

**Collation of Frequently Asked  
Questions from Changing  
Conversations Ambassador  
Awareness Events in November 2020**



“changing conversations”

**Authors**  
Vicky Gilroy: MSc, RGN, RSCN, SCPHN-HV  
and Victoria Jackson: RCN, SCPHN-HV,  
Institute of Health Visiting

**Publication date: 15<sup>th</sup> December 2020**

## Collation of Frequently Asked Questions

This resource provides a collation of the FAQs that were raised at the awareness events. Our experts from the awareness events have supported us to develop answers to your questions which we hope you find helpful in your practice. Please do share these with your colleagues as part of your cascade.

### Contents

<b>1.</b>	<b>General questions about autism</b>	<b>4</b>
1.1	What terminology should we use, isn't neurodiverse the current term being used?	4
1.2	Some children present with autistic-like behaviour, but do not have a diagnosis, should we still call this behaviour autistic?	4
1.3	What causes autism? Is it the environment or their genetics?	4
1.4	There is some suggestion that autistic people cannot change their behaviours and characteristic. Is this true? And if so, is therapy or support appropriate?	5
1.5	When should children be told there are autistic and what this means?	5
1.6	How can we include autistic people in decisions about their care/treatment/support/education?	6
1.7	We are still asked about the link between MMR and autism, where is lasted evidence-based information on this we can signpost families and professionals to?	6
1.8	What is the link between Autism and ADHD? as they appear very similar and seem to overlap	6
1.9	How can we ensure a child is given the correct diagnosis when several conditions are very similar, is duel diagnosis the most appropriate answer?	6
1.10	Is there any information for families of autistic children who are diagnosed with multiple conditions? (e.g., ADHD, Stress and Anxiety, etc)	7
1.11	Are there any handouts we can give parents on all areas of autism?	7
<b>2.</b>	<b>Autistic adults and young people</b>	<b>7</b>
2.1	How can we support parents who are autistic?	7
2.2	Would counselling or psychotherapy be helpful for autistic young people?	7
2.3	What is the diagnosis process for adults with suspected autism?	8
2.4	What is the health visitors' role in supporting autistic parents?	8
2.5	What support do adults with autism need in the workplace?	8
<b>3.</b>	<b>Parenting support</b>	<b>9</b>
3.1	How can we avoid assumptions about parenting, when supporting families? Especially early in the child's life	9
3.2	How can we support parents with parenting, when interventions and parenting courses are not designed for children with autism?	9
3.3	What can we do if we have concerns following a contact with a family, but the parent has no worries?	9
3.4	How can we help parents see the positives in their child rather than all the milestones they are not achieving, or the challenging behaviour they are displaying?	9
3.5	How can health visitors support parents with the EHC Plan?	9
<b>4.</b>	<b>Specific behaviours</b>	<b>10</b>
4.1	How can we support families whose babies are showing early sensory issues?	10

4.2	Are there specific games/toys we should be advising parents about for babies and toddlers, to support sensory development?.....	10
4.3	How can we support parents to help their child manage normal day to day stress? E.g., change to routine, loud environments, change to family make up – new baby, new pet, etc.....	10
4.4	What support can we give families while they are waiting for an Occupational Therapist referral?.....	10
4.5	Where can we find more information on common parenting concerns? E.g., sleep, fussy eating, toilet training, especially pre-diagnosis.....	11
<b>5.</b>	<b>Specific organisation questions</b> .....	<b>11</b>
5.1	What support does the National Autistic Society offer before a child/person is diagnosed with autism?.....	11
5.2	Are we allowed to share the National Autistic Society video with our colleagues?.....	11
5.3	Who and how can we refer to the EPEC courses?.....	11
5.4	Have the EPEC courses moved virtual due to COVID-19?.....	11
<b>6.</b>	<b>Autism toolkit</b> .....	<b>11</b>
6.1	Can these resources be shared with FNP, SHN, Early Year Teams, etc?.....	11
6.2	Do we get copies of these presentations in our toolkit?.....	11
6.3	Will the toolkit be updated and how will we know?.....	11
6.4	Are we able to contact the health visitors on the Changing Conversation session today?.....	11



## 1. General questions about autism

### 1.1 What terminology should we use, isn't neurodiverse the current term being used?

One specific aspect of human diversity is neurodiversity, or the diversity of ways in which humans think, learn and relate to others. Some estimates suggest that around 20% of the population could be neurodivergent in one way or another (Victoria Honeybourne, Neurodiversity: the new 'normal'). Autism is one way of being, that is considered neurodivergent, but the term is a collective description which includes other conditions, such as ADHD, Dyslexia, Dyscalculia and others.

We therefore use the term neurodiverse as an all-encompassing term that includes autism and ADHD. There is not an agreed term that people with autism like to be referred to, as different people have their own preferences. It should also be noted that terminology is a sensitive area, and recent research suggests that preferences vary widely between individuals. As a general rule, the identity-first "autistic person" was endorsed by the majority of autistic adults, whilst parents of young children tended to prefer "on the autism spectrum" and similar person-first language. What we now call the autism spectrum has previously included outdated terms such as "Asperger's syndrome" which are now falling out of use. Some local areas may still use spectrum as this describes the range of differences in the way the brain works and the behavioural traits of individuals.

The most important thing is to respect the preferences of the child/family you are working with and ask each individual how they would like to be referred to. The term neurodiversity is therefore used in addition to, not a replacement for, talking about the more specific condition(s) the person has.

### 1.2 Some children present with autistic-like behaviour, but do not have a diagnosis, should we still call this behaviour autistic?

Behaviours should not be referred to as 'autistic'. It is better to look at the child as an individual and work with the family in understanding any behaviours, their impact, and any help that child might need regardless of any possible label or condition.

We do not always know how someone will react to using the term autism or autistic behaviour and so it is helpful, if you use this term, to ensure you have up-to-date and reliable information about autism, to support why you might be using the terminology without a diagnosis. Also, bear in mind there are other conditions that can "look" like autism, without a diagnosis it could be confusing for the family/carers and the young person. Therefore, depending on the context, describe the behaviours as autistic traits and highlight your concerns. However, comments like 'well, everyone is a bit autistic' are best avoided - the impact of autism can be debilitating, and is not just a minor irritant.


For further information on this, please access the National Autistic Society resource broaching the subject: <http://bit.ly/34iwJZo>

### 1.3 What causes autism? Is it the environment or their genetics?

There is no known definitive cause of autism and current research suggests there may be both genetic and environmental factors. There is strong evidence to suggest that autism can be caused by a variety of physical factors, all of which affect brain development – it is not due to emotional deprivation or the way a person has been brought up, but a stressful pregnancy can increase the risk of a child developing autism if there is a genetic predisposition to autism in the family. However, this does not mean a child will be autistic, but the likelihood will be greater. Scientists have been attempting to identify which genes might be implicated in autism for some years. Autism is likely to have multiple genes responsible rather than a single gene.

It is important to remember that autism cannot be 'cured'. People who develop autistic traits, or have a diagnosis later in life, are likely to have had highly efficient masking techniques which, largely due to extreme stresses, become impossible to hide. They will always have been autistic.






For more information, please access:

 National Autistic Society: The causes of autism - <http://bit.ly/38p3u8H>

1.4 There is some suggestion that autistic people cannot change their behaviours and characteristics. Is this true? And if so, is therapy or support appropriate?

Autism is complex and what helps one person may not help others, so it is vital that each person is supported as an individual and that any interventions are adapted to their specific needs.

A range of communication-based, behavioural and educational approaches exist, such as:

-  PECS (Picture Exchange Communication System)
-  SPELL (Structure, Positive, Empathy, Low arousal, Links)
-  TEACCH (Treatment of Autistic and Communication Handicapped Children)
-  Social Stories
-  Speech and language therapy

The National Autistic Society believes that interventions need to be adapted to the needs of the person and monitored for impact. The most comprehensive analysis of therapies and interventions has been conducted by the National Institute for Health and Care Excellence (NICE). Autism spectrum disorder in adults: diagnosis and management looks directly at therapies and interventions and was published in June 2012. In 2013, NICE published guidance for children and young people, Autism spectrum disorder in under 19s: support and management.

Therefore, therapeutic interventions can be effective in managing anxiety and an autistic person’s reaction to the world, but will have no bearing on their ability to ‘change’ their characteristics. Those who are hypersensitive will remain hypersensitive. They can avoid triggers if they wish. As already discussed, some autistic people, most notably females, have masking strategies that may be highly effective in what they present to the outside world. This can be a marked contrast to how they feel inside.

For more information please access: NICE - Assessment and diagnosis of autism: what to expect, A quick guide for young people and their families - <http://bit.ly/3nkF2eJ>

1.5 When should children be told they are autistic and what this means?

Some parents tell their children about their diagnosis when they’re quite young (primary school age), as their son or daughter becomes aware of their differences and starts to ask questions. Other parents wait until their child is slightly older, as they feel they will understand the diagnosis better. You may want to ask the child’s school or specialist psychologist to support parents with their decision and approach.



**Insight from parent:**

This is a very personal issue. When my son was diagnosed, we involved his siblings in talking about what his diagnosis meant. We explained it would not change my son’s challenges, but it would help us all come to terms with his difficulties and make allowances for him. Some parents choose not to tell their child at all, for fear of cultural stigma or labelling. I would embrace a diagnosis, yet this is not easy for everyone.

**Insight from person with lived experience:**

I can only speak from personal experience, and this is likely to vary by individual. I was diagnosed aged 9 and the adults involved were open with me from the start. At the time, I didn’t really understand what it meant to be autistic but, as I reached secondary school and began to realise I was different, it was incredibly helpful to know why I was different rather than accepting the more harmful labels I was getting from my peers! Autism is nothing to be ashamed of and talking about the child’s differences with them when it comes up naturally (including when seeking diagnosis/support) can help their own self-understanding in the long run. I would also suggest talking about what autism means for them – giving specific examples of their differences rather than trying to explain everything about the autism spectrum at once – and making sure this includes their strengths, interests and other positive aspects of their autism, as well as the things they struggle with.

For further information, please access:

-  Telling your child about their diagnosis - a guide for parents and carers: <http://bit.ly/3rajp3h>
-  Everyone is different there is no right or wrong time, see NHS Help for families of autistic people: <http://bit.ly/2WnJGwJ>



**1.6 How can we include autistic people in decisions about their care/treatment/support/education?**

This is age dependent and can be gauged in either direct conversation, and/or by including parental views and those of teachers and teaching assistants, and other healthcare practitioners. It is important that, no matter the age of the child or the severity of the condition, a person-centred approach is taken, making any reasonable adjustments needed to enable their inclusion or their parents in the decision-making process, including ongoing support.

**1.7 We are still asked about the link between MMR and autism, where is latest evidence-based information on this we can signpost families and professionals to?**

The latest research has found no link between MMR and Autism.

If parents would like more information about this, signpost them to the NHS website: <http://bit.ly/3qZn7MS>

If you would like to see the latest report of the research (Hiviid et al 2019), it can be accessed here: <http://bit.ly/3p1CHWD>

**1.8 What is the link between Autism and ADHD as they appear very similar and seem to overlap?**

The National Autistic Society estimates that 30% of autistic people also have ADHD. More generally, most people with one neurodevelopmental condition actually have more than one, and those who don't meet criteria for a full additional diagnosis might still have traits – in short, real brains don't always fit the boxes we've made for them!

Having a "first diagnosis" of ADHD, dyslexia or dyspraxia has been associated with delays in getting an autism diagnosis, despite the huge overlap between these conditions. This is partly due to "diagnostic overshadowing" – when a person gets one diagnosis, all their difficulties and differences are often assumed to be part of that diagnosis rather than considering the possibility of additional conditions. Having ADHD should not preclude an autism diagnosis and vice versa.

Autism is often diagnosed alongside other conditions. It's important to support people with more than one condition in a way that meets all their needs, while understanding that the needs that arise from being autistic are distinct. Most people with ADHD experience both inattentiveness and hyperactivity-impulsivity. For some people with ADHD, their difficulties mainly lie in just one of these two areas. ADHD has an impact on day-to-day life, including school, work and relationships.

ADHD tends to run in families, and children are often diagnosed between the ages of six and 12. Find out more at ADDISS, YoungMinds, The ADHD Foundation and ADDUK (a site by and for adults with ADHD): <http://bit.ly/3gUBYDJ>


**1.9 How can we ensure a child is given the correct diagnosis when several conditions are very similar, is dual diagnosis the most appropriate answer?**

What actually matters is that the child's needs are met. Many children will go undiagnosed, but their needs will still be the same. There is an additional layer of impulsivity with ADHD, but how we respond to the child is more important than how many diagnoses they have.

Diagnosis is usually made through a team approach and it is at that point a decision should be made about the information that is given to the child and their family. If it's unclear, a team discussion can help agree a consensus and ensure that all involved are clear and consistent in the information they give. Unfortunately, most diagnostic processes are set up to look at one condition at a time, so people often spend years waiting for one diagnosis only to be told it's more likely to be another similar condition, then they have to start all over again. Some neurodevelopmental services for children are trying out new structures that will allow them to assess for more than one condition at a time. You can find out more about this in the Embracing Complexity in Diagnosis report.

Most people with neurodevelopmental conditions have more than one. Others will not meet criteria for a full additional diagnosis but might still have traits which are useful to know about to support the child. If a child meets criteria for more than one condition, there is no reason not to diagnose them with more than one condition.

For more information, please access:

 National Autistic Society: Related conditions - a guide for all audiences: <http://bit.ly/2K0qfaP>



 National Autistic Society: The diagnostic assessment: <http://bit.ly/2ISDiu6>

**1.10 Is there any information for families of autistic children who are diagnosed with multiple conditions? (e.g., ADHD, Stress and Anxiety, etc)**


Embracing Complexity is a coalition of 58 organisations supporting people with neurodevelopmental conditions (and related areas such as mental health). People with neurodevelopmental conditions have more than one, but services, systems and policies are usually set up to look at one condition at a time. Their vision is a world where everyone with neurodevelopmental conditions can achieve their potential. More information is available on their website.

Within the Changing Conversations Toolkit Library there is an A-Z of useful organisations, all of the organisations within this resource have been quality assured. There is also a PDF version in the Family Home that you can share with families.

Parents and families often get fantastic support from their peers, it is therefore recommended that you look at your local offer to see what support is available in your area to signpost parents and families to.

For further information, please access:

 National Autistic Society: Related conditions - <http://bit.ly/384uYQE>

 National Autistic Society: Anxiety - <http://bit.ly/37okJHK>

 National Autistic Society: Autistic fatigue and burnout - <http://bit.ly/38dTbDc>

 Embracing Complexity website - <http://bit.ly/3oVS2b5>

**1.11 Are there any handouts we can give parents on all areas of autism?**

Please look at the Changing Conversations Toolkit Library for a list of quality assured organisations, the majority of these organisations have a variety of resources which can be given to parents or they can be signposted to. The Ambitious About Autism “Right from the Start” toolkit is a valuable resource to signpost parents to, as is the National Autistic Society website. Most of these websites have a resource section with handouts and information for families, which you can share with them.


## **2. Autistic adults and young people**


**2.1 How can we support parents who are autistic?**

In 2015, autistic people and their families told the National Autistic Society that increasing public understanding of autism is the most important thing the National Autistic Society should be doing (alongside improving social care, education and access to diagnosis). The National Autistic Society created the Too Much Information campaign to challenge myths, misconceptions and stereotypes that mean that 79% of autistic people feel socially isolated. The campaign ran for three years from 2015-2018, helping the public to better understand autism and the changes they can make.

It is important to remember when talking to people that compassion and understanding goes a long way. For those with autism, keeping questions and instructions as simple as possible will help, as well as reducing eye contact and being sensitive.

For further information, please access:

 National Autistic Society: Supporting autistic parents - <http://bit.ly/3r5hFla>

 National Autistic Society: Family relationships - <http://bit.ly/3gTEoCH>



**2.2 Would counselling or psychotherapy be helpful for autistic young people?**

As with anyone, it can be very useful. It is important to remember that everyone is unique, some young people will find therapeutic approaches helpful and others may not. By using a person-centered approach involving the parent and child, a discussion can be held on the most appropriate support.

### 2.3 What is the diagnosis process for adults with suspected autism?





This will vary from area to area - generally, the first point of contact is the GP, who can then refer on to the service responsible for adult autism diagnosis in the local area. Unfortunately, the waiting lists are typically months if not years. The diagnosis process itself varies widely by region – some services conduct all assessments in one long appointment and give the results on the day, whilst others require several shorter appointments spread out over a few weeks. The assessment usually features a series of activities designed to measure autistic traits as well as a structured interview about the person’s life and why they have sought an autism assessment. Where possible, input from a parent (or someone else who has known the person since they were a child) is useful to provide insight into the person’s early childhood.

It is best to contact your local GP or Adult Learning Disabilities Team who will be able to inform you of the local pathway and criteria. You can also signpost people to:

-  NHS website: Getting diagnosed - <http://bit.ly/2WnwzeN>
-  National Autistic Society: Diagnosis - <http://bit.ly/387FgPT>

### 2.4 What is the health visitors’ role in supporting autistic parents?

From the insight work completed as part of the development of changing conversations, it highlighted that the most important role of the health visitor is to offer individual and personalised support to all parents:

-  Listen without judging, dismissing or minimising
-  Help the parents coordinate the assessment process, what it means and what happens next – remember an autistic parent will potentially have additional sensory needs and need support with understanding instructions. Try and confirm what you have agreed and any plans with the parent.
-  Support with specific behaviours such as sleep, eating and toilet training
-  Signpost to support

The parents were very clear that they do not expect the health visitor to have all the answers and it’s ok to say, “I don’t know”, but what they did want is an offer to find out or to be signposted to the most appropriate place.

By arranging regular “catch-up” points with the family you can support the family throughout the early years and help guide them through the next phase.





Listen to what they say. Praise what they are doing and celebrate the positives of their child, avoid focusing on negatives or starting conversations by asking what is wrong.

Ensure you signpost an autistic parent to support such as the National Autistic Society.

### 2.5 What support do adults with autism need in the workplace?

This will vary widely by individual; one useful resource is DARE’s Reasonable Adjustments Toolkit, which highlights a range of adjustments used by neurodivergent adults in the workplace. Every autistic person is different, and what helps one person might be detrimental to another. It is important to remain open and make clear that the person can ask for adjustments if they need it (and take them seriously when they do!). The employee might not know what they need straight away – particularly if they’re new to the workplace or if they’ve only recently been diagnosed with autism – so don’t expect them to come prepared with a list of adjustments, and keep that conversation open throughout.

Everyone is different, so the most important thing is to identify what reasonable adjustments might be needed. The National Autistic Society provides a helpful guide about employment see:

-  National Autistic Society: Employing autistic people – a guide for employers - <http://bit.ly/2ISDWb0>
-  National Autistic Society: Too Much Information - <http://bit.ly/37n7iru>
-  A short 2min video Could You Stand the Rejection? By the National Autistic Society <https://bit.ly/2Wi0l4G>
-  Within the Library in the toolkit is a link to e-learning about supporting adults within the workplace.



**Insight from person with lived experience:**

I wear noise-cancelling headphones at work to help me focus in a busy office environment – this isn't really an adjustment because lots of neurotypical and neurodivergent people in my office do the same, but I know some workplaces are stricter about it! I also really struggle with phone calls, so I don't have a phone number in my signature and all communication is by e-mail/text if possible. Thankfully I find video calls much easier, and I hope that the normalisation of video calls in the pandemic will continue after the pandemic so I can take part!

Many autistic people who would excel in the workplace face barriers in recruitment practices such as interviews. At Autistica, we give all our candidates the interview questions in advance to give them time to process and reduce anxiety – when I was looking for work this was always something I didn't want to ask for because I was worried it was “cheating”, so this was really helpful! You could also consider offering a work trial instead of an interview to allow the person to demonstrate their skills.

**3. Parenting support**

**3.1 How can we avoid assumptions about parenting, when supporting families? Especially early in the child's life**

Keep an open mind and ask open questions. If anything causes you concern, make further gentle enquiries or arrange to meet again to discuss these further.

**3.2 How can we support parents with parenting, when interventions and parenting courses are not designed for children with autism?**

There are some courses that are available run by organisations like KIDs and EPEC, access your local offer to see what is available in your area.

The sense of isolation for families can be overwhelming, so signposting families to peer support maybe beneficial.

Often parents and families want to be listened to, discuss the individual family's need and offer an appropriate package of support, signpost them to resources within the A-Z of useful resources and organisations.

**3.3 What can we do if we have concerns following a contact with a family, but the parent has no worries?**

Ask the family what they think, for example if you are concerned at the 2-year review that a child is not talking, ask the parents what they think about their child's speech - they may respond with other siblings were late talkers, or they may not mix with other children of that age and not realise what is normal development. Discuss the parents' responses and, if they are still not concerned, arrange a follow-up contact to see if there has been any change.


It is important to be parent led and remember the parents may have lots of other emotions and worries around their child, which need to be discussed and resolved before your concerns can be discussed.

**3.4 How can we help parents see the positives in their child rather than all the milestones they are not achieving, or the challenging behaviour they are displaying?**

Use positive language when talking with families and highlight the child's gifts, encourage a different conversation that does not focus on problems but on the good things that happen/have happened. Think about how you are phrasing your conversations, rather than saying “do you have any concerns”, say “isn't Niamh playing well, how have things been since I last saw you?”

Praise is a good way to reinforce the behaviour we want our children to display - by encouraging parents to praise, it will help them focus on the good behaviours throughout the day rather than the negative. Use every opportunity in a contact to praise the child and to highlight the things they are achieving.

Further information can be accessed at:

 National Autistic Society: Strategies and interventions - SPELL - <http://bit.ly/3mpyKt0>

**3.5 How can health visitors support parents with the EHC Plan?**

There are a number of ways you can support families:

 Inform them what the EHC Plan is and what benefits it may have to their child



- 🌈 Help them meet with the school to discuss this and setting up a multidisciplinary team meeting
- 🌈 Signpost them to organisations such as IPSEA who can help parents with the process and challenging outcomes <http://bit.ly/2ITu1C4>

Further information on EHC Plans can be found at:

- 🌈 National Autistic Society: Education, health and care assessment - <http://bit.ly/2K0rLd1>

## 4. Specific behaviours

### 4.1 How can we support families whose babies are showing early sensory issues?

It is important to first understand how the baby is responding to the sensory input, are they quiet and withdrawn or agitated and unsettled? Depending on if they are a “quiet baby” or a “unsettled baby” will influence the support you will offer. Consider the following:

- 🌈 How are the parents playing with their baby?
- 🌈 What routines are in place at night?
- 🌈 What is the baby’s sleep pattern? Are they having daytime naps?
- 🌈 How many activities/groups is the baby attending?

Discussing infant mental health and brain development will be beneficial to the family, helping them to understand the importance of routine, calm time and when to recognise their baby is over stimulated.

Also consider the family mental health. We know that maternal mental health impacts on the baby and how they respond to stimulus, therefore ensure parents are getting the support they need.

Information on sensory needs in babies is still limited, however for further information on sensory needs in the early years please access:

- 🌈 Autism Toolbox: Sensory Differences - <http://bit.ly/2KsXoMa>

If you have specific concerns about a baby or child, we recommend that you contact your local Occupational Therapy department and discuss with them any support they can offer.

### 4.2 Are there specific games/toys we should be advising parents about for babies and toddlers, to support sensory development?

There are no specific games or toys which are recommended for babies and toddlers to support sensory development. We would recommend that, as with all babies and children, parents are signposted to age-appropriate toys, games and books which support their development. If you have specific concerns about a baby or child, we recommend that you contact your local Occupational Therapy department.

### 4.3 How can we support parents to help their child manage normal day-to-day stress? E.g., change to routine, loud environments, change to family make up – new baby, new pet, etc

Many autistic children and adults struggle with transition and changes, especially if it is unexpected. Supporting families and early years settings to be aware of strategies such as “visual stories” and “now and next” boards can be extremely helpful.

For further information on these strategies and how to implement them please access:

- 🌈 National Autistic Society: Visual supports - <http://bit.ly/3rcYZGO>

### 4.4 What support can we give families while they are waiting for an Occupational Therapist referral?

This will be dependent on what the child has been referred to the Occupational Therapist for. Work with the family around practical support, consider the use of the now and then strategies above. Work with the family to understand triggers for behaviour and consider focusing on not using complex instructions. Rather focus on what the parent would like to do – for example try and avoid the Don’t word.

The strategies, as highlighted in the presentation from Charlotte Wilson and Dom Ray (in your toolkit), will be helpful as a starting point.

It may be beneficial to discuss the referral with the Occupational Therapist before submitting, and asking them what you can do to support the family while awaiting an appointment.

**4.5 Where can we find more information on common parenting concerns? E.g., sleep, fussy eating, toilet training, especially pre-diagnosis**

In the Toolkit Library you will find a range of quality assured organisations and resources, many of these have information on supporting with specific behaviours which you can get information from or signpost parent to. Some of these resources are not autism specific, but the information is applicable to all children, and are not condition specific.


**5. Specific organisation questions**

**5.1 What support does the National Autistic Society offer before a child/person is diagnosed with autism?**

The National Autistic Society has 116 volunteer-led branches across the UK, covering almost three-quarters of the country. Their hard-working volunteers run support, information and social activities for autistic adults, children and their families in their local area.


For further information please access:

 National Autistic Society: Local branches - <http://bit.ly/38bd6ni>

 National Autistic Society: Pre-diagnosis - <http://bit.ly/3mqi3h8>

**5.2 Are we allowed to share the National Autistic Society video with our colleagues?**

Please do! It can be found at:

 National Autistic Society; What is autism? - <http://bit.ly/3dvmmvV>

Here are some other films of interest to share:

 National Autistic Society: Too Much Information - <http://bit.ly/37n7iru>

**5.3 Who and how can we refer to the EPEC courses?**

The Being A Parent course is free to attend, and any parent is welcome. It is aimed at parents who have children aged 2-11. They also cover other subjects such as Baby And Us, Living With Teenagers and Being A Parent – Together (which is for couples, and comes via a school or social services referral). The courses are run specifically for parents with ASD or ADHD, children need a CAMHS referral.

This only available currently in London, please look at their website for further information: <http://bit.ly/3mtJNkJ>

**5.4 Have the EPEC courses moved virtual due to COVID-19?**

Yes, they have gone online, as with most courses, until normal service can be resumed. There is a strong possibility that, once COVID-19 has subsided, they will still maintain the virtual courses in some capacity, as they have proved so supportive, helpful and are well attended.

This is only available currently in London, please look at their website for further information: <http://bit.ly/3mtJNkJ>

**6. Autism toolkit**

**6.1 Can these resources be shared with FNP, SHN, Early Year Teams, etc?**

Yes, the cascade session is for you to share with all members of your team and those in your area who you think will benefit from the training. Once you have delivered the cascade session, complete the registration form and return it to [projects@ihv.org.uk](mailto:projects@ihv.org.uk) and we will arrange for your colleagues to have access to the toolkit.

**6.2 Do we get copies of these presentations in our toolkit?**

Yes, you will find this in the Training Resources Hub – which you can access once you have completed the toolkit evaluation

**6.3 Will the toolkit be updated and how will we know?**

Yes, we envisage that the toolkit will be added to, so please look regularly for new resources. If any resources are updated, we will email you to inform you.

**6.4 Are we able to contact the health visitors on the Changing Conversation session today?**

Yes, as agreed on the day, we will send you the email addresses of those who attended the same session as you.





**Institute of Health Visiting**

A Registered Charity Number 1149745

c/o Royal Society for Public Health, John Snow House, 59 Mansell Street, London E1 8AN

Telephone: +44 (0) 207 265 7352 | Email: [info@ihv.org.uk](mailto:info@ihv.org.uk)

[www.ihv.org.uk](http://www.ihv.org.uk)