenges of children with ASDs associated with difficulties in organisation and planning indicate a need for a structured yet flexible approach to program planning (Olley, 2005).

Classroom strategies include provision of routines, graded change, and a planned and organised approach to program implementation.

The third element of a supportive learning environment involves the provision of learning supports to accommodate both group and individual needs. Examples of classroom learning supports include visual presentation of social rules and students' work samples, auditory signals such as songs or a bell, and the use of timers to signal the end of free choice activities. Examples of individualised strategies include task segmentation for a student with concentration problems, screens for a student with poor sensory filtering, a visual outline of a class activity for a child with poor verbal comprehension or clear verbal instructions for a child with good language and memory abilities. Low level supports, such as a homework diary for older students in high school satellite classes, are also used. The development of individualised supports is underpinned by observation and assessment, as research confirms that students with ASDs present with a range of learning strengths and support needs (Arick, Krug, Fullerton, Loss, & Falco, 2005).

4. Structured Teaching Approaches

With environmental considerations, curriculum content and individual and group planning in place, structured learning considers how programs are delivered. Structured learning involves systematic instruction and adaptive teaching approaches with the aim of organising information and experiences to match learner needs. This process involves the careful planning of content, strategies, data collection, teaching style, and the utilisation of learning strengths and interests.

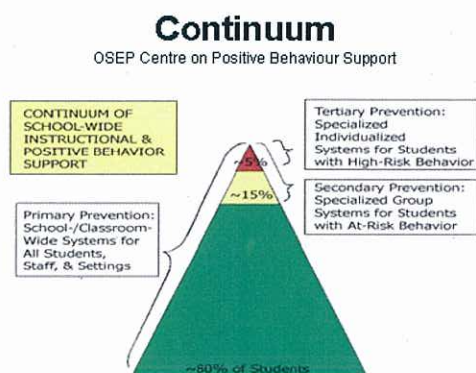
Evidence from research and practice confirms the value of using rules, routines, and procedures to ensure that the day and the week have a predictable order with any changes forewarned and explained (Iovannone et al., 2003; Mesibov & Howley, 2003). Evidence suggests that a purely behavioural or a solely naturalistic approach to instruction is inadequate (Howlin, 1998a; Koegel, 2000). Therefore, a structured approach uses either or both of these for different learners or learning situations. Accordingly, teachers utilise different strategies according to need. Individual strategies may include task analysis, priming (preparing for an activity/experience), modelling, and reinforcement. Systematic instruction also involves data based programming, which facilitates identification of appropriate learning objectives, planning, and describing instructional procedures. Teaching is sequenced according to the learning stages of acquisition, practice, generalisation, and maintenance.

Aspect staff are encouraged to adopt a carefully considered, positive teaching style, to facilitate attending, responding, and engagement. To prepare for new or challenging activities techniques such as priming, verbal rehearsal, and social stories may be used (Dodd, 2005; Simpson, 2005). Care is also taken with instructional sequences (e.g. step-by step approaches, providing scaffolds

or framework for tasks) and assisting students with social perception. Response is monitored in situ, so that tasks and strategies can be adapted according to response.

5. Positive Behaviour Support

It is now generally accepted that problem behaviours in children with ASDs arise from underlying difficulties with sensory processing, communication, social competence, theory of mind, and executive functioning. Evidence of increased levels of anxiety in children with ASDs (Chalfant, Rapee, & Carroll, 2006; Janzen, 2003; Keane, 2008) reflects the daily challenges in socio-emotional relating, comprehension, communication and learning. Recent research also indicates functioning may be further challenged by disordered development of emotional regulation (Laurent & Rubin, 2004). Aspect supports a positive approach to intervention for problem behaviour. Positive behaviour support (PBS) is underpinned by assessment and interventions that focus on skills development and replacement behaviours rather than simply attempting to eliminate particular problem behaviour (Horner, Carr, Strain, Rodd, & Reed, 2002). Aspect has a PBS policy that outlines key contexts for its implementation.



Positive behaviour support is delivered as part of a whole school approach along a continuum of intensity of support (Sugai & Horner, 2002). Each school has a learning support team that makes decisions about behaviour strategies based on data collected and monitors the implementation of PBS strategies.

The primary or 'universal' level of behaviour support applies to all students, all staff, and all settings. The focus of the universal intervention is to prevent problems by defining and teaching consistent behavioural expectations across the school while also recognizing students for expected and appropriate behaviours. It also incorporates many good practice autism specific teaching strategies outlined in the ACEA such as environmental & communication supports and structured teaching.

The secondary 'targeted' intervention level provides additional support to those students who demonstrate patterns of behaviour that maintain despite primary supports (often around 15% of students). Targeted interventions usually involve individual adaptations outlined in an individual's learning support plan. Interventions might include specific curriculum or environmental adaptations, individualised sensory supports or the development of new behaviours such as social skills or emotional regulation skills typically delivered in a small-group intervention format.

At the tertiary 'intensive intervention' level of support, students receive individualised support which typically consists of a functional assessment and comprehensive positive behaviour support plan. From the beginning of the development of these plans, the Aspect school learning support team seeks the involvement of the student's parents in developing the plan. A Behaviour Support Plan typically includes multiple interventions that prevent problem behaviour from occurring, provides for the teaching of appropriate replacement behaviours and changes the way others respond to appropriate and problem behaviours. Aspect also offers parent training on Autism specific positive behaviour support and monitors any behaviour support strategies that are 'restricted practices' through Aspect's termly restricted practice panel.

6. Professional Development

Staff learning, development and support are a key feature of the ACEA. Advocates have suggested that educating students with ASDs requires an understanding of their social, communication, learning, and behavioural support needs (Mesibov & Shea, 1996; Simpson, De Boer-Ott, & Smith-Myles, 2003). The need for such knowledge is strongly supported in autobiographical accounts in which understanding teachers are suggested as being a critical factor in effective support (Sainsbury, 2000). Teachers have also reported that prior experience and knowledge of ASDs are beneficial for positive attitude, confidence and developing teaching strategies (LeBlanc, Richardson, & Burns, 2009; Robertson, Chamberlain & Kasari, 2003).

All new Aspect staff members are provided with induction training including ASD specific courses and workshops. Initially, early intervention staff accompany experienced team members for several weeks prior to undertaking cases independently. Similarly, in schools new staffs are provided with in situ guidance from experienced colleagues and learning support team members. On-line training is conducted for new staff in remote classes. It is suggested that ongoing and comprehensive training is essential for all staff (McGee & Morrier, 2005). Ongoing training is provided on professional development days, Aspect staff conferences, and in seminars on ASD-specific topics presented during regular staff meetings.

Teachers' knowledge of ASDs and adequate levels of support are critical factors in whichever educational setting students are placed (Batten et al., 2006; Jones, 2002; Mesibov & Shea, 1996). Teachers in Aspect satellite classes liaise with staff at the base school where they are also able to access specialist resources. Staff training and support is closely allied with a multidisciplinary approach with McGee & Morrier stating, "the skills of all their providers must cumulatively combine to create the capacity for a full range of intervention services (2005: 1133)".

7. Multi-disciplinary Team

The ACEA acknowledges the diverse nature of development and support needs of children with ASDs. The team approach endorsed by Aspect is supported by research and best practice (e.g. Jordan, 2001; Shulman, Zimin, & Mishori, 2001). Aspect's school learning support and early intervention teams provide support for students, their families, and teachers. The Aspect Educational Outreach Service works closely with the speech and occupational therapists and psychologists on school learning support teams. In schools, teachers' aides are valuable members of the multidisciplinary team. A collaborative team approach between teachers and aides, with clear role designation and information sharing has been revealed to be an important factor to ensure positive outcomes for students (Robertson et al., 2003; Simpson et al., 2003).

8. Family involvement and support

Parents are acknowledged as the most stable, influential and valuable people in a child's environment. Research demonstrates that family and child outcomes improve when direct service workers collaborate with parents and caregivers to determine and support child and family needs (Howlin, 1989b; Marcus et al., 2005; National Autism Center, 2009). Aspect's philosophy is underpinned by a high degree of family involvement in intervention planning and delivery. Key concepts include relationship attunement, emotional communication, strength building and supportive networks.

Providing education and training and building support networks is fundamental to family functioning and child development outcomes (Marcus et al., 2005; Wetherby & Woods, 2006). Aspect's approach to family education and support ensures learning and networking opportunities are available to all families. The Building Blocks® Early Intervention program delivers a range of consultancy and education support programs for families. Aspect schools organise regular training and support sessions and provide a family counsellor to assist in home-based support needs. Parents are involved with the development of IEPs, liaise daily with staff via means of a child's communication book, and are able to meet or talk to staff as required.

Aspect's Building Links™ and Recipe for Success™ programs provide workshops for families in different locations around New South Wales. Aspect Educational Outreach, Diagnostic Assessment, and Behaviour Intervention Services provide individualised professional support and consultancy for parents. The *Someone To Turn To*™ program facilitates parent to parent support. Sibling camps offer support, provide information on ASDs and are a valuable opportunity to meet others who are siblings of children with ASDs.

9. Supported Transition and Inclusion

Aspect's philosophy endorses a model of service provision that focuses on inclusion in the general community. Supporting transition into more inclusive educational settings is therefore a key element of the ACEA.

Aspect recognises that in order for learning to be effective, skills should be generalised beyond the classroom and home and into the general community. When taught in natural settings, some targeted skills become more meaningful and have higher likelihood of generalising to real life situations. Community access programs facilitate functional programming, whether it is play development for young children, educational excursions for older children, or living skills for adolescents. Community access assists in overcoming fears and phobias, visiting places of interest, and preparing for future learning environments. Community access also provides opportunities to expand leisure activities and learn new skills such as a sport or using public transport.

The decision to transition a student from an Aspect school into a more inclusive educational setting is made by the staff of Aspect in consultation with the child's family. Transition can be stressful for any student and for the student with autism can be particularly challenging. When a child shows indicators of readiness, strategies to prepare for transition are introduced. Strategies include a reduction of supports and prompts, an increase in unpredictability and an expectation of independent functioning. All transitions involve careful, detailed and collaborative planning. Research indicates that successful transitions involve a collaborative approach that prepares both the child and receiving school (Keane, 2008). Aspect takes responsibility for the transition process in terms of both personnel and staff and will organise the initial preparation of the receiving school. The ACEA involves planned transition and follow up support. Consultative support is provided to the receiving schools by the Aspect school for 12 months after the student has exited the Aspect school. After this period continued support is available from the Aspect Educational Outreach Team in negotiation with both parents and school personnel.

Summary

No single approach can meet the needs of all children with autism spectrum disorders. Research endorses the efficacy of individualised, comprehensive, educational intervention as the primary approach for children with ASDs. The Aspect Comprehensive Educational Approach forms the foundation for all of Aspect's services.

References

- American Psychiatric Association (APA). (2000). *Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition, Text Revision (DSM-IV-TR)*. Washington, D.C: American Psychiatric Association (APA).
- Arick, J. R., Krug, D. A., Fullerton, A., Loos, L. & Falco, R. (2005). School-Based Programs. In F. Volkmar, R. Paul, A. Klin & D.J. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders (3rd Edition, pp.1003-1028)*. New Jersey: J. Wiley.
- Australian Advisory Board on Autism Spectrum Disorders (2010). *Education and Autism Spectrum Disorders in Australia: The Provision of Appropriate Educational Services for School-Age Students with Autism Spectrum Disorders in Australia- A Position Paper*. Frenchs Forest, NSW: Australian Advisory Board on Autism Spectrum Disorders.
- Baranek, G. (2002). Efficacy of sensory and motor interventions for children with autism. *Journal of autism and developmental disorders, 32*, 397-422.
- Baranek, G. T., Parham, L. D., & Bodfish, J. W. (2005). Sensory and motor features in autism: assessment and intervention. In F. Volkmar, R. Paul, A. Klin & D.J. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders (3rd Edition, pp.831-861)*. New Jersey: J. Wiley.
- Baron-Cohen, S. (2000a). Theory of mind and autism: A fifteen year review. In S. Baron-Cohen, H. Tager-Flusberg and D.J. Cohen (Eds.) *Understanding Other Minds: Perspectives from Developmental Cognitive Neuroscience (pp. 3-20)*. Oxford: OUP.
- Baron-Cohen, S. (2000b). Is Asperger syndrome/high-functioning autism necessarily a disability? *Development and psychopathology, 12*, 489-500.
- Batten, A., Corbett, C., Rosenblatt, M., Withers, L., & Yuille, R. (2006). *Make School Make Sense: Autism and education: the reality for families today*. London: The National Autistic Society.
- Carter, S. Ornstein Davis, N., Klin, A., & Volkmar, F. (2005). Social development in autism. In F. Volkmar, R. Paul, A. Klin & D.J. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders (3rd Edition, pp. 312-334)*. New Jersey: J. Wiley.
- Chalfant, A., Rapee, R., & Carroll, L. (2006). Treating anxiety disorders in children with high functioning autism spectrum disorders: A controlled trial. *Journal of Autism and Developmental Disorders, 37*, 1842 – 1857.
- Chawraska, K. & Volkmar, F. (2005). Autism in infancy & early childhood. In F. Volkmar, R. Paul, A. Klin & D.J. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders (3rd Edition, pp. 223-246)*. New Jersey: J. Wiley.
- Cumine, V., Leach, J., & Stevenson, G. (1998). *Asperger Syndrome: A Practical Guide for Teachers*. London: David Fulton.
- Dawson, G., Toth, K., Abbot, R., Osterling, J., Munson, J., Estes, A., & Liaw, J. (2004). Early social attention impairments in autism: social orienting, joint attention, and attention to distress. *Developmental Psychology, 40*, 271-283.
- Dodd, S. (2005). *Understanding Autism*. Marrickville, Australia: Elsevier.
- Dunn, W., Saiter, J., & Rinner, L. (2002). Asperger syndrome and sensory processing: A conceptual model and guidance for intervention. *Focus on Autism and Other Developmental Disorders, 17*, 172 –185.

- Grandin, T. (1992). An inside view of autism. In E. Schopler and G.B. Mesibov (Eds.). *High-Functioning Individuals with Autism* (pp.105-24). New York: Plenum Press.
- Grandin, T. (1995). How people with autism think. In E. Schopler and G. Mesibov (Eds.) *Learning and Cognition in Autism* (pp. 137-156). New York: Plenum Press.
- Grandin, T. (1996). *Thinking in Pictures: and Other Reports from My Life with Autism*. New York: Vintage books.
- Herin, L.J., & Simpson, R.L., (1998). Interventions for children and youth with autism: Prudent choices in a world of exaggerated claims and empty promises. Part I: Intervention and treatment option review. *Focus on Autism and Other Developmental Disabilities*, 13, 194-211.
- Hobson, P. (2002). *The Cradle of Thought*. London: Macmillan.
- Horner, R. H., Carr, E. G., Strain, P., Todd, A. W., & Reed, H.K. (2002). Problem behaviour interventions for young children with autism: A research synthesis. *Journal of Autism and Developmental Disorders*, 32, 423-446.
- Howlin (1998a). Practitioner review: Psychological and educational treatments for autism. *Journal of Psychology and Psychiatry*. 39, 307-322.
- Howlin, P. (1998b). *Children with Autism and Asperger's Syndrome: A Guide for Practitioners and Carers*. Chichester: John Wiley.
- Hughes, C. (2001). Executive dysfunction and autism: Its nature and implications for the everyday problems experienced by individuals with autism. In J. A. Burack, Charman, N. Yirmiya, and P.R. Zelazo (Eds.), *The development of Autism: Perspectives from Theory and Research* (pp. 255-750). Mahwah, New Jersey: Lawrence Erlbaum.
- Iovannone, R., Dunlap, G., & Kincaid, D. (2003). Effective educational practices for students with autism spectrum disorders. *Focus on Autism and Other Developmental Disorders*, 18, 150-168.
- Jackson, C. T., Fein, D., Wolf, J., Jones, G., Hauck, M., Waterhouse, L., & Feinstein, C. (2003). Responses and sustained interactions in children with mental retardation and autism. *Journal of Autism and Developmental Disorders*, 33, 115-121.
- Janzen, J.E. (2003). *Understanding the Nature of Autism*. San Antonio: Therapy Skill Builders.
- Jones, G. (2002). *Educational Provision for Children with Autism and Asperger Syndrome: Meeting Their Needs*. London: David Fulton.
- Jordan R. (2001). Multidisciplinary work for children with autism. *Educational and Child Psychology*, 18, 5-13.
- Jordan, R. (2005). Autistic spectrum disorders. In A. Lewis & B. Norwich (Eds.), *Special Teaching for Special Children? Pedagogies for Inclusion*. (pp. 110-220). Maidenhead: OUP.
- Keane, E. (2004). Autism: The heart of the disorder? Sensory processing and social engagement – Illustrations from autobiographical accounts and selected research findings. *Australian Journal of Early Childhood*, 29, 8-14.
- Keane, E. (2008). *The Integration of Students with Autism into N.S.W. Primary Schools: A Multiple-Case Study of Inclusion*. Unpublished PhD thesis. Charles Sturt University, N.S.W. Australia

- Koegel, L. (2000). Interventions to facilitate communication in autism. *Journal of Autism and Developmental Disorders*, 30, 383-391.
- Koegel, R.L., Koegel, L.K., & Parks, D.R. (1995). Teach the Individual: Model of Generalization. In R.L. Koegel & L.K. Koegel (Eds.), *Teaching children with autism: Strategies for initiating positive interactions and improving learning opportunities* (pp. 67-77). Baltimore, MD: Paul H. Brookes Publishing Co.
- Koegel, R. L., Openden, D. & Koegel, L. K. (2004). A systematic desensitisation paradigm to treat hypersensitivity to auditory stimuli in children with autism in family contexts. *Research and Practice for Persons with Severe Disabilities*, 29, 122-134.
- Laurent, A. C. & Rubin, E. (2004). Challenges in emotional regulation in Asperger syndrome and high-functioning autism. *Topics in Language Disorders*, 24, 286-297.
- Lawson, W. (2001). *Understanding and Working with the Spectrum of Autism*. London: Jessica Kingsley.
- Leblanc, L., Richardson, W., & Burns, K. A. (2009). Autism spectrum disorder and the inclusive classroom: Effective training to enhance knowledge of ASD and evidence-based practice. *Teacher Education and Special Education*, 32(2), 166-179.
- Marans, W. D., Rubin, E. & Laurent, A. (2005). Addressing social communication skills in individuals with high-functioning autism and Asperger's syndrome: Critical priorities in educational programming. In F. Volkmar, R. Paul, A. Klin & D.J. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders* (3rd Edition, pp 977-1002.). New Jersey: J. Wiley.
- Marcus, L. M., Kunce, L. J. & Schopler, E. (2005). Working with families. In F. Volkmar, R. Paul, A. Klin & D.J. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders* (3rd Edition, pp 1055-1086). New Jersey: J. Wiley.
- McGee, G. G., & Morrier, M. J. (2005). Preparation for autism specialists. In F. Volkmar, R. Paul, A. Klin & D.J. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders* (3rd Edition, pp 1123-1160). New Jersey: J. Wiley.
- Mesibov, G., & Howley, M. (2003). *Assessing the Curriculum for Pupils with Autistic Spectrum Disorders: Using the TEACCH Programme to Help Inclusion*. London: David Fulton.
- Mesibov, G. & Shea, V. (1996). Full inclusion and students with autism. *Journal of Autism and Developmental Disorders*, 26, 337-346.
- Mesibov, G., Shea, V., & Schopler, E. (2004). *The TEACCH Approach to Autism Spectrum Disorders*. New York: Springer.
- Mundy, P., & Stella, J. (2000). Joint attention, social orienting, and communication in autism. In A.M. Wetherby and B.M. Prizant (Eds.), *Autism spectrum disorders: A Transactional Developmental Perspective* (pp. 55-78). Baltimore: Paul Brookes.
- National Autism Center (NAC) (2009). *Evidence Based Practice and Autism in the Schools*. Randolph, Massachusetts: National Autism Center.

- Ohta, M. (1987). Cognitive disorders of infantile autism: A study employing the WISC, spatial relationship conceptualisation and gesture imitation. *Journal of Autism and Developmental Disorders*, 17, 45-62.
- Olley, J.G. (2005). Curriculum and classroom structure. In F. Volkmar, R. Paul, A. Klin & D. J. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders* (3rd Edition, pp. 863-881). New Jersey: J. Wiley.
- Paul, R. (2005). Assessing communication in autism spectrum disorders. In F. Volkmar, R. Paul, A. Klin & D. J. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders* (3rd Edition, pp. 799-816). New Jersey: J. Wiley.
- Perry, A. & Condillac, R. (2003). *Evidence-Based Practices for Children and Adolescents with Autism Spectrum Disorders: Review of the Literature and Practice Guide*. Children's Mental Health Ontario: Ontario.
- Prizant, B. M. (1983). Language acquisition and communicative behaviour in autism: Towards understanding the "whole" of it. *Journal of Speech and Hearing Disorders*, 48, 297-307.
- Robertson, K., Chamberlain, B., & Kasari, C. (2003). General education teachers' relationships with included children with autism. *Journal of Autism and Developmental Disorders*, 33, 123-130.
- Rogers, S. (2000). Interventions that facilitate socialisation in children with autism. *Journal of Autism and Developmental Disorders*, 30, 399-409.
- Rubin, E. & Lennon, L.. (2004). Challenges in social communication in Asperger syndrome and high-functioning autism. *Topics in Language Disorders*, 24, 271-85.
- Sainsbury, C. (2000). *Martian in the Playground: Understanding the Schoolchild with Asperger's Syndrome*. Bristol, UK: Lucky Duck Publishing.
- Shulman, C., Zimin, R., & Mishori, E. (2001). Concluding comments. In E. Schopler, N. Yirima, C. Shulman & I. Marcus (Eds.), *The Research Basis for Autism Intervention* (pp. 229-234). New York: Plenum Press.
- Siegel, B. (2003). *Helping Children with Autism Learn: Treatment Approaches for Parents and Professionals*. New York: Oxford University Press.
- Simpson, R.L., De Boer-Ott, S.R., & Smith-Myles, B. (2003). Inclusion of learners with autism spectrum disorders in general education settings. *Topics in Language Disorders*, 23, 116-133.
- Simpson, R.L. (2005). *Autism Spectrum Disorders: Interventions and Treatments for Children and Youth*. Thousand Oaks, California: Corwin Press.
- Sugai, G., & Horner, R. (2002). The evolution of discipline practices: School-wide positive behavior supports. *Child and Family Behavior Therapy*, 24, 23-50.
- Talay-Ongan, A. & Wood, K. (2000). Unusual sensory sensitivities in autism: a possible crossroads. *International Journal of Disability, Development and Education*, 47, 201-12.
- Twatman-Cullen, D. (1998). Language and communication in high-functioning autism and Asperger syndrome. In E. Schopler, G. Mesibov and L.J. Kuncie, (Eds.) *Asperger Syndrome or High-Functioning Autism?* (pp. 199-226). New York: Plenum Press.

- Wetherby, A & Prizant, B. (Eds.) *Autism Spectrum Disorders: A Transactional Developmental Perspective*. New York: Brookes.
- Wetherby, A. M. & Woods, J. J. (2006). Early social interaction project for children with autism spectrum disorders beginning in the second year of life: A preliminary study. *Topics in Early Childhood Special Education, 26*, 67-82
- Wing L., & Gould J. (1979). Severe impairments of social interaction and associated abnormalities in children: Epidemiology and classification. *Journal of Autism and Developmental Disorders, 9*, 11-29.
- Wolfberg, P. (2003). *Peer Play and the Autism Spectrum: The Art of Guiding Children's Socialisation and Imagination*. Shawnee Mission, Kansas: Autism Asperger Publishing Company.



Where are they now?

A long-term follow-up study of students with autism graduating from Autism Spectrum Australia's (Aspect) satellite classes

Key Personnel; Dr Elaine Keane (Aspect)

Project Summary

This summary outlines the findings of a research study undertaken to ascertain whether Autism Spectrum Australia's (Aspect) satellite class program is achieving its core goal of successful long-term outcomes for students with ASDs in more inclusive educational placements. Satellite classes are ASD-specific classes for five-six students operated by Aspect in mainstream education 'host' schools. The aim of the model is to provide a stepping-stone for students with ASDs to transition to more inclusive educational placements. The satellite class program commenced in 1992 and there are currently 73 satellite classes in mainstream schools.

The first stage of the research comprised a survey questionnaire sent to families of students who had graduated from satellite classes between 1994-2002; the second stage utilised a multiple-case study design to obtain comprehensive, qualitative data for a smaller group of satellite class graduates.

122 questionnaires were distributed to families with a response rate of 52% (N = 63). Results revealed that 70% of students entered a satellite class during kindergarten, the remainder in grades 1 – 4. The mean length of stay was 22 months. 70% of the students transitioned to regular classes, 28.5% to non-ASD specific support classes in regular schools and 1.5% to a school for students with a moderate degree of intellectual disability. 94% of families reported their child received transition support from Aspect. 92% of families reported that receiving schools developed specialised educational support during the year following transition, which gradually decreased over the years.

At the time of the research, 78% of students who transitioned to support classes were in similar placements, 11% in more supported options and 11% in more inclusive placements (regular class). 89% of graduates who transitioned directly to regular classes were still in similar placements. 92% of parents reported their satisfaction with the satellite class program as good to excellent.

Parent satisfaction (N = 63)

Service	Excellent	Very good	Good	Satisfactory	Unsatisfactory
Aspect Satellite class program	42	13	3	3	2
Transition planning from satellite class	26	16	12	4	5
School following transition from satellite class	15	25	7	11	5
Current educational/work placement	13	20	13	11	6

Analysis of the optional comments part of the survey suggested three key themes; 1) the value of satellite classes as providing a firm foundation for their child's development, 2) the ongoing importance of collaboration between staff at all periods of their child's education and between parents and educators, and 3) issues around secondary schooling such as planned transition from primary school, teacher knowledge of autism and the increasing importance of social skills and the influence of the peer group.

Four young adults, whose parents had given prior consent to participate in the second stage of the investigation, were selected in sequential order of graduation to be involved in the case studies. This methodology derived insight into the experiences of the earliest satellite class graduates who had transitioned over a decade previously. The broad findings conform to the statistical data from the parent survey, in that the four students entered the satellite class between the ages of four and a half and five and a half, were enrolled an average of 18 months and graduated to regular classes in grade one or two.

The case studies also provide a more detailed account of the students' progress, current functioning and quality of life. The four students made rapid progress in satellite classes; progress with language, communication and social skills were remarked on particularly by parents, and intellectual ability tested in the average or above range. Analysis suggested that the provision of information on the child and on ASD to the receiving school staff appeared to promote the utilisation of appropriate support strategies following transition from the satellite class. Student progress was maintained throughout primary school; albeit with some ups and downs in one case, when he changed primary schools. In high school three students made even better progress, two especially in social terms.

At the time the research was conducted when the young people were aged 19 or 20-years-old, three had completed their HSC, two of them were enrolled in tertiary education and the third working full-time prior to going to a further education college. The fourth

young man had left high school at the end of grade 9, mainly due to anxiety caused by teasing and bullying. To his credit, after some employment training and work he returned to his studies and at age 20 is completing his HSC at a senior college, where his parents report he is better supported, secure and happier about his life. Two of the other young people have also had full or part-time employment before and/or during their tertiary studies. Two of the young men have a wide circle of friends from school, university and outside interests. The other two have fewer social groups but have interests and get on with people at college/university. One of the young men also has a girlfriend. Perhaps one of the most surprising elements was just how well three of the young people described friendship in terms of trust and companionship. All also have interests and have obtained drivers' licences.

The findings of the research appear to endorse the satellite class model. 92% of parents who completed the survey reported their satisfaction with the satellite class program as good to excellent. The value of satellite class placement was also noted in the optional comments on the survey and was one of the key factors that were deemed to contribute to student progress across all four in-depth case studies. An overwhelming majority of satellite class graduates maintain a similar type of placement in the long-term to that accessed on transition.

The research results also support the theory (Howlin, 2005), which suggests factors that predict success in adulthood for more able individuals with ASDs may involve language and social skills, educational support, peer support, family support and specific skills that allow individuals to find their 'niche' in life and that it is likely to be a combination of these factors. The acquisition of social and communication skills, strong support throughout school and a supportive peer network all contributed to the sense of wellbeing of the young men involved in the case studies. In particular, the importance of carefully planned educational transitions and collaboration between special and regular educators and with parents were highlighted.

“I suppose my social life has just gone off the charts”. He has several groups of friends, those from university, those who share musical interests, his soccer friends and a few old school friends he “still catches up with”. He suggested that with close friends, as opposed to acquaintances there was a bond and trust, “where you would feel comfortable talking about your private life or secrets”. Tom aged 20.

Case study

TOM

Tom¹ was aged 20 years and 8 months at time of interviews and had graduated from a satellite class 14 years previously. He had recently commenced his third year at university on a full-time basis.

Early history

During early childhood Tom was referred for developmental assessment due to concerns about his lack of speech and social and behavioural issues. He was identified with autism and a mild degree of developmental delay at age three-years-old. Following diagnosis he received home visits from Aspect early intervention teachers, attended pre-school part-time and received speech therapy. He subsequently enrolled in an Aspect school part-time for one year from age four and a half.

Satellite class

Whilst Tom had made good progress, when he transferred to a satellite class at age five and a half his language was delayed and he was shy and withdrawn; his IEP prioritised these areas. Reading ability was used to aid verbal comprehension and facilitate social skills. His class participated in afternoon small group activities with the kindergarten. Within 12 months Tom made significant gains in language and IQ testing revealed he was in the average range of ability. With increasing time spent in the mainstream he was beginning to respond to his peers and the kindergarten and first grade teachers remarked on what a delightful, amenable child he was.

Tom's parents elected to keep him in the school where the satellite class was located as they fairly lived close by and he had begun to make some friends at the school. The teachers worked closely and Tom spent more and more time in the first grade class until he enrolled full time mid-year after 18 months in the satellite class.

Primary and secondary school

Tom made good progress through primary and secondary school and teacher aide support was not provided after first grade. He got on well with teachers and was liked by his classmates. Tom received many school awards for his attitude and achievement at high school. When it came to the Higher School Certificate (HSC), the only special assistance he received was some tuition on writing techniques from the

special education teacher. During primary school, Tom sometimes played with peers in the playground, peers were invited to play at his home and vice versa, and he participated in extra-curricular activities. Tom was involved in more social interaction, had more friends and wider circle than during childhood and was involved in a range of extra-curricular and leisure activities.

Current

Tom did well in the HSC and at the time of the interview was undertaking third year Bachelor of Arts degree/Diploma of Education. Tom spoke clearly and eloquently about university. He particularly enjoyed the special education units and believed he possessed the insights to be able to teach children with autism. He found university completely different to high school. "To be honest with you, I absolutely love it" – It had also been good getting to know people with different values and attitudes.

Tom has had a part-time job as a retail assistant for three years and drives himself to work and university. He has a range of sporting, musical and recreational activities and the move to university heralded another broadening of his social network.

He suggested that with close friends, as opposed to acquaintances there was a bond and trust, "where you would feel comfortable talking about your private life or secrets". Tom also has a girlfriend who he met at university and has been seeing for several months. Throughout the interview Tom sounded natural and displayed good conversational ability and awareness of the listeners' perspective.

Factors in Tom's progress

Tom's parents suggested that the major factor that contributed to his progress was their commitment and involvement. This included his early speech therapy, community access, involvement in team sports and encouraging friends to visit. A second factor was enrolment in the satellite class – "After he started in the satellite class it just seemed to click" – he had benefited from the language rich learning environment, intervention for social skills and time spent in the regular class. It was also evident that Tom's parents had a good working relationship with his primary and secondary school teachers. Finally, a developing social network has provided support, interest and companionship.

¹ Pseudonym

References

- Howlin, P. (2005). Outcomes in autism spectrum disorders. In F.Volkmar, R. Paul, A. Klin & D.J. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders* (3rd Edition, pp. 201-222). New Jersey: J.Wiley.
- Roberts, J.M.A., Keane, E. & Clark, T.R. (2008). Making inclusion work: Autism Spectrum Australia's Satellite Class Project. *Teaching Exceptional Children*, 41 (2), 22-27.

The Aspect vision for research

Aspect is committed to improving the lives of individuals with ASDs through service provision and research. As the largest ASD-specific service provider in the country and one of the largest in the world, Aspect is well positioned to facilitate and conduct research. Aspect undertakes and supports research to evaluate Aspect's and other programs, practices and interventions in order to provide improved services and interventions for children and adults with ASDs. Aspect also promotes research at state and national levels and facilitates tertiary students' research. As our mission is to develop our knowledge of what can be done to support individuals with ASDs, research findings will also make a significant contribution to the field of international research into ASDs. Aspect requires ongoing funding to support these key initiatives and is always keen to talk to potential new partners and donors.



autism spectrum
AUSTRALIA

For further information please go to the Autism Spectrum Australia (Aspect) website:

www.autismspectrum.org.au/research

To make a donation to the Aspect Research Program please contact:

Aspect Relationship Fundraising on 1800 AUTISM (1800 288 476)

Aspect Central Office: Building 1, Level 2, 14 Aquatic Drive, Frenchs Forest NSW 2086
(PO Box 361 Forestville NSW 2087)

P: 02 8977 8300 **F:** 02 8977 8399 **W:** www.autismspectrum.org.au

Autism Spectrum Australia (Aspect) ABN: 12000 637 267