

Section five

The assessment report

(Completed by the assessor during the assessment)



Assessment findings

Effective communication and meaningful social participation

Key outcomes from planned support and approaches, identified through personal support documents, case studies and staff discussions

Each autistic person's communication preferences, strengths and social interaction skills are routinely and comprehensively recorded in a range of personalised documentation, including communication passports, Education Health Care Plans (EHCP), Speech and Language Therapy (SALT) assessments, SCERTS profiles and behaviour support plans. These documents clearly identify each student's expressive and receptive communication abilities, preferred communication methods and motivators for social interaction. Communication passports provide detailed, accessible information for staff, including how students express emotions such as happiness, anxiety or distress, and are colour-coded to enable staff to quickly identify key information.

Individual challenges which may be a barrier to communication and social interaction are identified and documented within students' personalised plans and assessments. These include barriers related to receptive language difficulties, processing time, sensory sensitivities, anxiety, transitions, unfamiliar people and environmental demands. Documentation and staff discussions demonstrate a strong understanding that these factors can impact on both understanding and expression, as well as the ability to engage socially with peers and adults.

A wide range of practical, individualised strategies are identified, recorded and implemented to support communication and social interaction. These are informed by SALT input, SCERTS assessment and multidisciplinary collaboration, and are clearly outlined within communication passports and individual plans. Staff use a Total Communication approach, incorporating approaches such as visual supports, symbols, PECS, communication books, objects of reference, core vocabulary, talking mats, social stories and comic strip conversations. These approaches are embedded within structured teaching methods, including TEACCH-informed environments, visual timetables, task schedules, timers and choice boards. Staff also described how they adapt their spoken language, reduce verbal demands, allow processing time and use humour where appropriate to support engagement, with strategies generalised across a range of contexts, ensuring that communication skills are practised in meaningful real-life situations.

Support for communication and social interaction is regularly reviewed through a robust cycle of assessment, monitoring and multidisciplinary collaboration. Progress is evaluated using EHCP targets, SCERTS data, SALT reports, learning journals, daily logs, WOW moments and annual reviews, alongside ongoing MDT discussions and meetings. Students and their families contribute to this process through student voice and parent feedback, ensuring that support remains person-centred and responsive. SALT plays a key role in reviewing progress, updating communication plans and informing interventions, with staff sharing evidence demonstrating how approaches and interventions are adapted over time in response to individual progress. This includes transitions between communication systems, such as moving from PECS to more flexible communication books to expand vocabulary use, and adapting group interventions to reflect social preferences.

Staff demonstrate a high level of confidence in describing how they support communication and social interaction, as well as articulating the progress individuals have made. Staff are able to provide specific examples of how they have reduced barriers, supported expressive communication and facilitated social engagement with peers and adults. They also describe how communication support extends beyond understanding to include self-expression, student voice and meaningful participation. Training and ongoing support from the multidisciplinary team, including SALT-led coaching and targeted training for teaching assistants, ensures that staff have the knowledge and skills required to deliver effective, consistent support.

Case study evidence demonstrates clearly how personalised communication and interaction approaches lead to positive outcomes for individuals. Examples include students developing increased use of vocabulary through adapted communication systems, tolerating and engaging with unfamiliar staff, participating in group activities and initiating interactions with peers. Evidence also highlights the development of functional communication skills within meaningful contexts, such as community activities and work-related learning. One case study provides photographic evidence linked to SALT targets, showing how a student achieved specific communication outcomes and was supported to reflect on and self-assess their experiences. Additional examples include adapted group interventions, such as modified Lego Therapy sessions, which successfully supported students with a PDA profile to develop teamwork, turn-taking, shared attention and tolerance of others.

Assessment findings

Effective communication and meaningful social participation

Key outcomes from everyday practice, identified through observation and reviews of routines and activities:

Each autistic person was consistently supported to understand what was being communicated to them through staff modifying their spoken language. Across observations, staff demonstrated clear use of intensive interaction principles, with approaches that were highly personalised to meet individual needs. Staff communication was observed to be clear, consistent and concise, and carefully adapted to align with the receptive communication preferences of each student. For example, in some lessons, staff communication was lively, engaging, and animated, which was positively reciprocated by students, while in other sessions, staff appropriately adopted a low-arousal approach, using calm tones and visually structured communication to support understanding.

Staff further supported understanding through the use of bespoke strategies and visual supports. A wide range of visual structures were skilfully embedded within teaching, including prompts to aid learning and task completion. Staff modelled the use of communication systems across different activities, reinforcing key concepts such as "more" and "finished". Staff have also introduced a number of bespoke communication systems to support with transitions, which were demonstrated particularly well during a transition in Phase two. Within the session, staff were observed successfully using a 1-5 countdown strip, verbal cues, gestural signs and visual supports, which supported the students to understand when a preferred activity was nearly finished, and then finished.

Each autistic person was supported to express their views, feelings, and wants through access to a range of bespoke resources and communication tools. Staff effectively integrated personalised communication systems within teaching sessions, alongside visual supports to scaffold tasks. In sensory sessions, communication devices were introduced to enable students to express preferences and indicate likes and dislikes, reinforcing concepts such as "more" or "finished". Communication boards were tailored to specific activities, such as snack and massage sessions, ensuring relevance and accessibility. Across the setting, SCERTS partner stages and individual communication targets were displayed in classrooms and shared areas, supporting staff to understand and tailor their communication if a change in staff is required. Students were observed to use communication devices spontaneously to make requests and choices, with communication placemats also used effectively during lunchtime, supporting both communication and the development of structured routines.

Autistic students were supported to socially interact with staff and, where appropriate, members of the public. Observations demonstrated that relationships between staff and students were strong, well-established, and positive. Intensive interaction principles were used effectively to support engagement during learning, play, and self-regulation activities. Positive staff-student relationships were evident across a wide range of contexts, including snack and lunch times, sensory sessions, Attention Autism and social communication groups. Staff consistently modelled communication, engaged alongside students, and facilitated interaction through structured, enjoyable and interest-led activities. Opportunities for social interaction were purposefully embedded throughout the school day, including within group sessions, sensory circuits, physical education, community visits and student-led activities. Staff were observed to scaffold interactions both with familiar adults and with less familiar individuals, extending students' social experiences.

Each autistic person was supported to socially interact with peers through frequent and meaningful opportunities embedded throughout the school day. Students regularly engaged alongside peers during learning, play, mealtimes, regulation activities, and community-based sessions. Staff utilised turn-taking strategies effectively and structured sessions to reflect the individual needs of learners, supporting positive peer engagement. Staff also described how students were supported to develop and maintain peer relationships beyond the school environment, including accessing community-based opportunities, such as a community hub for Phase 4 students. Consideration is given to nurturing existing friendships, with some students being intentionally grouped together in shared classes, group sessions and targeted sessions. Staff also demonstrated forward planning to extend social networks, for example by gradually introducing additional peers to established friendship groups.

Each autistic person was supported to take part in structured and purposeful social skills activities. Observations included a structured peer session delivered by a Speech and Language Therapist, in which students practised giving instructions to each other using visual supports. During the session, staff modelled appropriate communication, including phrases such as "I am ready" and the use of "more" to request continuation. Students were highly engaged and appeared to enjoy the session, demonstrating the development of a range of communication skills, including the ability to make spontaneous requests.

Staff consistently facilitated opportunities for autistic people to participate in social activities that they found enjoyable, relaxing and rewarding. Observations and a review of documentation evidenced that students' individual likes and interests were central to the design of their personalised curriculum. Medium-term planning clearly reflected these preferences, ensuring that learning and social opportunities were meaningful, motivating and tailored to each individual.

Assessment findings

Lifelong learning, functional skills and autonomy

Key outcomes from planned support and approaches, identified through personal support documents, case studies and staff discussions

Each autistic person's preferences, strengths and skills in functional life skills and independence are recorded in a range of personalised documentation, including EHCPs, SCERTS profiles, individual education plans, risk assessments, MDT reports and personalised curriculum pathways. These documents identify strengths across key areas such as daily living skills, communication for independence, community access, work-related learning and preparation for adulthood. Staff use this information to design individualised programmes that reflect each student's learning style, interests and motivators, ensuring meaningful engagement and progression.

Individual challenges relating to functional life skills and independence are systematically identified and recorded within personalised plans and assessments. These challenges may include differences in motor skills, self-care routines, organisation, transitions, decision-making, emotional regulation and adapting to new or unfamiliar environments. Documentation reflects a clear understanding of how these barriers impact on independence and participation in daily activities, both within school and the wider community. Input from the multidisciplinary team, including Occupational Therapy and Speech and Language Therapy, alongside family feedback and student voice, ensures that challenges are understood in context and addressed through tailored support. This enables staff to plan appropriately for each individual and reduce barriers to independence over time.

A wide range of practical, personalised strategies are clearly identified and consistently implemented to support the development of independence and functional life skills. Staff use structured teaching approaches, including TEACCH-informed environments, zoning, visual schedules, task analysis, checklists and prompt hierarchies, to support understanding and task completion. Staff also use approaches such as planned support reduction, sabotage, functional life skills teaching and real-life problem-solving opportunities to develop autonomy.

Support for independence and functional life skills is regularly reviewed through a structured cycle of assessment and evaluation. Progress is monitored through student progress meetings, annual reviews, MDT discussions, SCERTS assessments, accredited programme outcomes and ongoing assessment tools such as BSquared and IEP tracking. Students and their families contribute to this process through feedback, transition planning and review meetings, ensuring that support remains person-centred and responsive to changing needs. The school's transition planning processes further demonstrate how consistency and continuity of support are maintained during key transitions. Evidence shows that strategies are adapted in response to progress, with positive outcomes celebrated through accreditation, photographic evidence, learning records and case studies.

Staff demonstrate a strong level of confidence in describing how they support students to develop independence and functional life skills, as well as articulating the progress that has been achieved. They clearly explain how they use structured teaching, task analysis, prompt hierarchies and real-life learning opportunities to build independence in a gradual and meaningful way. Staff emphasise the importance of maximising autonomy through approaches such as "doing with" rather than "doing for," allowing processing time and reinforcing independent attempts. They provide clear examples of how students have developed skills through community-based learning, vocational opportunities and experiential activities such as recycling, horse riding, climbing, and café visits. Staff consistently link these opportunities to the development of transferable life skills, including decision-making, resilience, communication and self-advocacy.

Curriculum pathways and accredited programmes, including ASDAN, Duke of Edinburgh, AGA units and transition challenge awards, further recognise and celebrate individual achievements and strengths in functional learning. Opportunities for skill development are embedded across the curriculum and extended into meaningful contexts, including food technology, shopping, work experience, community visits, and daily living tasks such as cooking, dressing, hygiene and laundry.

Case study evidence demonstrates how personalised approaches to independence and functional learning lead to positive and measurable outcomes. Examples include students who have developed increased autonomy, engagement and participation in both school and community contexts. One case study highlights a student who initially withdrew from learning but now accesses community activities, contributes to decision-making, engages in accredited programmes and has achieved qualifications in a range of subject areas. Other case studies demonstrate how individualised visual supports and schedules are adapted to suit personal preferences, such as the use of written lists or now/next/then formats, enabling students to better understand and manage their day. Additional evidence, including photographic records, illustrates how students successfully develop and generalise functional skills across a wide range of real-life contexts.

Assessment findings

Lifelong learning, functional skills and autonomy

Key outcomes from everyday practice, identified through observation and reviews of routines and activities:

Each autistic person was supported to understand what was going to happen now and what was expected of them next through the use of structured frameworks, reinforced by consistent visual prompts. All individuals had access to personalised visual timetables, which had been carefully developed to reflect their individual needs and preferences. These timetables were prominently displayed within classrooms and were also used dynamically throughout the day via now-and-next boards and timetable strips carried by staff. Transitions between lessons and activities were clearly structured, with staff using consistent language and visual systems to support predictability and understanding. Visual structures were also embedded within specific activities and tasks, with staff using now and next boards to break down teaching input.

Each autistic person had access to non-verbal prompts and reminders to support them in completing each step of a task as independently as possible. Staff used a range of strategies, including written task lists, to help students track their progress throughout lessons. Teaching approaches were adapted to reflect individual learning styles and preferences, with TEACCH principles implemented in a graduated and highly effective way. As students developed confidence and competence, they were supported to access increasing levels of structure independently. For example, particularly within Phase 2, students were observed independently managing their TEACCH trays, transporting them to and from workstations and completing tasks with minimal support. A wide range of visual supports were used to aid transitions and task completion, including timers, countdown strips, consistent verbal prompts, and Makaton signing. These structured supports enabled students to transition successfully between preferred and non-preferred activities. Staff were also observed to allow appropriate processing time during both learning activities and transitions, supporting students to move successfully between tasks using consistent, structured approaches.

The environment is thoughtfully organised and designed to enable autistic people to carry out tasks as independently as possible. Classrooms and shared spaces, including the dining area, were clearly and consistently visually structured. Environmental cues, such as green and red indicators on doors to show room availability, supported students to navigate spaces independently. Within classrooms, distinct areas were clearly defined for group teaching, independent work, collaborative tasks, and regulation, ensuring that students could easily understand expectations and access appropriate learning environments. To further build on the strong visual structure observed across the site, staff could consider introducing signage at key transition points and corridor junctions. Although each room was clearly and consistently labelled, further signage in the communal corridors could support more independent navigation of the building with reduced staff prompting.

Staff appeared to provide the appropriate level of support to enable each autistic person to experience a sense of completion and success, while simultaneously promoting the development of self-reliance and resilience. Lessons were carefully tailored to meet individual needs and preferences, with planning documentation clearly identifying relevant cross-curricular targets. Staff were observed to intentionally step back at appropriate times, encouraging students to problem-solve, complete tasks, and transition between activities with increasing independence. In interviews, staff described how skills/activities are often initially taught with support and then generalised into independent TEACCH-based tasks, reinforcing skill development.

Each autistic person was supported to actively express preferences, make choices, and take decisions throughout the school day. Choice was embedded as a consistent element of the timetable and daily routines. During observations, students were seen making choices during snack sessions, including selecting food and drink options and using communication devices to indicate preferences such as "more", "finished", and likes or dislikes. Choice-making was facilitated through a variety of methods, including personalised communication systems, universal choice boards, and task-specific options (for example, selecting songs using an interactive communication board showing pictures of the songs during Maths). Students were also observed carrying out practical tasks independently, such as collecting snack items from labelled boxes, preparing food using equipment such as toasters, tidying up after eating, collecting lunch resources, and engaging in personal care routines such as tooth brushing.

Each autistic person was provided with regular opportunities to consolidate and develop functional life skills within meaningful, real-life contexts. Staff actively supported the development of everyday skills by encouraging participation rather than completing tasks on behalf of students, for example supporting skills such as personal care (e.g. nose blowing) through guided practice. Structured snack and mealtime routines, including the use of individual snack boxes, created opportunities to introduce new foods and promote healthy eating. The organisation of staggered snack and lunch sessions further supported independence, with students encouraged to collect food, manage equipment such as cutlery, tidy their spaces, and clean tables, in a low arousal environment. Additional activities, such as walking to local shops and participating in cooking tasks (e.g. making chocolate chip cookies), provided further opportunities for students to practise and generalise functional skills within both school and community contexts. The use of an additional community-based setting for some Phase 4 students further enhances opportunities for developing independence, offering experiences such as cooking, social interaction, and practical life skills development.

Assessment findings

Sensory joy and regulation

Key outcomes from planned support and approaches, identified through personal support documents, case studies, and staff discussions:

Sensory diets and sensory profiles, developed collaboratively with the school's OT, identify sensory experiences that are calming, enjoyable and regulating for each student. Plans reference a wide range of activities such as sensory safari, movement to music, sensory circuits, outdoor provision, sensory rooms, community walks, swimming, horse riding, trampolining, water sports, movement breaks, calming spaces and bespoke sensory resources. Sensory diets further structure this provision by identifying 'sensory meals', which consist of 20–30 minutes of more intensive sensory input, alongside regular 'snack' activities and accessible resources throughout the day. These approaches ensure that students consistently access meaningful and enjoyable sensory experiences that support their wellbeing, engagement and readiness to learn.

Sensory needs are assessed using OT-informed approaches and standardised tools, including sensory profiles and related assessments. Documentation captures each student's individual sensory tolerances, triggers and environmental preferences, alongside their specific regulation needs. This includes detailed consideration of proprioceptive, vestibular and interoceptive processing where relevant. Information around sensory preferences and aversions is gathered through a range of sources, including OT assessments, classroom and residential observations, family contributions, student voice and multidisciplinary reviews, ensuring that preferred activities and challenges are recorded.

A wide range of practical and individualised strategies are used to support students to regulate their sensory input. These include personalised sensory regulation plans, movement breaks, access to sensory equipment, visual supports, environmental adaptations, low-arousal spaces, sensory rooms and structured sensory circuits. Staff also implement evidence-based approaches such as sensory ladders, interoception work, the Zones of Regulation and the Alert Programme, alongside co-regulation strategies and OT-designed intervention programmes. The OT team plays a central role in developing and modelling these approaches, supporting staff through training, consultation and ongoing guidance. They also create clear guidelines and provide continuous professional development (CPD), ensuring strategies are consistently applied across the school. SCERTS assistants further support this by modelling best practice within classrooms and working alongside staff teams.

Sensory support is regularly reviewed through a range of processes, including Education, Health and Care Plan (EHCP) reviews, therapy reviews and multidisciplinary team meetings. These reviews consider the effectiveness of current sensory strategies and ensure that provision is adopted in response to the student's changing needs. Staff gather evidence of progress and reflect on outcomes in collaboration with families, therapists and other professionals, as well as incorporating student voice wherever possible. Adjustments are made to sensory diets, environments and intervention approaches to ensure continued effectiveness, and positive outcomes are recognised and celebrated as part of the review process.

Staff demonstrate strong knowledge and confidence in discussing how they support students with sensory regulation. They describe using personalised sensory regulation plans, environmental adaptations, sensory equipment, interoception activities and structured approaches such as the Alert Programme. Staff also confidently explain how these strategies have led to observable progress, including improved ability to recognise and respond to sensory cues, increased communication with staff and greater engagement in activities. Collaborative working between OT, SALT and education teams further strengthens staff understanding, particularly in linking sensory regulation with the development of functional life skills. Staff also reflected on how sensory circuits have been adapted and improved over time to better meet students' needs.

Case study evidence demonstrates that highly personalised sensory approaches lead to significant positive outcomes for students. Individualised sensory support has been shown to reduce levels of dysregulation, while improving transitions and engagement in learning and participation in both school-based and community activities. Students have also demonstrated increased access to group sessions and the development of functional life skills as a result of being more regulated and better able to communicate their needs. Staff have gathered robust evidence to illustrate these outcomes, including examples of increased independence, improved quality of life and enhanced access to community opportunities. Additionally, a video shared internally across Aspris services further evidences the positive impact of sensory support, clearly demonstrating how tailored approaches enable students to achieve meaningful progress and greater participation.

Assessment findings

Sensory joy and regulation

Key outcomes from everyday practice, identified through observation and reviews of routines and activities:

Autistic students consistently accessed sensory activities which they appeared to find enjoyable and relaxing across a range of contexts. Each individual had access to a personalised environment, with many students benefiting from their own rooms that had been carefully developed around their specific sensory preferences and interests. During lessons, transitions, and community activities, students were observed to have access to individual sensory tools that they appeared to use with enjoyment and purpose. Sensory provision included personalised learning spaces, adapted seating (such as rocker chairs), ear defenders, chews, preferred items, sensory circuits, and specialist areas such as the engine room and dedicated sensory rooms. A newly developed immersive space was observed to incorporate visual supports and a structured timetable to aid routine and predictability. Further opportunities have been identified to maximise the use of this space, including supporting transitions, preparing students for visits, and enhancing learning experiences.

Autistic students were supported effectively to regulate sensory experiences that might interfere with their engagement or cause discomfort. Staff used a range of strategies, including access to ear defenders, opportunities to request time out, structured workstations, and low-arousal approaches, to support regulation. During observations, staff demonstrated flexibility by adapting expectations and bringing learning activities to students where needed, enabling them to remain engaged in group tasks while regulating in alternative spaces. Where some students had access to individual classrooms, they were also supported and gently encouraged to spend time in shared group environments with peers, promoting both regulation and social inclusion. Where practice could be reviewed, staff should consider how they can reduce potential disruption/disengagement from adverts when using videos to support learning or relaxation. This could be achieved by using downloaded or using advert-free resources, where possible.

The environment across the setting is consistently maintained and adapted to support sensory regulation. Classrooms and group areas include designated relaxation spaces, allowing students to access calm environments when needed. Staff described how lunchtime arrangements had been carefully adapted to provide a structured, low-arousal experience that supported both independence and emotional security. Environmental adaptations were evident during observations, including adjustable lighting and personalised décor in individual classrooms. A clear progression was evident in students' ability to access different environments, with some moving from individual rooms to small group settings and, over time, to larger classroom environments, demonstrating increasing tolerance and confidence.

Students were supported to safely explore and engage with a wide range of sensory-rich experiences through a personalised and graduated approach. This included opportunities such as community visits, swimming, horse riding, trampolining, water sports, bowling, sensory drama, and outdoor learning. Specific examples of desensitisation work were also described, such as preparation for visiting environments like barbers or fire stations. These experiences enabled students to broaden their sensory tolerance and access meaningful activities within both school and community contexts.

Structured sensory sessions, such as sensory circuits, were observed to be familiar, predictable, and enjoyable for students. Students used individual schedules to navigate these sessions, while staff modelled activities and celebrated positive engagement and achievements. Sensory supports were also available during waiting periods, ensuring that students remained regulated and engaged throughout.

Assessment findings

Emotional wellbeing, engagement and consultation

Key outcomes from planned support and approaches, identified through personal support documents, case studies, and staff discussions (1) :

Support plans are highly individualised and prioritise each student's wellbeing and quality of life. These plans, including one-page profiles and personalised documentation, are informed by student voice, family contributions and input from the multi-disciplinary team (MDT). They clearly reflect each student's likes, dislikes, interests, motivators and personal aspirations.

Students are supported to express their preferences, needs and emotions through a range of accessible communication methods, including visuals, symbols, Talking Mats, choice boards and structured observation. Staff adopt approaches based on individual communication profiles, ensuring that student voice remains central to planning. Personalised timetables, curriculum pathways, leisure opportunities and community activities are all shaped by what matters most to each student. The school actively promotes autonomy and self-advocacy. Tools such as "You said, we did" boards demonstrate how student views lead to meaningful changes in their support and in the continued development of the provision. Long-term aspirations, identified with support from the SALT, are embedded in EHCP outcomes and reviewed regularly. Families and the young people are recognised as key partners, and their knowledge is integral in shaping holistic and meaningful support plans.

Support plans also provide detailed insight into each student's emotional needs and identify factors that may lead to anxiety, stress or dysregulation. Staff understand that emotional expression may be atypical or masked and consistently interpret behaviour as communication. Plans identify a range of triggers and influencing factors, including sensory sensitivities, transitions, unpredictability, social demands, communication differences and trauma-related responses. Staff are further supported through training and MDT coaching to consider co-occurring needs such as anxiety, OCD, sleep difficulties and sensory processing differences, alongside the impact of adult responses on student wellbeing.

Support plans outline practical strategies to help students maintain emotional regulation, self-esteem and safety. Strategies include structured routines, visual supports, reduced language, sensory diets, movement breaks, mindfulness and breathing activities, co-regulation approaches and access to trusted adults. Environments are adapted to support predictability, reduce sensory overload and promote calm, regulated states.

The Positive Behaviour Support (PBS) team plays a significant role during transition, gathering information from families and previous settings to identify triggers, risks, interests and support needs. Observations conducted across different environments inform the development of individual behaviour support plans and risk assessments. Ongoing monitoring systems, including daily debriefs, behaviour logs and incident recording, allow staff to identify patterns and respond proactively. Weekly MDT meetings ensure that "focus students" are reviewed collaboratively, enabling timely adjustments to support based on emerging needs. Staff receive ongoing training, coaching and mentoring, including Team Teach and PBS-informed practice, ensuring consistent and confident implementation of strategies. Data indicates a reduction in restrictive interventions, reflecting the effectiveness of proactive approaches.

Positive Behaviour Support plans, developed collaboratively by the MDT, behaviour analysts, occupational therapists and class teams, provide detailed guidance on communication, regulation tools and proactive strategies. These plans prioritise early intervention and de-escalation, with restrictive practices only used as a last resort. Specialist input strengthens this approach. SALT delivers targeted work on self-regulation and advocacy, while occupational therapy supports sensory processing and meaningful choice. Whole-school approaches such as the Zones of Regulation and the Alert Programme are embedded into daily practice, enabling students to understand and communicate their emotional states and access appropriate tools or strategies through the structured programme.

Assessment findings

Emotional wellbeing, engagement and consultation

Key outcomes from planned support and approaches, identified through personal support documents, case studies, and staff discussions (2) :

Support is regularly reviewed with students and their wider circle of support to ensure it remains effective and responsive. This includes daily debriefs, weekly MDT meetings, annual reviews and ongoing communication with families. These processes allow staff to reflect on provision, identify changes in need and adapt support accordingly. Daily debriefs, led by phase leads, enable staff teams to reflect on student responses, engagement and any challenges experienced. This information is shared with the MDT, who review patterns and make informed decisions about next steps. Weekly MDT meetings provide structured opportunities to evaluate progress, particularly for identified "focus students."

EHCP reviews and annual impact reports actively include student voice, highlighting likes, dislikes, achievements and aspirations. Impact reports triangulate a range of data from all aspects of a student's educational journey, combining attendance, behaviour, SCERTS, EHCP and academic data to reflect on progress from all different aspects of a young person's life. During interviews, staff demonstrated how this information is reviewed and analysed, and how it is used to inform target setting, support or interventions around current priority areas of need.

Staff demonstrated a strong understanding and confidence in describing how they support students' emotional wellbeing and self-esteem. They clearly articulated how personalised strategies, positive relationships and adapted environments enable students to feel safe, valued and engaged. Staff described how they facilitate access to meaningful and rewarding activities, including curriculum learning, leisure opportunities and community experiences. There is a clear emphasis on social inclusion, with students supported to build relationships, develop confidence and participate in activities that align with their interests. The importance of trusting relationships is consistently highlighted, with staff recognising that emotional safety underpins engagement and participation. Training, coaching and reflective practice enable staff to maintain a consistent, informed and responsive approach across the school.

In interviews, staff provided clear examples of how students are actively involved in shaping their support, activities and goals. They described how student voice is captured using a range of methods, including Talking Mats, communication boards, observation and structured discussions with trusted adults.

Staff explained how these contributions inform personalised timetables, classroom environments and activity choices. For example, students have been supported to transition from visual timetables to written schedules based on their preferences, and to influence classroom layout and design to support their regulation and comfort.

Staff demonstrated how they adopt communication tools and approaches in line with each student's capacity, ensuring that all students can meaningfully contribute to decision-making. The use of communication partner stages ensures that strategies are appropriately matched to individual needs.

There is also evidence of students being supported to develop self-advocacy skills, particularly through SALT-led interventions and daily opportunities to express preferences and make choices.

Case studies provide strong evidence of personalised approaches and their impact on student wellbeing and quality of life. They demonstrate how collaborative working between the PBS team, SALT, OT and education staff leads to tailored interventions that support emotional regulation, communication and engagement.

Examples include the development of personalised regulation toolkits, adapted communication resources and structured support for transitions and new experiences. Case studies highlight improvements in emotional expression, increased engagement, stronger relationships, enhanced self-advocacy and reduced withdrawal.

The impact of these approaches is also reflected in increased willingness to access new activities and community experiences, as well as improved confidence and independence. Collaboration with external professionals, such as educational psychologists and CAMHS where required, further strengthens outcomes for students with more complex or emerging needs. Overall, the case studies demonstrate a consistent, needs-led approach that positively impacts students' emotional wellbeing, self-esteem and overall quality of life.

Assessment findings

Emotional wellbeing, engagement and consultation

Key outcomes from everyday practice, identified through observation and reviews of routines and activities (1) :

Autistic students consistently presented as feeling safe, calm, and well supported within their environment. Proactive and preventative strategies were clearly embedded across practice to minimise the likelihood of anxiety, confusion, or distress arising or escalating. Staff demonstrated strong awareness of individual needs and responded early to emerging signs of dysregulation, offering reassurance and supportive intervention. Restrictive practices were described as exceptional and only used as a last resort, under strict controls and in extreme circumstances, with incidents followed by reflective, management-led review processes. During observations, students appeared happy, engaged, and secure in their surroundings and were seen experiencing enjoyment, pride, and a sense of achievement across a range of sessions.

Autistic students were supported effectively to understand and regulate their emotions. Structured approaches, including class-based Zones of Regulation, provided regular opportunities for emotional 'check-ins' and access to appropriate regulation strategies. Students were supported to access preferred and calming activities, contributing to their ability to maintain emotional balance and engage successfully in learning. Staff's support consistently happened proactively, with staff offering support or signposting students to regulation activities, in line with their personal documentation. Planned sensory meals were also planned into daily timetables, enabling students to access activities or environments which supported them to regulate.

Across the setting, students were treated with dignity, respect, and a clear recognition of their individuality. Staff provided meaningful and specific positive feedback, which supported the development of self-esteem, confidence, and a sense of self-worth. Positive relationships between staff and students were evident, and interactions were characterised by warmth, respect and care.

Throughout observations, autistic students were engaged in a wide range of activities that they appeared to find enjoyable, motivating, and meaningful. Staff consistently adapted teaching to reflect students' interests, using creative and interactive approaches to maximise engagement. For example, lessons incorporated role play, songs (including the use of music within mathematics teaching), and highly engaging themed activities. A particularly strong example included an Attention Autism session, delivered by one of the school's SCERTS assistants, centred on a "summer holiday" theme, where students took turns dressing up and taking photographs. Throughout the session, students demonstrated high levels of enjoyment, engagement and participation. Across observations, teaching was delivered using a range of approaches, including Attention Autism, TEACCH structures, group sessions, and individual workstations, all carefully adapted to meet individual needs and preferences. High levels of engagement were consistently observed within teaching sessions, evidencing that students found these activities enjoyable and motivating.

Autistic students were positively encouraged to try new activities and develop new skills within a supportive and structured environment. Staff described how structured snack sessions were used to introduce new foods and broaden students' diets in a gradual and supportive way. Students also had opportunities to engage in real-life experiences, skillfully built into the snack programme, such as visiting local supermarkets with personalised shopping lists, enabling them to practise functional skills while making choices and extending their experiences in a meaningful way.

Autistic students were supported to achieve a strong sense of completion and achievement. Staff regularly provided positive feedback, recognising both effort and success, which contributed to building students' confidence and motivation. Achievements were celebrated both verbally and visually, with classroom displays highlighting success and reinforcing a sense of pride in accomplishments. Staff also successfully celebrated positive outcomes in the moment, using praise, high fives and positive language to celebrate both effort and success.

Assessment findings

Emotional wellbeing, engagement and consultation

Key outcomes from everyday practice, identified through observation and reviews of routines and activities (2) :

The environment is consistently adapted to support emotional wellbeing and regulation. Calm, structured, and low-arousal spaces were evident across the setting, contributing to students feeling secure and able to engage. Staff described thoughtful adaptations to routines, such as structured and low-arousal lunchtime arrangements, which supported both independence and emotional comfort.

Autistic students were actively supported to make choices and express preferences in meaningful ways throughout the school day. Choice was embedded within daily routines, including snack and lunchtime, where students used personalised communication tools and adapted choice boards to indicate preferences. "Making choices" sessions were also incorporated into the curriculum, supporting students to apply decision-making skills within both school and community contexts. Evidence demonstrated that these opportunities extended to a wide range of areas, including food, clothing, activities, places to visit, and leisure interests. These sessions were further linked to "feeling good" activities, enabling students to reflect on their likes and preferences in a structured and supportive way.

Students were observed to advocate for their own needs effectively. They accessed tools and strategies independently to request breaks, use the toilet, or engage with sensory resources as needed. Staff actively modelled self-advocacy skills, for example within turn-taking activities, where staff appropriately demonstrated declining participation, and this choice was respected by others. This modelling supported students to understand and apply similar strategies themselves.

Meaningful consultation with autistic people was clearly embedded within practice. "You said, we did" boards were visible within classrooms and communal areas, providing clear evidence that student voice directly influenced decision-making and provision. Examples included adaptations to activities, resources, and environments based on students expressed preferences, such as the introduction of specific equipment or the organisation of preferred activities. In one example, a student's interest in a particular programme led to the purchase of a DVD player and related resources, demonstrating responsiveness to individual preferences. Additional systems, such as red and green indicators on classroom doors, enabled students to communicate whether they wished to be disturbed, further supporting autonomy and emotional safety.

Staff described, and documentation supported, that student feedback—obtained where possible through observation, interaction, or more formal methods such as interviews and surveys—indicated that students were happy with the support they received and felt understood by staff. Consultation records demonstrated that student voice was actively used to inform practice across the setting, contributing to meaningful improvements in both provision and experience.

Overall, practice reflected a calm, relational, and highly proactive approach. Staff consistently used co-regulation strategies, predictable routines, and personalised interventions to ensure that students felt safe, understood, and ready to engage. Students were supported to participate in a wide range of enjoyable and meaningful activities, including outdoor learning, creative sessions, LEGO therapy, cooking, cycling, horse riding, recycling, café visits, walking, movement-based activities, sensory play, and community learning. These opportunities were carefully scaffolded to ensure that students could access new experiences at a pace that was appropriate, safe, and motivating, contributing positively to their overall quality of life and wellbeing.

Assessment findings

Feedback from families, carers and/or advocates

Number surveyed	Number of responses		Poor	Okay but could be better	Mostly good	Always good
55	25	The support my relative is given is...			1	27
		The understanding that staff have for my relative's autistic needs is...			3	25
		The way I am kept informed and asked my views about how my relative is supported is...			3	25
		The advice I get from the service on how to help my relative is...			4	24
Number of comments						
11						

Comments will be shared as an appendix to this report

Additional information:

Staff described how families, carers and advocates are supported and meaningfully involved in practice, where appropriate. The setting demonstrates a strong commitment to partnership working, supported by the Communication with Parents and Carers Policy, which recognises families as key partners in achieving positive outcomes. Communication is expected to be open, respectful, timely, accessible and centred on the needs of the child or young person.

Communication with families is individualised from the point a student joins the school, with preferred methods agreed to support effective information sharing. Home-school diaries are used consistently to share updates, celebrate achievements and maintain continuity between home and school.

Families are actively involved in transition planning, strategy reviews, EHCP outcomes and preparation for adulthood goals. Refined transition documentation, process maps and case study evidence show that key information is gathered from families, previous settings, residential providers and external professionals, supporting well-informed, multi-agency planning.

Wider family support is embedded through monthly parent training sessions, available to both school families and the local community. Families can also access advice and guidance from staff, making support responsive and accessible. MDT working further strengthens partnership with families, including sharing strategies and, where appropriate, supporting approaches within the home. This promotes consistency in areas such as communication, sensory regulation and behaviour support.

Family feedback gathered through 28 completed surveys indicates high levels of satisfaction. Families report that staff understand their relative's skills, needs and interests and feel well supported by the school, reflecting meaningful engagement, transparency and collaborative practice. Family comments were consistently positive about the school, staff and their support.

Assessment findings

Summary of the assessment

Topic	What the provision does particularly well:	What the provision could develop further:
Effective communication and meaningful social participation:	• Students have consistent access to, and were seen independently using, their personal communication tools throughout sessions. • Communication needs, strengths and preferences are comprehensively recorded in detailed communication passports. • Staff provided a range of social opportunities for students at different communication partner stages. Varied examples included structured SALT sessions, intensive interaction and a common/hub room available to some students. • Case studies and observations evidence a clear progression of communication and social interaction skills, with staff using SALT and SCERTS to inform progressive and evidence-based communication goals.	• Further build on the clear room signage by introducing signage at other key transition points and corridor junctions. Although each room was clearly and consistently labelled, further signage could support more independent navigation of the building with reduced staff prompting.
Lifelong learning, functional skills and autonomy:	• The curriculum and daily routines provide varied, meaningful and practical opportunities for students to develop independence and functional skills for life, both onsite and in the community. • A range of structured teaching approaches are used effectively to support understanding and independent task completion. • Students are supported to make choices, solve problems and build autonomy through daily planned opportunities. • Transitions are personalised around the individual needs of students and their families, with the process outlined in a clear transition flowchart.	• Reduce potential disruption/disengagement from adverts during music or video-based activities by using downloaded or advert-free resources, where possible. In some cases, these presented as a potential barrier.
Sensory joy and regulation:	• Sensory support is highly personalised, OT-informed and embedded into daily plans. Sensory diets and profiles give a detailed picture of student's preferred regulation activities, likes, and things which make them happy. • Staff demonstrate strong understanding of individual sensory profiles and proactively adapt environments, routines and expectations to support regulation. • Students have regular access to enjoyable and meaningful sensory experiences, including sensory relaxation, sensory exploration, sensory rooms, outdoor learning and community-based opportunities.	

Assessment findings

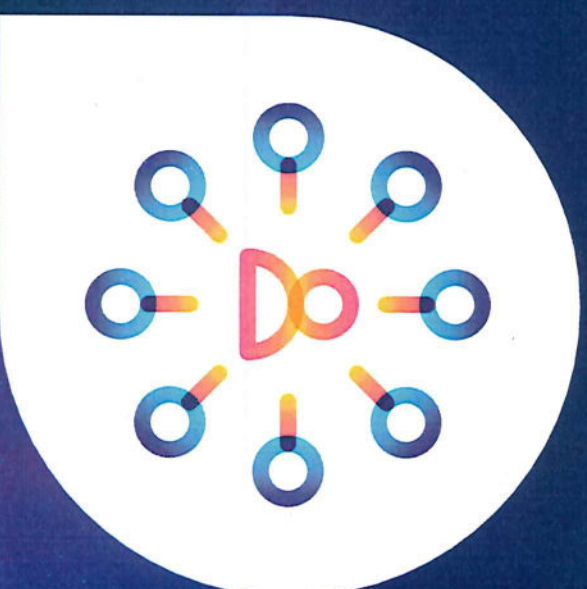
Summary of the assessment

Topic	What the provision does particularly well:	What the provision could develop further:
Emotional wellbeing, engagement and consultation:	• Staff provide warm, consistent and proactive support for emotional wellbeing through positive relationships, co-regulation, predictable routines and personalised strategies. • The school's curriculum places an emphasis on students developing key functional communication and regulation skills, supporting them to feel safe before re-engaging with formal learning. • Students' individual likes and interests are central to the design of their personalised curriculum. Staff are skilled at delivering lessons and activities which were highly motivating and engaging, planned around students' personal preferences. • Student voice is meaningfully collected in a person-centred way. Staff demonstrated a range of systems used to do this for pupils with different communication profiles. • The PBS and MDT teams work strategically and collaboratively to inform practice, review support and reduce barriers to emotional regulation and engagement. • Students are supported to access enjoyable, meaningful and confidence-building activities that promote self-esteem, autonomy, self-advocacy and quality of life. • The school offers wider family support through parent training, advice and guidance, including sharing and collaborating to develop key strategies. Family feedback indicates high levels of satisfaction and reflects strong partnership working, transparency and shared understanding of students' needs.	• Consider digitising internal notes, which are currently recorded in class journals. By doing this, staff would increase the accessibility of the notes and improve staff's ability to review and track live information.
Other areas:	• The school demonstrates a reflective culture and a clear commitment to neurodiversity-affirming, personalised and strengths-based practice. • The MDT is embedded across the school's systems and the team frequently meet to analyse need, plan and review interventions. • SCERTS assistants deliver high-quality programmes of support, informed by therapeutic assessments and adapted around individual student profiles. • A stable staff team, robust CPD, reflective leadership and strategic educational support manager contribute to consistent practice and continued service development.	

Section six

Committee decision

Next steps



Section six

Committee decision



Assessment outcome:

Advanced

Date of committee:

10/07/2026

Comment:

The Autism Accreditation Committee found clear evidence from the report that staff at Oliver House School are confident in a wide range of specialist approaches and use methods that are highly tailored to what works best for each individual. Support is grounded in a deep understanding of each student's sensory, communication, functional, and emotional profile, shaped by their lived experience and what matters to them.

Students have consistent access to their personal communication tools and were observed using these independently across sessions. Communication needs, strengths and preferences are recorded in detailed communication passports. Staff provide a range of social opportunities at different communication and interaction levels. These include structured SALT sessions and intensive interaction and community-based activities. Case studies and observations show progression in communication and social interaction skills. Staff use SALT and SCERTS to inform this progress and to set evidence-based goals.

The curriculum and daily routines offer varied and meaningful opportunities for developing independence and functional life skills, both within the school and in the community. Structured teaching approaches are used effectively to support understanding and independent task completion. Students are supported to make choices, solve problems and build autonomy through daily planned opportunities. Transitions are personalised around the needs of students and their families, with a clear process in place.

Sensory support is highly personalised and informed by occupational therapy. Sensory diets and profiles capture individual preferences and regulation strategies. Staff use environmental adjustments and proactive planning to support regulation. Students regularly access a range of sensory experiences, including relaxation, exploration, sensory rooms, outdoor learning and community activities.

Staff provide consistent and proactive support for emotional wellbeing. Positive relationships, co-regulation and predictable routines underpin this work. The curriculum prioritises the development of key communication and regulation skills so that students feel safe and ready to engage. Students' individual interests are central to curriculum design. Staff deliver engaging activities informed by personal profiles and gather student voice in a person-centred way. Strong links with families support shared understanding and collaborative approaches.

The school demonstrates a reflective culture with a clear commitment to neurodiversity-affirming, strengths-based practice. Multidisciplinary working is embedded, with regular reviews of support. Leadership is stable and contributes to consistency and ongoing development.

Congratulations for maintaining and further developing standards of excellence in supporting autistic young people.

Section six

Next steps



What happens at the end of the assessment?

At the end of the assessment, your Accreditation consultant will arrange a meeting to give you verbal feedback.

The consultant will feed back on what the service does well and what it could consider developing further. The consultant will also summarise findings from the surveys. To ensure a respectful and professional environment, consultants should not be video recorded while providing feedback. Photos may be taken only with the expressed consent of the consultants.

The consultant cannot comment on whether you have met the criteria for Aspiring, Accredited or Advanced status, as this is not their decision. The consultant will complete an assessment report, which will then be submitted to the Accreditation Awards Committee.

Within a month of completing your assessment, we will inform you by email of the Committee's decision on whether you have been awarded Aspiring, Accredited or Advanced. This decision is based on our award criteria. You will also receive a full and detailed assessment report.

Maintaining and progression

Upon successfully receiving your award, agreeing to our terms and conditions and completing the post-assessment survey, you will receive your certificate and kitemark logo.

You can continue with your current Accreditation plan or amend it by increasing or reducing the number of consultation visits. Please contact your consultant to discuss your options.

You can expect to receive a final version of your assessment report, and the date of your Award and level achieved will be published in our Autism Services Directory on our website. We do not publish the assessment report, but you are welcome to share or publish it if you want to. You may wish to share or publish a sample of the report, rather than the full manuscript. We are happy for you to do so, but request that this is done in a way which does not misrepresent our findings - for example, by only publishing what we found you do well without acknowledging that we may have also identified some areas of development. If you are not sure what would be acceptable, please feel free to ask. It is your responsibility to ensure that anything published does not contain personal identifiable details.

We recommend that you undergo another assessment every three years to show that you have maintained standards or progressed to a level where you can be given a higher award. If you feel ready, you're welcome to request an earlier reassessment rather than waiting for the suggested three-year cycle to pass.

Section six

Next steps



Making an appeal

All provisions have the right to appeal against a committee decision if they receive an Aspiring or Accredited Award and believe that the assessment report shows that they meet the criteria for the next level award. In order to appeal, the provision should email Stephen Dedridge, the Accreditation Quality Manager, with the subject heading 'Appeal against committee decision', at stephen.dedridge@nas.org.uk.

Your appeal must be submitted by email within 30 days of formal receipt of the committee decision. The email should contain the name of the provision and the reason for the appeal. A document can be attached presenting the provision's case - it should not be more than 1,500 words long. No other documentation should be submitted or will be considered.

The appeal will be considered by the Head of Autism Accreditation in consultation with the Quality Manager. They may request further consultation with our independent panel of professionals with expertise in the field of autism and neurodivergence.

Beacon Award

If you have achieved an Advanced Award, you may wish to apply for a Beacon Award to gain recognition for exceptional work that has had a significant impact beyond your own provision - particularly within the local community and the wider field of autism practice. Eligible provisions can download the case study templates from the members' page and submit the completed documents to the Accreditation Quality Manager at stephen.dedridge@nas.org.uk.

An independent panel will review the application, considering the quality of evidence provided, the extent of co-production with autistic people, and the sustainability and reach of the work described.

If the panel is satisfied that the provision has made an outstanding contribution to improving understanding, inclusion and good practice beyond its own setting, the Beacon Award will be granted. Provisions that already hold the Beacon Award and are seeking re-accreditation can download and complete the reapplication form from the members' page.

Advanced Award (Conditional)

When a provision that has already achieved the Advanced Award undergoes a subsequent assessment, the outcome will reflect its current level of practice. If the provision is found to be operating significantly below Advanced level, a lower award will be issued.

However, if the areas requiring improvement are specific, limited in scope and have only a minor impact on overall quality, but still fall below the expectations for an Advanced Award, the Committee may consider issuing a Conditional Advanced Award.

This decision will be clearly explained in the Committee's findings. The report will confirm that the Advanced Award is granted on the condition that the provision addresses the identified areas for development. Failure to make these improvements will be taken into account at the next assessment.

This is an internal process. The certificate and any public statement issued by the National Autistic Society will refer to the award simply as 'Advanced', without reference to its conditional status.

Appendix

Award criteria



Award criteria

Effective communication and meaningful social participation

Communication profiles	
Aspiring	- Strategies to address social communication needs are included but may remain broad or generic, lacking sufficient personal detail staff can apply in practice. - Goals related to communication and social interaction may be vague or long term, making progression difficult to measure. - Strengths or skills may be noted but are not consistently reflected in strategies. - Profiles may be written primarily for staff, reflecting priorities such as behaviour expectations, routine compliance, academic expectations, task completion or risk management.
Accredited	- Profiles provide a clear overview of how individuals communicate and socially engage, including preferred methods, skills and challenges. - Plans select from established approaches and methods according to what is best suited for the individual. There may be scope to expand and integrate the range of methods to provide a more creative, flexible and individualised plan. - Information is adopted into accessible working documents. For example key points from a detailed Speech and Language Therapy assessment summarised in a concise one page crib sheet for support staff. - Goals are clear, regularly reviewed and increasingly shaped using SMART principles. - Profiles start to include the person's own views alongside organisational priorities. They move away from being mainly staff focused and begin to show a shared understanding of the person's strengths, needs and preferred ways of working. There may be scope to give greater attention to the everyday impact on communication, relationships and quality of life as experienced by the individual.
Advanced	- Guidance is highly personalised and specific, detailing the exact conditions, methods and resources that support effective communication; for example the expressive meaning of a specific word, gesture or action. - Plans draw on a wide range of approaches and methods, blended creatively and finely tuned to each person's skills, interests and motivations. - Plans are presented in formats accessible to different audiences, including individuals and their supporters. - Evidence informed reviews of fully SMART goals demonstrate measurable progress, linking outcomes to stronger relationships, greater social participation and improved quality of life, all aligned with personal priorities and aspirations.

Award criteria

Effective communication and meaningful social participation

Communication and social participation in practice	
Aspiring	- Staff use basic strategies (like slowing speech or using gestures) to support understanding, but these are used inconsistently and are not tailored to the individual. Staff may fill silences by talking, repeat instructions too quickly or change the order or wording, making it harder for the person to process what's being said. Strategies identified in support plans may not be seen in practice. - Some people have basic resources (like picture cards or objects of reference), but these aren't always available or used reliably. Sometimes the resources don't match the person's age, understanding or needs, or they're too abstract to be genuinely helpful. - Social interactions are often led by staff - for example, explaining tasks, offering reassurance or redirecting behaviour - rather than being shaped around the person's interests. Communication can depend too much on familiar staff and familiar settings, which limits opportunities for the person to build skills that transfer to new people or environments. - Peer interactions are mostly incidental, and community opportunities tend to be limited, repetitive and risk-averse - for example, taking everyone to the same local venue each week or holding an occasional event like a summer BBQ for all families.
Accredited	- Staff adopt spoken language, check for understanding and avoid reliance on speech alone by providing access to a range of communication methods - sign systems, AAC devices, gestures, facial expressions, symbols, pictures, objects of reference and environmental cues. Methods are tailored to individual needs, with evidence of staff adjusting how they communicate. - Peer interactions are actively facilitated through shared activities, with staff coaching social skills to strengthen connections. - Social participation reflects preferences and wellbeing needs, though access to tools and opportunities may vary across settings (eg classroom vs. playground, home vs. community). - At this stage, tools are increasingly balanced to support both comprehension and expression, indicating growing capacity for authentic two way communication and highlighting opportunities to strengthen this further. Tools may more often, support comprehension than expression, suggesting scope to strengthen authentic two-way communication.
Advanced	- Staff embed a culture of multimodal communication that is consistently inclusive and responsive. - Support is tailored and dynamically adopted in real time, with staff fluent across a wide range of methods. Authentic two way communication is actively promoted, ensuring individuals are equally supported to understand and to express themselves. - Peer relationships are actively supported. People get help to start, maintain and deepen connections. Social activities are built around each person's interests, communication style and goals. Structured opportunities help them grow lifelong confidence, autonomy and resilience in different contexts. - Community access extends beyond familiar venues, enabling meaningful engagement with less familiar people, places and networks. Inclusion is consistently maintained and thoughtfully adopted, ensuring opportunities reflect identity, goals and readiness.

Award criteria

Functional life skills, lifelong learning and autonomy

Planning Pathways to Functional life skills, lifelong learning and autonomy	
Aspiring	- Plans record only basic, generic information, without consistently identifying each autistic person's skills and challenges in functional life skills. - Approaches to support lack personal detail, particularly around everyday activities, transitions, coping with change or making choices. - Outcomes are described broadly, with plans providing only starting points and no clear pathways toward progressive self-reliance and autonomy.
Accredited	- Plans outline pathways for developing functional life skills across daily living, work, and lifelong learning. - Each autistic person's skills and challenges are identified, with approaches or tools for activities, transitions, coping with change and making choices included. - Plans show progress in practical life skills identified by staff, but the direction is still mostly shaped by staff rather than the person. - Links to quality of life, personal aspirations, and greater self-reliance and control may not always be explicit.
Advanced	- Plans provide clear, individualised pathways, consistently identifying each person's skills and challenges across everyday life, work and lifelong learning. - Pathways have a clear developmental framework linked to programmes for independence or accredited courses. - Pathways reflect the perspective and lived experience of the individual, showing how skill growth leads to resilience, autonomy and meaningful participation. - Outcomes are explicitly linked to quality of life, demonstrating individuals becoming more independent in ways that are rewarding and aligned with their personal aspirations.

Award criteria

Functional life skills, lifelong learning and autonomy

Supporting functional life skills, lifelong learning and autonomy	
Aspiring	• Individuals can follow predictable daily schedules, but support for changes and transitions is limited and not consistently multi modal (visual, verbal, tactile). • Tasks are often either pitched too low to provide challenge or completed only with heavy reliance on one to one direction and step by step staff instruction. Prompts and supports tend to be generic, with non-verbal reminders available but used inconsistently. • Opportunities to practise daily skills are provided, though irregular and largely staff led. • Choice is limited and often framed by staff, leaving opportunities narrow and guidance largely directive. • The immediate environment is safe, but lacks cues and opportunities for independent exploration.
Accredited	• Individuals are supported with predictable schedules alongside consistent, multi modal strategies for changes and transitions (visual, verbal, tactile). • Tasks are pitched at appropriate levels, with scaffolding that encourages independence while still offering guidance when needed. • Prompts are adopted to individual preferences and non-verbal reminders are used reliably. • Opportunities to practise daily skills are regular and increasingly shaped around individual interests. • Choice is offered more frequently, with staff facilitating rather than directing decisions. Environments are safe and include cues that encourage exploration and participation. • Staff are developing a more consistent approach to promoting choice and autonomy, with growing awareness of when to step in and when to step back.
Advanced	• Tasks are designed to balance challenge with independence, with staff intentionally fading prompts as autonomy grows. • Supports are bespoke, responsive, and co-produced, reflecting each person's strengths, preferences and communication styles. • Opportunities to practise daily skills are embedded across contexts, guided by individual interests and linked to meaningful outcomes within life skills pathways. • Choice is authentic and central to planning, with staff enabling self direction rather than steering decisions. • Environments are safe, stimulating and purposefully created to foster exploration, resilience and lifelong confidence. • Staff embrace their responsibility to promote autonomy, actively coaching strategies that build competence, confidence and self advocacy across diverse settings - all within a culture committed to dignity, inclusion and lifelong learning.

Award criteria

Sensory joy and regulation

Sensory profiles	
Aspiring	- Sensory challenges are noted only in brief or generic terms, without clear links to daily life, participation or wellbeing. - Profiles lack specific personal examples of sensory triggers and responses and rarely highlight positive sensory experiences. - Challenges are listed without being translated into practical strategies staff can apply.
Accredited	- Each individual has a structured sensory profile providing an overview of how they respond to sensory input. - Profiles often emphasise distress, overload, or avoidance, with limited reference to positive sensory experiences. - Sensory reactions are sometimes seen as fixed traits, rather than understood as changing with context. - Subtle differences - such as being under-sensitive, masking or the 'hidden' senses beyond the five main (like proprioception, vestibular and interoception) - may be overlooked. - Sensory information is starting to be used more consistently, and there is growing scope to weave it into other areas of support, such as behaviour support.
Advanced	- Each individual has a structured sensory profile explicitly highlighting their perspective and lived experience, informed by careful observation and consultation. - Profiles capture both positive and negative responses to sensory input across different contexts and environments. - Profiles consider traditional senses, hidden senses, hypersensitivity and masking. - Sensory profiles are treated as live documents, fully integrated into strategies for emotional regulation, wellbeing and participation. - Clear links are made between sensory profiles and quality of life outcomes.

Award criteria

Sensory joy and regulation

Supporting sensory regulation in practice	
Aspiring	• Staff recognise that individuals may have sensory sensitivities and may engage in sensory seeking or avoiding behaviours. • Some tools and strategies are introduced, but these are often staff-initiated and generic rather than tailored to individual needs. • Steps may be taken to create low arousal environments, but consistency across the provision is limited.
Accredited	• Individuals engage in sensory activities they find enjoyable or relaxing and can tolerate a variety of sensory experiences within safe contexts. • Bespoke tools and approaches are employed to help regulate sensory input that interferes with activities or causes discomfort. • Environments are maintained or adapted to support self-regulation, though consistency and personalisation may vary across contexts.
Advanced	• Individuals are offered diverse opportunities and resources to explore sensory experiences in safe environments. • Staff observe responses, gather feedback and adapt interventions to ensure regular access to pleasurable or calming sensory input. • Bespoke tools are implemented flexibly, with effectiveness regularly reviewed. • Environments are consistently maintained and thoughtfully adapted to facilitate optimal self-regulation, informed by consultation and inclusive action research. This enables individuals to build self awareness, autonomy and resilience in regulating sensory input, supporting participation in progressively more complex sensory-rich environments.

Award criteria

Emotional wellbeing, participation and consultation

Planning for emotional resilience and wellbeing	
Aspiring	- Support plans within the provision tend to emphasise reactive behaviour management rather than identifying environmental or relational triggers or recording proactive supports. - Restrictive practices are often framed as part of the everyday escalation process rather than exceptional measures, with some behaviour support plans listing restrictive responses as standard, giving the impression they are routine or inevitable rather than last resort interventions. There may also be some grey areas around the use of restrictive practices, such as keeping an individual apart from others in a separate space which need better clarification and staff guidance. - Activities that promote enjoyment, relaxation or achievement are rarely identified or recorded. Goals are frequently long term, vague or deficit focused, framed around reducing 'problem' behaviours or reducing risks rather than enhancing wellbeing.
Accredited	- Plans provide an overview of proactive and preventative strategies to support emotional regulation and reduce anxiety or distress, with environmental and relational triggers identified - though the level of detail may vary. - Strategies to support emotional well-being reference activities that promote enjoyment, relaxation or achievement - though the focus may lean more towards behaviour than overall quality of life. - There is scope to strengthen analysis and ensure outcomes are explicitly linked to each individual's aspirations, with greater attention to how support enhances wellbeing and life satisfaction.
Advanced	- Support plans identify optimum conditions for wellbeing and emotional regulation, informed by consultation and observation, with activities that provide enjoyment, relaxation, achievement and purpose central to planning. - Proactive and preventative strategies are detailed, creative, and bespoke, supporting resilience and participation across contexts. Restrictive practices are not included within proactive, therapeutic support plans but rather framed as stand alone, exceptional emergency actions explicitly linked to a strict policy on reducing or eliminating the use of restraint. - Goals and achievements prioritise quality of life outcomes such as resilience, autonomy and wellbeing. - Monitoring and evaluation are consistent and evidence based, using data, feedback and case studies to show meaningful improvements in skills, independence and social inclusion. - Outcomes are clearly linked to individual aspirations, highlighting the transformative impact of support on overall quality of life.

Award criteria

Emotional wellbeing, participation and consultation

Support for wellbeing and emotional regulation in practice	
Aspiring	• Staff show care and respect, aiming to meet basic physiological and safety needs. • Individuals experience moments of positive emotion through calm, predictable interactions, though this is not yet consistently planned or embedded. • Compliance with statutory wellbeing and safeguarding duties for children, young people or vulnerable adults may not always be assured. • Support is largely directed at managing overt emotional responses that can lead to distressed behaviour, with limited focus on building positive emotional experiences or strengths based engagement. • Staff demonstrate some awareness of triggers and use de-escalation strategies, helping individuals feel safer in relationships, though relational connection is not yet a core focus. • Restrictive practices are used with minimal and proportionate force, in line with established standards that safeguard against abusive practice. Staff are developing stronger vigilance to ensure these measures remain exceptional and do not drift into routine use.
Accredited	• Individuals are supported to feel safe, calm, and respected, with care that upholds dignity and emotional wellbeing. Staff help people experience more positive emotions and begin to build confidence in regulating their own feelings and understanding those of others. • Engagement is supported through personalised activities that reflect interests and strengths, helping individuals participate more meaningfully in daily routines. • Relationships are nurtured through warm, attuned interactions that promote trust, co-regulation and a sense of belonging. • Restrictive physical intervention may occasionally be considered necessary, but it is used only as a last resort, with minimal force and strict controls. • Each instance is followed by a reflective review to identify lessons learned, celebrate progress and strengthen future practice. Compliance with statutory wellbeing and safeguarding duties is good.
Advanced	• Support is neuroaffirmative, recognising differences as natural and valid, and consistently fostering safety, calm, respect, dignity, autonomy and positive emotional experiences. Emotional regulation strategies are compassionate, personalised and embedded in daily life, enabling individuals to notice, name, express and enjoy a full range of emotions. • Engagement is strengths based and deeply personalised, enabling individuals to experience flow, mastery and meaningful participation in activities that reflect their interests, identity and aspirations. • Relationships are central to practice, with staff actively nurturing connection, belonging, empathy and relational safety. Peer relationships and community connections are intentionally supported. • Meaning is woven through support, with individuals encouraged to explore what matters to them, make choices, express values and contribute to their community in ways that feel purposeful. • Accomplishment is celebrated through co produced goals, reflective reviews and recognition of progress, helping individuals build confidence, resilience and a strong sense of personal growth. • Compliance with statutory wellbeing and safeguarding duties is outstanding. • Services operate within a strong culture committed to reducing, and wherever possible eliminating, restrictive practices. Such occurrences are extremely rare and treated as last resort emergency measures to prevent immediate and critical harm. Each instance is subject to immediate management led review, including reflective analysis, tailored trauma informed emotional support and clear actions to prevent recurrence, ensuring continuous improvement and accountability.

Award criteria

Emotional wellbeing, participation and consultation

Meaningful consultation	
Aspiring	- Some efforts are made to consult with individuals, but these are often informal and anecdotal. - Consultation may be restricted by general assumptions about capacity related to age, limited spoken communication or learning disabilities, with satisfaction largely inferred from compliance. - Staff perceptions are not routinely checked against other consultation methods, and outcomes are rarely linked back to changes in practice. - A significant number of advocates report that individuals are not well-supported, and that they themselves are not kept well informed or consulted.
Accredited	- Consultation processes are well-established and used regularly to gather feedback, with differentiated approaches to overcome barriers related to age, communication method or cognition. - Advocates report high levels of satisfaction with their involvement. - Methods are embedded in everyday practice and formal activities such as school councils or house meetings, though staff may sometimes limit consultation to 'safe' topics that do not directly challenge practice. - Feedback is considered in shopping support, but data collection often lacks depth. Evidence remains limited, with consultation tending to focus on broad themes rather than specific issues. While consultation informs practice, there is scope to strengthen the link between feedback and measurable improvements in support.
Advanced	- Consultation with individuals and advocates is embedded as a core practice, with robust processes to gather both quantitative and qualitative data. - Evidence is collated systematically to show how people experience support, with clear links to improvements in wellbeing, autonomy and participation. - A wide range of tailored methods are employed to address both general and specific questions about how support can be improved. These include surveys, structured interviews, focus groups, reflective practice sessions and creative approaches such as visual mapping, story sharing and accessible digital tools. - Care is taken to ensure that communication preferences are respected. Where direct consultation is difficult, alternative methods - such as observation, creative expression or proxy feedback - are used to understand how the individual experiences and feels about the support they receive. - Action research methods further involve individuals and supporters in ongoing cycles of inquiry, reflection and change, ensuring consultation is continuous and co-produced rather than a one-off event. - Feedback from advocates is consistently strong. Data is analysed and presented in accessible formats - so that individuals and advocates can clearly see how their input shapes practice. Outcomes are transparently shared embedding a culture of accountability, co-production and continuous improvement.



Intellectual property

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Language used to reference autism

Language in this document follows National Autistic Society guidance, informed by research into the preferences of autistic people, their families and professionals, as well as feedback gathered through our wider work. Our aim is to use respectful, accurate, community aligned language.

Use of AI tools

AI tools were used to support drafting and organisation during the development of this framework and may also be used - under human supervision - to assist in completing assessments. All AI supported content is reviewed and approved by National Autistic Society staff, and AI outputs are never treated as final or standalone.

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