



**HELP FOR INSTANT PROFESSIONAL EFFICIENCY
FOR AUTISM SPECTRUM DISORDER
Number 2012-1-FR1-LEO05-34952**

Final report

Work Package 2

Transfer process

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1. BASIS OF THE PROJECT

1.1 Context and needs

Social and professional integration of people with ASD is a European issue.

All professionals in education, social sector, health-care or company fields must therefore acquire cognitive and key behavioral skills in order to be able to deal directly with this public who is more and more integrated in a normal social life.

Except for a very basic training provided to some social and health-care professionals, other already existing trainings in Universities are long-term trainings. Others, from the private sector, are costly. Furthermore, the content of those trainings is more often theoretical and not up-to-date, whereas approaches in terms of care arrangements for people with ASD constantly evolve with regards to practices and experiences of professionals working daily with this public.

However, professional people newly in touch with this public and who need to interact daily with them, find it very difficult to do so due to the lack of specific training in autism. Here are some common examples for which professionals would need support and training :

- A teacher having to work with an autistic pupil
- Company employees having to work alongside a person with autism
- A social worker who has an opportunity in a specialized institution and who must be efficient since day one
- A cook or a bus driver working for a specialized institution without any qualification in autism
- Families who have to find the best solutions for their own child and who therefore need more understanding about autism

1.2 SESAME AUTISME LANGUEDOC course as the core of HIPE4ASD

The origin of the HIPE project is justified by the fact that many professionals do not have any knowledge and know-how about autism in the targeted sectors of the project. The SAL course had been implemented for 2 years and the need in France seemed to be obvious, whatever the category or qualification levels of professionals in this sector.

In the social and medical field, it is not possible to train experts for each topic but in another way, basic skills and knowledge are required for each kind of public.

1.2.1 Objectives of the existing course, basis of the transfer

- To provide a better knowledge of the different aspects of autism, including the update of the knowledge.
- To improve the care and the communication with the persons with autism
- To provide a course in line with the European background which is now requested to work with persons with autism
- To facilitate the exchange of practices and experience between all the categories of professionals
- To develop the cooperation between parents and professionals.

The trainers were internal resources among the professionals working in SESAME AUTISM and were chosen for their capacities to provide a course based on practices.

1.2.2 Key-characteristics of the course

- The content is adapted to the level and participation of the trainees and also to the interactivity of the sessions.
- Global philosophy: permanent updating process – multiprofessional audience including general services in order to enable professionals to share a common background within an institution..
- Lectures, stories cases, experiences based on field work.
- Trainers are selected within the network SESAME AUTISME.
- Basic documentary resources.

1.2.3 Contents

CONTENT (2 x 2 days)

- 2 days : basic knowledge about autism and autistics
- 2 days : how to care persons suffering from autism ?

1st day

What is autism ?

History of autism

Definition – syndrome – manifestations – enlargement of the spectra - prevalence – etiology – present knowledge.

Functional aspects

- Diagnostic
- Clinical evaluation
- Functional aspects - explorations and research

Educational aspects

- Psychological specificities
- Psycho-cognitive evaluation

2nd day

Persons suffering from autism : a special mental functioning

Cognitive, behavioral and sensitive specificities (updated information) – consequences relative to the care.

- Communication of and with the autistic person
- Evaluation
- Language and communication
- Early reeducation and alternative communication

Behavioural problems of the autistic person

- Observation
- Functional evaluation
- Use and management of behaviours

3rd day

Specialized care

Global care of the person (education, care, socialization) – ideological discussions and contradictions (psychoanalytic or behaviorist mainstreaming) - toolkit

Education

- Individual and customized educational path
- Early intervention and long life long

4th day

Specialized care (second part)

The care and « how to care » (care including body care and reinforcement of body perception) - psychological help –« therapies » used to make the persons more quiet – good use of medicine – medical aspects

- Genetics
- Drugs and therapies
- Medical/ para-social dimensions integrated to the care

Socialisation (valorisation of the social roles – innovative projects and initiatives – socialisation – users’ needs) - Collaboration parents and professionals

- Familial accompagnement and care
- Participation in the individual project
- Choice of services
- Role of the different actors in the network : parents and professional caregivers

1.2.4 Target groups/sectors :

Six main field of intervention can be defined for autism as phases where specific attention is required :

1. Early diagnosis
2. Families information and accompaniment
3. **Specialized education and school**
4. Teenagers (specific care is there required)
5. **Adulthood and access to employment**
6. Ageing persons

The HIPE4ASD project was targeting essentially categories 3 and 5.

Targeted sectors where in accordance to this selection and also with the consortium’s expertise :

- Education (schools staffs, teachers, managers)
- Medico-social field :
 - Caregivers (families, volunteers and social workers)
 - Social workers, educators, psychologists
 - Professionals of caring institutions or services
- Employment (Job placement, coaching, management)
- General services as these professionals are in daily contact with persons with autism in specialized institutions (drivers, cooks, security, maintenance...)
- Anyone needing this knowledge and know-how

1.3 Main steps of the WP2 process

1.3.1 Agreement between partners

The transfer of the course was made on the basis of convergent elements :

- Common terminology to agree on definitions
- Needs of people with ASD
- Specific professionals to be targeted in order to guarantee a global approach and an optimum impact
- Expected competencies for the care and accompaniment of ASD
- The course includes broad exchanges of practices and experiences and competencies-based in the line of ECVET approach.

Partners have agreed on a 4-module course :

1. What is ASD.
2. Psychological aspects and characteristics of a person with ASD.
3. Full care of the person.
4. Sector-specific intervention (contextual module)

1.3.2 Objectives

- To agree, define and write a common terminology about the autism spectrum disorder and competencies used and reviewed the status of the matter.
- To agree, define and write the needs of a person with Autistic Spectrum Disorder (ASD) and professionals involved.
- To identify the professional profiles of the professional who take care of and intervene with people with ASD by sector, in order to define academic competencies (core and specific) and its evaluation system.
- To define, write and agree on the core and specific competencies required competencies for professionals involved in ASD care and its evaluation system.
- To review and adapt the existing autism French course to a competencies requirements for ECVET process.
- To define, write and agree on the common training scheme (training characteristics, training contents, training program planning model, profiles of the trainees, competencies evaluation system and competencies evaluation activities).

2 TRANSFER GENERAL METHODOLOGY AND SCHEDULING

2.1 Workplan

5 th June	First draft of expected competencies of the trainees and evaluation system Debate with steering committee	PTF ALL
20 th June	Deadline for expected competencies of the trainees and evaluation system changes	ALL
5th July	Final document on expected competencies of the trainees and evaluation system	PTF
5 th July	First draft of teaching guide Debate with steering committee	PTF
15 th July	First draft of training materials for trainers and trainees Debate with steering committee	PTF
25 th and 26 th July	TRANSNATIONAL MEETING 3 – COPENHAGUE Work on teaching guide contents and training materials for trainers and trainees	ALL
1 st September	Deadline for teaching guide changes and training materials for trainers and trainees changes	ALL
10th Sept	Final training kit	PTF
	Translation of the final training kit and adaptation to each country partner	ALL
WP3		

2.2 Actual chronological implementation

November 2012	TM1 agreements on WP2 (planning, methodology, procedures, work to be done by everyone)
Nov 2012-Feb 2013	Details on the states of the art about autism (legislation, general framework of intervention, professionals) for common report.

Jan - April 2013	Analysis of professional profiles in order to define the required competencies (basic and specific ones) by sector and a COMMON TERMINOLOGY – PTF has elaborated a competency map and a map of concerned professionals (targeted in WP3). A first list of training content was done by SAL.
March 2013	During TM2, partners validated the first common terminology linked to autism, to the needs of ASD people, to the professionals concerned by the matter and the index of the future course.
April 2013	New version by PTF of all tools to be sent to all partners for their validation and for agreement by the autism experts from each country.
May – June 2013	Analysis of the different grids and contents for the first listing of expected competencies from professionals.
June – July 2013	Steering committees and autism experts from each country provide comments and suggestions for amendment.
July 2013	PTF compiles the documents and finalizes the common training index, lists the expected competencies from the future trainees of the WP3 test. SAL develops the content of the final training in agreement with the synthesis TM3 : Presentation of those results for last amendments and agreements. At this stage, SAL proposed some videos for competencies evaluation. This tool was accepted by the consortium but its adaptation requires one additional month of work.
Aug – Sept 2013	PTF designs the final training program, the planning model document, and the competencies evaluation system table and competencies evaluation activities according to the discussions during the TM3 in Copenhagen.
September 2013	SAL defines the process for the evaluation of competencies and knowledge evaluation (videos). SAL and PTF define: the final training kit (finalized contents, training program, duration and sequences terms and evaluation processes). Each partner validates the kit in agreement with the steering committee and with the last adjustments per country. Launching of all translations (finished in October due to the videos).

2.3 Methodology

The work has been developed through a collaborative system. Most of the tasks were developed through emails, phone calls, Skype calls as well as Transnational Meetings.

The WP2 was coordinated by PERE TARRES FOUNDATION who defined the WP2 process, follow up of deliverables and partners, elaborated documents drafts in order to be validated and enriched by other partners.

The SESAME AUTISME LANGUEDOC as co-coordinator provided the information about the French Course, the content of the pilot course and the extra materials (such as the video) for the course.

Each partner have provided the tools in the national languages, elaboration of national frames, its views on terminology, professionals involved in correspondence to its sector specificity, etc.

2.4 Main steps in the transfer methodology

The main steps followed by the partners are:

- Preliminary Transfer Process: the elaboration of PRELIMINARY TOOLS AND KNOWLEDGE that will constitute the basic understanding among partners and particularities in each country participant for the pilot course.
- Main Transfer Process: the elaboration of the TRAINING KIT and the COMPETENCES EVALUATION MATERIALS that will be used in the pilot course

2.5 Preliminary Transfer Process

Elaboration of the PRELIMINARY TOOLS AND KNOWLEDGE for the pilot course :

- Finalization of Convergence Work Europe National Frames
- Legal aspects and context of Autism among country participants.

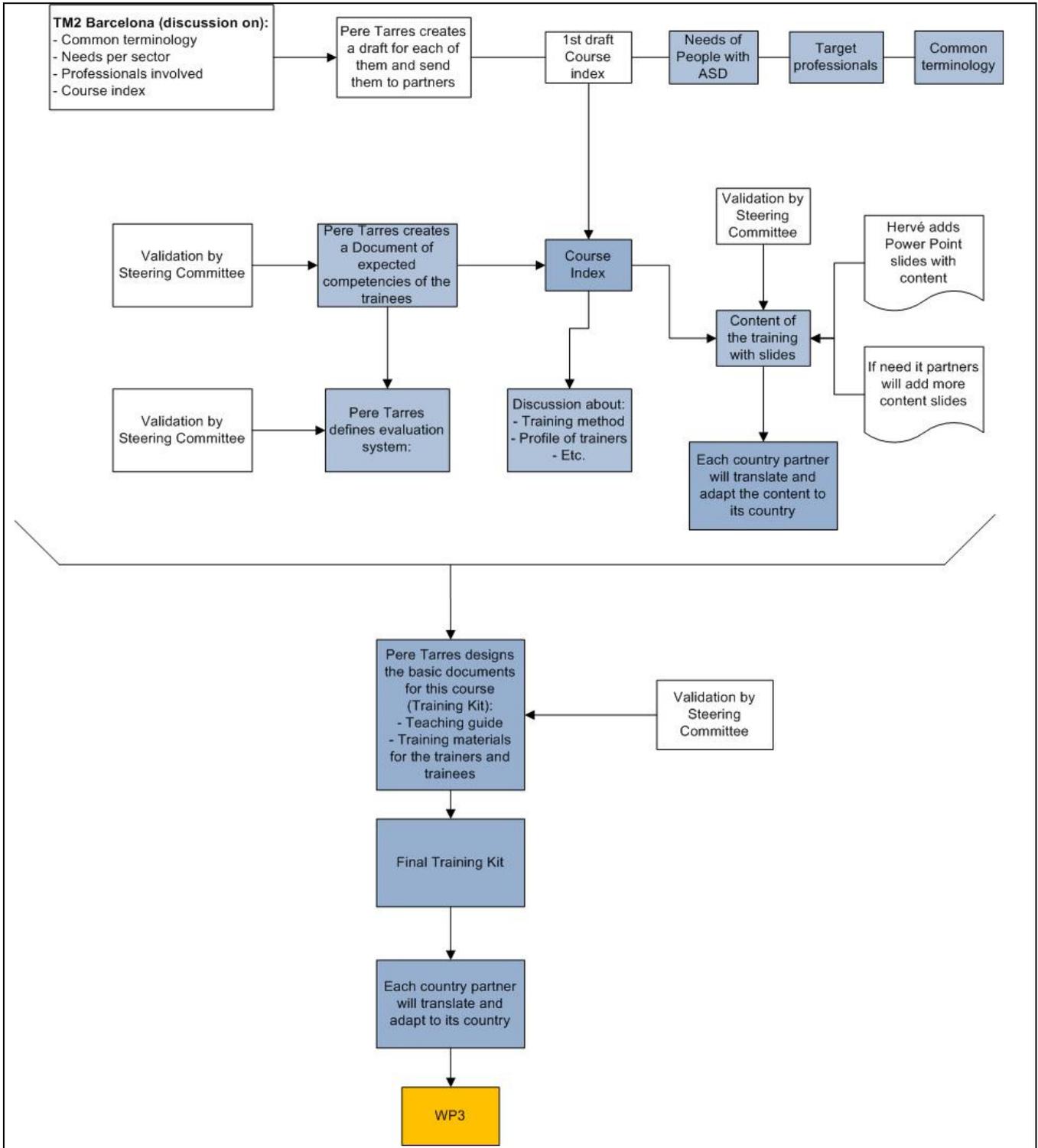
- Clarification of the European terminology among partners in relation to Autistic Spectrum Disorders concepts, training course and evaluation of competencies.
- Consensus among partners on the needs of a person with ASD per sector (from a holistic perspective).
- Definition of the professional categories involved in the pilot course.
- Elaboration of a common referential for the evaluation of competencies.
- Agreement among partners in the definition of the two main competencies that will be developed in the pilot course.
- Definition of the main contents of the pilot course for all countries.
- Development of the competence evaluation tools.

2.6 Main Transfer Process

Elaboration of the TRAINING KIT and the COMPETENCES EVALUATION MATERIALS

- First draft and proposal of a pilot course model for the partners (contents and dynamics).
- Extra material for the course: French videos on ASD.
- Online resources on ASD in European Countries.
- Elaboration of the teaching guide and final training kit.
- Adaptation of the training kit to each country specificities and translation into national languages.
- Support material for the pilot course.
- Creation of competence evaluation grids.
- Elaboration of the questionnaire for the evaluation of competencies.
- Validation of the pilot course and its tools by the National Steering Committees.

2.7 WP2 Process



3 PRELIMINARY TRANSFER PROCESS: Elaboration of the PRELIMINARY TOOLS and KNOWLEDGE for the pilot course

3.1 Introduction

In order to prepare the documentation, training kit, complementary materials, evaluation tools, etc. a preliminary phase was needed. The main objective of this phase was to define shared vision among partners on the knowledge, terminology and perspective on Autism and the pilot course.

This task was mainly developed during the Transnational Meeting 2 in Barcelona.

The main activities developed in this process were:

- Finalization of Convergence Work Europe National Frames.
- Clarification of the European terminology among partners in relation to Autistic Spectrum Disorders concepts, training course and evaluation of competencies.
- Definition of the main contents of the pilot course for all countries.
- Identification of the specific targeted public in each country partner that will be involved in the pilot course.
- Consensus among partners on the needs of a person with ASD per sector (from a holistic perspective).
- Consensus on the evaluation system of competencies.

3.2 Finalization of Convergence Work Europe National Frames.

The State of the Art on Autism of each country participant is essential to understand the social, cultural, political and economic perspective in relation to the topic. What we call “common knowledge” is not always perceived as such in all European countries. Some political and social preconceptions deeply determine the resources and services for people with ASD. In this sense, the economic crisis doesn't strike equally to all European countries, especially in relation to budget cuts. The welfare state is not the

same in Mediterranean countries as in Denmark for instance. Family protection (especially in autism) is basic and a key issue in Mediterranean countries.

Before the application form was presented all partners provided a general approach about the State of the Art in each country. However, a more deep and ASD focused analysis was needed. That is why, before starting with the pedagogical transfer process and update and complementary work was developed. The objectives of this document were :

- Visualize the specificity of ASD in the political, social and legal context of each of the country participants.
- Compare the public services and resources available for people with autism.
- Meet different skills of the professionals working with people with autism, divided by sector in each country
- Compare already existing courses on ASD in each country.
- Make the different perspectives and conceptions in each country converge.

After the TM1 the elaboration of the document was started. First of all, a template was distributed among partners in order to define the issues to be raised. In concrete:

- Legislation about Autism Spectrum Disorders (ASD).
- Public services and resources available for people with autism.
- Required skills of the professionals working with people with autism, divided by sector:
- Compare already existing courses on ASD in each country.

All partners filled their country information and sent it to WP2 coordinator, which compiled and synthesized the information. This final document served as a basis for the transfer process.

Four main conclusions about the final document :

- There is a wide diversity of the legal environment in the five countries but we can identify two approaches. In this sense, FRANCE has developed a more specific legislation on ASD than other countries. ITALY, GREECE, DENMARK or SPAIN, the legal frame is more general and the ASD is taken into consideration in a “general Social Services law” or fitted in the same group as other disabilities or handicaps.
- In most of the countries, it is difficult to identify specific public services for people with ASD. Most of the public ASD services and resources are considered as a specific handicap or disability, and enjoy the same services as such. In FRANCE the public

services for ASD are more structured considering its legislation, but still some lacks. In all countries, social organizations are more structured and provide a wide range of services more focused on the needs of ASD people, which compensates the lack in public sector.

- Most of the specific skills for professionals working with ASD are not clearly identified. Most of the education and trainings focus on the specific needs in each sector. Transversal skills are directly developed in the already existing trainings.
- Except for a very basic training provided to some social and health-care professionals, other already existing trainings in Universities are long-term trainings. Others, from the private sector, are costly. Furthermore, the content of those trainings is more often theoretical and not up-to-date, whereas approaches in terms of care arrangements for people with ASD constantly evolve with regards to practices and experiences of professionals working daily with this public.

3.3 Clarification of the European terminology

Almost from the very beginning of the project and especially during the elaboration and update of the Convergence Work Europe National Frames, the partners pointed out as a must to have a COMMON TERMINOLOGY of the terms used in the field of Autistic Spectrum Disorder and evaluation context.

The purpose of this tool was to facilitate the cooperation among partners and cultures from different countries and avoid misunderstandings during the project work.

The task started during the Transnational Meeting 2 in Barcelona with a creative dynamic to define the basic terms. After the meeting a draft terminology was consolidated and sent to all partners, who agreed and validated the document.

The objective was to agree on the meanings of the English words and expressions which were used as a common working language.

3.4 Definition of the main contents of the pilot course for all countries.

The French course, which is the basis of the HIPE4ASD project transfer, already has some existing contents about autism. Those contents are valuable for making up the

training kit of the HIPE project. SESAME AUTISME LANGUEDOC provided a Power Point made of more than 300 Power Point slides and other complementary sources, such as videos.

Furthermore, the structure of the French course as well as other partner's courses on autism can be a good basis for the creation of the training kit. During the First Transnational Meeting held in Montpellier, SESAME AUTISME LANGUEDOC presented the main structure of the course and some contents of the course. Other partner members also presented their own courses on autism that they develop in each country. The comparison showed some similarities (mainly in the contents or the activities) but some differences such as the duration of the courses (from 8h to 80h).

During the Transnational Meeting 2 in Barcelona, a first approach on a potential index for the course was made. A general index was made with some ideas about the content, the structure, duration, etc.

With this general index, SESAME AUTISME LANGUEDOC adapted the French content of the course to the provisional index of the pilot and translated into English. The resultant document was a Power Point presentation in English with all the content of the pilot course in 121 slides.

3.5 General Index of the pilot course

First Module : What is autism?

General characteristics and medical aspects and resources (ONLINE).

- 1.1 History of autism.
- 1.2 Definition: the syndrome; different symptoms; broader aspect of the spectrum; prevalence; etymology and common knowledge in this area.
- 1.3 Technical aspects.
- 1.4 Medical aspects, genetics, medicines and therapies and medical and 'para'-social dimensions (integrated to care).
- 1.5 Diagnostic and Psychological distinctions.
- 1.6 Clinical assessment (symptoms, suspicions and typical evidence for the early diagnosis).
- 1.7 Technical aspects and explorations.

Second Module :

Psychological aspects and characteristics of a person with ASD

1. Cognitive, behavioral and sensory characteristics of autistic people (updated knowledge). Psychological distinctions and psycho-cognitive assessment.
2. Consequences of the accompaniment (also known as “companion-ing” or “bodying”).
 - 2.1 Communication of the autistic person and with the autistic person:
 - Assessment.
 - Language and communication. Responsible communication.
 - Communication methods (visual communication code, train the communication through oral speech, role playing, others...).
 - Early functional re-education, alternative and increasing communications.
 - 2.2 The problematic behaviors of the autistic person:
 - Observation.
 - Technical assessment.
 - Function and management of behaviors (protocols and routines, need of reassurance when an unknown person enters in the autistic person’s sphere, emotional management-Self-control and emotional understanding and quiet and protected environment).

Third Module : Full care of the person

(education, care, socialization – rejection of ideological problems – the toolbox):

- 3.1 The education (Tailor-made educational program and early care and all along life).
- 3.2 The socialization (valorization of social roles – innovating projects, socialization, person’s needs).
- 3.3 Collaboration between parents and professionals (family accompaniment, input in individual project, services choice and role of parents and professionals in the network).

Fourth Module :

Sector Specific Intervention

1. Sector specific situation analysis.
Example: Labor market (Employment).
 - 1.1 What are employers facing of challenges when employing people with ASD.
 - 1.2 What are the needs of people with ASD in the labor market.
 - 1.3 Gap analysis: What are the typical gaps and how to address them.

2. Concrete strategies for interacting with people with ASD.
 - 2.1 Developing concrete strategies for interaction with people with ASD in the specific sector (market/industry).
 - 2.2 Transversal issues (i.e. those who can be observed across sectors): customized approach for each individual; Clear, relevant and responsible communications; speed of action when intervening; Lifecycle view - “17-9 as a prerequisite for 9-17”; others.
 - 2.3 Understanding other stakeholders and their roles (social services, unions, doctors, parents & families, employers etc.).
3. Specific approaches and sector-specific tool-box.
 - 3.1 Best practices known from the specific sector.
 - 3.2 Case studies – relevant examples of what worked well and what did not work well.
 - 3.3 Possible “guest-star” – a good speaker with a great case.
 - 3.4 Sharing of a “tool-box” with concrete templates, check-lists, tips & techniques, model for responsible communications etc.
4. Building individual action plans.
 - 4.1 Translate learning’s from the course into relevant plans of action for immediate application after end of course.
 - 4.2 Adapt to frame in the specific situation (e.g. for a given sector or a specific organization/employer).
 - 4.3 Example: for a corporate entity, the course participant will spend time building a rough plan of action in relation to HR policies, corporate culture, competence model, tasks to be carried out, office layout etc.

3.6 Definition of the professional categories involved in the project

One of the key aspects in any training course is to define the target public (trainees) that will receive the training. A precise definition of the target public will increase the interest and enhance the impact of the course among participants.

The definition of the professional profiles that will participate in the pilot course was based on the sector specific professionals in each country. That is, based on the five sectors (health services, social sector, employment, education, auxiliary/general services) each country defined the more common professionals involved in the field. Each partner had to fill an Excel document and provide information about professionals per sector and its country. In addition, and having in mind the European

frame of qualifications, the document also provides information related to the Qualification level (primary, secondary, tertiary, Phd, master, etc) in each country.

The consolidated document with the professionals involved in each sector and country was presented during the Transnational meeting 2 in Barcelona, after a cooperative online work among partners. After that during the Transnational Meeting 3 in Copenhagen, each partner defined the specific profile of the trainees that will develop the pilot course:

- **Greece (Education):** headmasters, school teachers, and school advisors.
- **Denmark (Employment):** job coaches, Human Resource (HR) managers, business staff and managers in companies.
- **Spain (Auxiliary / General Services, Health Services and Social Sector):** drivers, cleaners, admin staff, security, cooks, waiters, gardeners, caregivers, professional caregivers, social educators, social workers, social integrators and leisure time education monitors, psychologists and pedagogues.
- **Italy (Health Services and Social Sector):** social operators, general services, school teachers and trainers in professional courses.
- **France (Health Services and Social Sector):** psychologists, General Practitioner (GP), caregivers (nurse assistants), social workers, educators, animators and operational staff (supervisors within functional and shops, technical).

3.7 Consensus among partners on the needs of a person with ASD per sector

One of the key points of the French course is the applicability of the training to any professional working with people with autism. Different sectors and different needs converge in a same course. Listing the competences that every professional in every sector needs to deal with people with autism is not always well accepted. So, we need a different approach to make it achievable for a course.

That is why we started from the basics and considering the needs of a person with ASD. In concrete, we listed those needs that are essential for each sectors within the course is intended to be applied: social sector, educational sector, health services, employment and general services.

What is needed it for the educational sector such as peer to peer teaching is not applicable to health services such as nutrition guidance or early diagnostic. However, among them, we identified few of them that are transversal and applicable to any of the sectors, such as motional management/self-control or communications skills. Those needs were taken into account and transformed into competencies, which will be considered in order to define whose will constitute the pilot course.

3.8 Consensus on the evaluation system of competencies

The elaboration of the evaluation system of competencies was fundamental in order to check the impact of the course and the potential transferability to each partner country.

Before the elaboration, we defined some presuppositions that should be taken into account for the evaluation system:

1. We need to have objective performance evaluations which can measure levels of acquisition
2. The contents of the course must be directly linked with the needs of a person with ASD and the needs of the professionals involved
3. The performance evaluation is an ongoing process that aims to improve the quality of the work and professional skills of the individuals
4. The performance appraisal is done by obtaining the necessary and sufficient evidence
5. Performance evaluation should allow all participants in the course to take an active role in identifying their strengths and weaknesses
6. The participants in the evaluation should know in advance the date of the evaluation and it will be develop into a good atmosphere
7. The evaluation must be motivated to facilitate and promote their self-evaluation

Based on those premises we determined a process for the evaluation. It was agreed to create two evaluation tools:

1. **A Table with the Evaluation System.** The document would be used by the trainer and trainees of the pilot course in order evaluate the acquisition of each competence during the course. The document should be scientific but also practical and applicable to the reality of the pilot course. Considering the European framework we decided that the table should contain:

- Units of competences.
- Evaluation criteria.
- Indicators.
- Level of acquisition.

2. **A specific Questionnaire to test the Acquisition of Competencies.** A document to be answered by the trainees where they can show what they have learned of the course. The test should be understandable by any trainee (education level), transferable (to the table with the evaluation system), useful (should contain activities that can analyze the acquisition of competences) and practical (the document should be deliverable and answered through online access; post-post test).

The evaluation tools were planned to be executed during the overall project: at the beginning of the first day of the course (pre-test), at the last moment and last day of the course (post-test) and after three months the course ended (post-post test). This follow-up was the essential phase to check both efficiency and relevance of the HIPE course and the impact in the daily professional practices.

3.9 Conclusions of the Preliminary Transfer Process

In general terms, the duration of the Preliminary Transfer Process over passed the expectations and original planning. Several activities and documents were produced and an intense work was developed by all partners. However, all partners agreed that this process was necessary and increased the quality of the materials that were used in the pilot course (Work Package 3) and was in line with the evaluation requirements (Work Package 4).

In the competence analysis, the expertise and knowledge on autism and competencies analysis differ among partners. By spending time in defining the key competencies that have to be developed during the pilot course and explaining the competence evaluation tools, we reduced the misunderstanding and the misleading information in the evaluation process. We have to consider that not every organization is used, in their daily life, to working on competence analysis.

During the Transnational Meeting 1 in Montpellier and the finalization of Convergence Work Europe National Frames some contradictions and misunderstanding around the

concept of autism, psychological approach, etc appeared. So, the definition of a common terminology was needed to continue with the project.

Each country partner defined a National Steering Committee made by experts on autism and competence evaluation which validated all steps of the project and its deliverables.

As a conclusion, during the first period of the project much work was done in order to guarantee the quality of the Main Transfer Process. Despite, it is not the core and main deliverables of the WP2, this part shouldn't be undertaken so it is a condition for a correct development of the main transfer process.

4 MAIN TRANSFER PROCESS: Elaboration of the TRAINING KIT and the COMPETENCES EVALUATION MATERIALS

4.1 Introduction

Once the pillars of the transfer has been established (preliminary transfer process) the main phase of the Working Package 2 started. The objective of this process was to create the basic materials for the development of the training (training kit) and the competence evaluation system in order to pilot the course.

The main activities developed in this process were:

- First draft and proposal of a pilot course model for the partners (contents and dynamics).
- Online resources on ASD in European Countries.
- Elaboration of the evaluation system of competencies
- Elaboration of the final training kit.
- Adaptation of the training kit to each country specificities and translation into national languages.
- Overall validation of the pilot course materials and process by the National Steering Committees.

4.2 First draft and proposal of a pilot course model for the partners

For the creation of a first proposal of a pilot course model, some work done in the Preliminary Transfer Process has to be considered:

- Previous trainings developed by each country partner (including the original French course).
- The potential index for the course developed in Transnational Meeting 2 in Barcelona.
- The content of the French course (Power Point slides) and the support material (videos) translated into English.

In addition, during the Transnational Meeting 3 in Copenhagen several aspects of the pilot course were defined among partners. More precisely:

- **The minimum duration of the pilot course is 20h.** After some discussions and to confirm that to define a common duration of the course was not possible, all partners agreed to establish a minimum duration. In addition, the 20h minimum duration has to be face-to-face (obligatory) and extra hours or e-learning are optional.
- **The number of sessions.** It will be decided by each partner, considering the country specificities, the needs of the partner organization, the profile of the trainees, etc. The original course in France is developed intensively in one day (8h), however in Spain the Spanish Law requires that course has to be developed in working hours.
- **The number of trainees will be from 12 to 15 people.** In order to have a good number answers and information for the pilot analysis it was agreed a minimum and maximum number of trainees with the sector profile. The number can be increased, but this amount is required in order to have verifiable data.
- **Each partner will define a minimum of one sector for the pilot.** As explained previously in the Preliminary Transfer Process, each partner/ country will develop the pilot course within its sector expertise. It is not necessary to have all sectors represented per country, considering that in the evaluation we will mix all different sectors.
- **A suggestion of the pilot sessions.** To divide the course in 2 moments: 2 sessions in a week and then in 1 or 2 weeks later again another session.
- **About the recognition of the course in credits.** We will not be able to get ECVET certification as the duration of course is too short to obtain the credit. In addition, there are several differences on certification of competences at professional level. Maybe the recognition of credits can be taken into consideration at university level.

With all this information a first draft was proposed by the Working Package 2 coordinator and validated by each partner and the National Steering Committees.

The draft was organized in a table divided in course days:

- **Units of competencies.** It contains the four main competencies that the course will develop.
- **Contents.** The general topics that will be developed under each competence.

- **Learning strategies.** For each of the contents different activities were planned. Furthermore, considering that the duration of the sessions will be long, several activities were planned to make it more dynamic. Such as, video learning, group activity, debate, work-in-pair, case studies, learning by doing, role-playing, face-to-face, etc.
- **Duration.** Each activity or learning strategy has its own approximate duration during a session.
- **Tools/ activities.** The concrete explanation of each activity: general idea about how will be developed and concrete Power Point slides where the information about the contents is.
- **Learning assessment.** Concretion of how each activity will be evaluated and the tools that will be used (linked to competence evaluation system).

4.3 Elaboration of the evaluation system of competencies

The elaboration of the evaluation system of competencies was fundamental in order to check the impact of the course and the potential transferability to each partner country.

The production of the evaluation system was made collaboratively among partners and coordinated by the WP2 leader. In this sense, some of the partners had more experience and expertise in evaluation of competences and others on the intervention with people with autism. So, the conjunction of all approaches configured a very concrete and applicable system.

A first draft of competencies, table and test was made by the experts of PERE TARRES FOUNDATION, and the prioritization and consensus was made during the Transnational Meeting 3 in Copenhagen. After the meeting a final version with the comments was made and validated by the National Steering Committees.

The result was a Table with the Evaluation System organized by:

- Units of competences.
- Evaluation criteria.
- Indicators.
- Level of acquisition (Likert Scale).

In addition to that, a Specific Questionnaire was designed to test the Acquisition of Competencies.

The Table and the Questionnaire were tested with the trainees at the beginning of the first day of the course (pre-test), at the last moment and last day of the course (post-test) and after three months the course ended (post-post test).

4.3.1 Definition of the two main competencies that will be evaluated in the pilot course.

After the consensus on the needs of a person with ASD and the definition of the trainees' profiles, many competences were identified. Those competences are basic for professionals working in the different sectors in order to intervene with people with autism.

Any course or training based on the European Framework of Competences should prioritize which competences are expected to be learned by the trainees at the end of the course. The project partners identified four different competencies that will be developed during the pilot course. That is:

- Understanding of ASD and characteristics.
- Interacting with a person with ASD according to their needs and characteristics.
- Adapting the environment to the needs and characteristics people with ASD.
- Collaborate with the family and other professionals that support people with ASD.

A deep analysis of those competences will imply a lot of work and will substantially increase the time of evaluation. With this purpose of making the pilot course more achievable, all partners agreed to prioritize two main competences that any professional to intervene with people with autism. The prioritization and consensus of those two needs was made during the Transnational Meeting 3 in Copenhagen. The two competences that were chosen are:

- Interacting with a person with ASD according to their needs and characteristics.
- Adapting the environment to the needs and characteristics people with ASD.

4.3.2 Evaluation criteria and indicators

For each of the two core competences (units of competencies) an evaluation criterion was established in order to have more concreteness on each competency of the course.

For the first unit of competency “Interacting with a person with ASD according to their needs and characteristics” there were established three evaluation criteria:

- To recognize characteristics in verbal and non-verbal communication observed in people with ASD.
- To adapt the natural style of communicating to the needs of a person with ASD to get an effective communication.
- To prevent and manage behavioral disorders in a person with ASD.

For the second unit of competency “Adapting the environment to the needs and characteristics people with ASD” there were established two evaluation criteria:

- To recognize the relevance of the environment and adapt it to the needs and characteristics of people with ASD.
- To structure environmental aspects according to the needs and characteristics of people with ASD.

In the same sense, for each evaluation criteria a collection of 1-6 indicators per criteria was made in order to check if the competence was acquired or not. Each indicator was measured in a Likert Scale from 1 to 6 (1. Non acquisition, 2. Unsufficient acquisition, 3. Acceptable acquisition, 4. Remarkable acquisition and 5. Excellent acquisition).

The resultant table was used by the trainers and trainees in order to reflect the acquisition of competencies.

4.3.3 Test questionnaire to test the acquisition of competencies

Once the table with the Evaluation System was made after Transnational Meeting 3, we started to focus with the test that trainees will do in order to check the acquisition of competencies.

The test was divided in two activities were the trainee had to show what he/she has learned from the course. Each activity was associated to one unit of competency. The activities have been designed to be done online especially considering that the after three months evaluation (post-post test). That is why the test was based on a visual scheme and with the support of some videos with real stories of people with autism.

The videos were made by the SESAME AUTISME LANGUEDOC partner and translated to each of the national languages of the country participants. The videos were also used as a complementary tool in the content of the course.

4.4 Elaboration of the final training kit.

The purposes of this step were:

1. To compile all the final documents produced in the WP2 that will be used by the trainer in order to develop the pilot course and guarantee a good quality.
2. To synthesize and clarify the common training scheme (training paths, profiles of trainees and trainees, eventual techniques requirements, etc.).

This result is the final deliverable of the transfer process before the WP3 testing phase (pilot implementation) and the evaluation of the pilot course. All the documents were designed to be used as a tool for the trainers and with the purpose to fit at maximum to the needs of the professionals. The final training kit has been validated among all National Steering Committees before the testing phase.

The final training kit is a compilation of all documents produced that will be used by the trainer. The documents are:

- Finalization of Convergence Work Europe National Frames.
- Common terminology.
- Training program planning.
- Training contents index.
- Support materials (Power Point slides, videos and other training resources).
- Evaluation system (Table Evaluation System and Questionnaire of Acquisition of Competences).
- All the other questionnaires and evaluation tools of the course (knowledge, expectations and satisfaction)

So, the Final Training Kit is not a single document but a compilation. The documents are written in English and each country participant translated to its language and adapted to its specificities.

4.5 Support material for the pilot course.

Other support material has been designed by the trainers specifically for its course. They are not part of the main training kit, but they complement and enrich its contents. In concrete:

OTHER SUPPORT MATERIAL	ES	FR	IT	DK	GR
Best Practices Compendium		X			X
Legal Basis and state of knowledge		X			
Complementary videos (other than the main two)		X	X		
Pictograms and pictures of elements	X	X	X		X
Practical examples (case studies)	X	X	X	X	X
Teamwork activities	X	X	X	X	X
Other contributions from the academia/ universities	X	X	X		X
Complementary E-Learning Course				X	
Other elements	X	X	X	X	X

4.6 First draft of the online documentary resources.

Information and resources of ASD in Europe differs among countries. There are some European organizations which are specialized in ASD such as “Autism Europe”. However, and concerning the project scope, it is necessary to have more precise information in each country.

During the finalization of Convergence Work Europe National Frames, information concerning online resources and key organizations in the field of ASD was set up by partners. In these sense, each partner identified which country specific organizations are key for the project purposes.

The information collected was only done to guide any professional who needs to enter deeper in the question of autism in order to orientate and help. The objective was not to be exhaustive. A final version was reviewed to be included in the Working Package 2 and also used in WP5 in order to help in the dissemination and valorization activities.

Some of the provisional information provided in each country:

Spain

Confederación Autismo España - www.autismo.org.es/AE/default.htm
Autismo Europa - www.autismeurope.org/
Federación Autismo Andalucía - formacion.autismoandalucia.org/
Instituto de Salud Carlos III - <http://iier.isciii.es/autismo/>
Sociedad Internacional para la Investigación sobre Autismo - www.autism-insar.org/
Fundación Menela - www.menela.org/
Federación Autismo Cataluña - www.autismecatalunya.com/
Federación Catalana de Autismo y Asperger - www.fecaa.cat/
Asociación Española de Profesionales del Autismo - <http://aetapi.org/>

Italy

ANGSA - Associazione Nazionale Genitori Soggetti Autistici: www.angsaonlus.org/
Autismo Italia - Organizzazione Non Lucrativa di utilità Sociale:
www.autismoitalia.org/
Emergenzautismo: www.emergenzautismo.org/
FANTASIA - Federazione delle Associazioni Nazionali a Tutela delle persone con
Autismo e Sindrome di Asperger: www.fantasiautismo.org
Genitori Contro Autismo: www.genitoricontroautismo.org/
Gruppo Asperger Onlus: <http://www.asperger.it/>
Io cresco: <http://www.iocresco.it/>
Regional centre of reference:
Ospedale di Fano - Unità Operativa Neuropsichiatria Infantile - "Progetto Autismo Età
Evolutiva Regione Marche" - Responsabile: Dr.ssa Vera Stoppioni
e-mail: npifano@supereva.it

Greece

www.autismhellas.gr the Hellenic website about Autism and Pervasive Developmental Disorders (specialized unit for the treatment of children with autism and pervasive developmental disorders- children's general hospital of Athens "Panagiotis & Aglaia Kyriakou").
<http://autismpraxis.ning.com> the social network of autism.
www.aspergerhellas.org the site of Greek adults with Asperger syndrome and high functionality.
www.autismthessaly.gr the site of the Association of Parents, Guardians and Friends of autistic people in the prefecture of Larisa (Thessaly).
www.noesi.gr a site that consists of pages for the education, health and welfare. The topics, in particular, relates to child development, special education needs, prevention and care, methods of intervention, social and professional integration.

www.autismgreece.gr Greek Society for the Protection of autistic individuals.

www.sch.gr the site for the Greek educational services.

www.disabled.gr a site mostly managed by people with severe mobility disabilities but very useful as it gathers, enters, classifies, publishes and distributes information on a daily basis concerning people with disabilities, and people with special educational and consumer needs.

www.specialeducation.gr an independent Internet source that provides support and information on issues pertaining to special education and inclusion of individuals with disabilities and related needs. The site is not connected to any private or state initiative which allows it to be a valid & credible source of information.

www.monorodi.gr PECS (Picture Exchange Communication System), FBA (Functional Behavior Analysis) and BAT (Behavior Adjustment Training).

www.parents.gr a site that helps parents gather and share information. It is owned by the nonprofit company called "Hellenic Association for the Information of Parents".

www.pecs-greece.com a site built by Pyramid Educational Consultants, which is the main source of Pyramid Educational Method and PECS (Picture Exchange Communication System).

France

Chronologie très complète de la politique du handicap en France: www.vie-publique.fr/politiques-publiques/politique-handicap/chronologie/

Rapport du Sénat (07/2012) sur l'application de la loi du 11 février 2005: www.senat.fr/notice-rapport/2011/r11--notice.html

Haute autorité de santé (HAS) : Autisme, état des connaissances: www.has-sante.fr/portail/jcms/c_935617/autisme-et-autres-troubles-envahissants-du-developpement

Agence Nationale de l'Evaluation et de la Qualité des Etablissements et services sociaux et médico-sociaux (ANESM) - www.anesm.sante.gouv.fr/spip.php?page=article&id_article=375

Fédération Française Sésame Autisme : www.sesame-autisme.com/

Autisme France: www.autisme-france.fr/autisme-france

Centre Ressources Autisme Languedoc Roussillon: www.autisme-ressources-lr.fr/

Association pour le Recherche sur l'Autisme et la Prévention des Inadaptations, (ARAPI) - www.arapi-autisme.fr/

Association nationale des Centres de Ressources Autisme: www.autismes.fr

Politique de prise en charge des personnes atteintes d'autisme et de troubles envahissants du développement (TED). Circulaire interministérielle n° 2005-124 du 8-3-2005 www.education.gouv.fr/bo/2005/15/SANA0530104C.htm

Dossier presse Plan Autisme 2005-2006 – Secrétariat d'état aux personnes

handicapées.

archives.handicap.gouv.fr/point_presse/doss_pr/autisme2005/sommaire.htm

UNAPEI : www.unapei.org/

Portail sur les métiers du social et de la santé: www.metiers.santesolidarites.gouv.fr

Denmark

The Social Services Act of 2012 -

<https://www.retsinformation.dk/forms/R0710.aspx?id=141372#Kap9>

The national autism association - www.autismeforening.dk/

The Asperger association - www.aspergerforeningen.dk/

The knowledge centre on autism - www.servicestyrelsen.dk/handicap/autisme

The Danish handicap organization - www.handicap.dk/

Examples of syllabus followed in order to be able to work as a social worker:

www.phmetropol.dk/Uddannelser/Socialraadgiver

studier.ku.dk/bachelor/paedagogik/undervisning-og-opbygning/

Training provided by the Center for autisme - www.centerforautisme.dk/raadgivning-undersogelser-kurser/kurser/kursuskatalog/

Training provided by the Psykologisk resource center - www.psyk-ressource.dk/tilbud/tilbud-fagfolk/

Training provided by AspIT - www.aspit.dk/index.php?id=412

Listing of the courses proposed by SIKON

www.sikon.dk/log/SIKON_Kursuskatalog_2013.pdf

5 What have we learned from the pilot course?

Piloting the course was essential to check how useful were all instruments designed in the WP2. All National Steering Committees as well as each partner experience provided a wide range of comments and contributions to validate the materials used and to improve the course for future editions of it after the HIPE Project.

In this sense, some comments showed us that we were on the right direction, other provided some suggestions or comments to enrich the course and some others just highlighted that some things must be clearly changed.

A template was distributed in each participant country in order to analyze specific aspects of the course and the WP2 materials.

As an act of transparency, auto criticism and self-reflection we have divided all approaches and comments above in two columns, strengths and areas of improvement.

5.1 Content of the course

Strengths	Areas of improvement
<p>Trainers and the trainees from all country participants have expressed their satisfaction on the course contents. None of them declared that something was missing or superfluous. High satisfaction in this respect.</p>	<ul style="list-style-type: none"> - More emphasis on the individuality of the persons in ASD extending from diagnosis to treatment – not give the impression that all ASD people are the same – similarities, not equalities. - Include contents on Quality of Life in one module. French model 2002 base content is outdated with the new paradigm of individualized supports that includes attention to quality of life. The Spanish Steering Committee provided with a link to a model of curriculum guide used in UK http://www.autismteachingtools.com/page/bbbbf/bbbbt Maybe this can be inserted in the form of intervention, referring to the training goals and outcomes based on evidence of improved quality of life (finding functional learning rather curricular life of the individual and not for the school, the importance props to say, think, choose, work, share, include...).

5.2 Modules (general)

Strengths	Areas of improvement
All Modules were highly appreciated.	- The Spanish Steering Committee proposed a very simple competency evaluation at the end of each training phase.

5.3 Dynamics of the training

Strengths	Areas of improvement
The profile of the trainer, their experience and its dynamism has a lot to do with it.	<ul style="list-style-type: none"> - It should be based on more visual material, as it helps to understand some cases in a better way. More exercises and practical cases should be proposed by trainers or other resources. - It is important that the trainer adapts its natural style to the level and knowledge of the trainees.

5.4 Evaluation of Competences

Strengths	Areas of improvement
The understanding of the competence evaluation process and the previous experience of some of the trainers with it was a clear advantage.	<ul style="list-style-type: none"> - Assessing competences through only 2 videos may be risky. The trainer has to intervene with some help or extra material. - Trainers expressed their difficulty in assessing the competences acquired by the trainees, as the time of the lessons was not enough to allow this. - The evaluation procedure resulted too long, complicated and time-consuming (as the course was very short). Some of the questions were difficult to understand for the trainees. - Self-evaluation of competences is interesting but not a substitute for skills assessment made by the student. - Skills evaluation by the trainer should take into account the start level of acquisition of competences by the trainee. For instance the level required to acquire a good level for a psychologist shouldn't be the same for a driver. - The Spanish Steering Committee suggested to include in the activity 2 of the competence evaluation questionnaire, a checklist (10 items) for trainers to check all characteristics of all people with ASD.

5.5 Trainee's material

Strengths	Areas of improvement
Concerning the design of the material, it is clear, very easy to use and provides enough information.	<ul style="list-style-type: none"> - Participants would rather take a copy of the slides or have access to them permanently. They should also be given a selected bibliography with "easier" and "more difficult" resources (books, sites, videos etc.). Maybe some time should also be given to explaining sources etc. All these materials are a "private" matter of each organization and coordinator and trainer and its use depend on the group. We cannot find common materials except those using English language. - Despite the content is common to all countries, the training kit should be enriched with many more things shared among partners (videos, study cases, literature etc.).

5.6 Videos and video description

Strengths	Areas of improvement
<p>The use of case studies is a highly relevant and rich strategy, as it helps the immediate application of knowledge and a better understanding of why a decision in the implementation of strategies, etc.</p> <p>The description of the video, once completed the session, again collaborating to revise and reinforce the knowledge learned, once again these viewings contextualized situations, to understand and consolidate learning.</p>	<ul style="list-style-type: none"> - The contents of the course should have included the description of the video differences in autism spectrum of the two protagonists. - The videos proposed for the course involved children only, when many of the trainees work with adult autistic people. More differentiated examples should be provided.

5.7 Knowledge evakuation

Strengths	Areas of improvement
Partners agreed that the questionnaire is good as first general approach of the knowledge of the trainees.	<ul style="list-style-type: none"> - It could be useful to add more questions. - Question 5: The type of autism called "Asperger's" should be replaced by "Autism of High Performance". - Question 6: "Autism is caused in part by a neuro - sensory disorder caused...". Seems a strong word, refers to etiology. Better to use "associated". - Question 19: merge the two responses in a "not accept change or novelty if not announced and prepared". - Question 21 : Communication is easier with "less abstract visuals that the word" more concrete visual aids that help.

5.8 Process of dissemination and valorization

Strengths	Areas of improvement
<p>The presentation for dissemination includes explanatory voice off of the slides, including data from students and participating organizations, etc. The presentation is good and the project should use the presentation as part of the dissemination. It might also be useful to record a voice over in different languages giving the context for some of the slides.</p> <p>The training program could be commercialized and the answers to the questions above will help in the identification of the markets. The commercialization could be in the development and sale of the training and also in the assessment of the training.</p>	

5.9 Specificities for target groups

Strengths	Areas of improvement
<p>It was highly appreciated.</p> <p>The specificity of target groups for each of the partners is a very positive aspect of the course, with a lot of perspectives, but on condition that the trainer is good enough to prepare himself.</p>	

5.10 Specificities by sector

Strengths	Areas of improvement
<p>It was highly appreciated.</p> <p>The operators of some sectors do not benefit of specific training on autism. This was a valuable opportunity for them, which should hopefully be replied in other contexts.</p>	<p>- Should the project look to ensure that there is awareness of the legal obligations?</p>

5.11 Satisfaction Questionnaire – Coordinators

Strengths	Areas of improvement
Questionnaire correct.	<ul style="list-style-type: none"> - To include one last point addressed to coordinators with proposals for improvement for the next editions of courses. - Questions 4 and 5 just add a standard message whether or not it should be introduced too simple a Likert scale.

5.12 Satisfaction Questionnaire – Trainers

Strengths	Areas of improvement
Questionnaire correct.	

5.13 Satisfaction Questionnaire – Trainees

Strengths	Areas of improvement
Questionnaire correct. Simple and intuitive are the keys to evaluate the content and the utility of the course elements.	- The time to answer the questions has to be given has indication. In fact, maybe a frame has to be specified to complete the questionnaires.

5.14 Data Analysis satisfaction questionnaires

General comments
To compare the results, it would be important to first know the characteristics of each trainee and trainers (experience, prior knowledge, number of participants, etc.). Homogeneous data and compare situations to get valid data and results must be ensured. As initial data are positive, far reaching conclusions and generalizations are needed.

6 General conclusions

The main advantage of the pedagogical strategy described above is that the transfer integrates European, national and sector contexts but is performed at a local level through the pedagogical adaptation of the “common content”.

HIPE project transfer has answered to its challenges:

- Adapt, test, model and deploy the existing training into the profiles and needs of the targeted professionals.
- Ensure the insertion of people with ASD in the educational (teachers and schools), employment (business) and social field (health and social services).
- Integrate the approach and requirement of the ECVET for a European recognition and portability of the curriculum.
- Introduce the project into a territorial approach to meet the challenges of a lack of qualifications in the field and create a holistic approach for a better consideration and service of the final beneficiaries and their welfare (family, educational and social).

The HIPE course allows any professional to quickly acquire the basic competences to better understand people with ASD, interact with them and provide care for them. This innovative approach integrates family dimension and relation to other professionals. It provides as expected :

- a better understanding of the different aspects of autism
- a tailor-made process to improve the care given to people with ASD whatever the level of qualification
- a better communication capacity in the interaction with ASD people
- the possibility to develop cooperation between parents and professionals

The transfer strategy has been successful considering the wide range of different situations and context of the country participants (legal and social contexts, experiences in using the competences based methods, etc). It has permitted us to develop a training product which fits with the needs of all professionals working with people with ASD and adapted to its local context.

One of the challenges to perform good quality training for all professionals and different profiles working with people with ASD was achieved. The different level of qualification was not a limitation or a weakness as long as the contents are adapted to

all levels, the competences developed are clearly transversal and the dynamics of the training were highly participative.

The ECVET accreditation of the courses developed in the project still a challenge, especially considering the different level of development in each country participant.

The course duration and format is still a point of discussion. The results of the tests show that in some cases the trainees would like a longer course and underline the importance of the in situ training. However, the Danish specificity showed us that the context clearly defines what fits better in each country/ target group.

The selection of the trainers is also a key point: they have to be experienced in competences evaluation, pedagogical engineering but also in the knowledge of the sectors and practices of the sector.

The deliverables requirements set in the application form were clearly filled and in addition, to grant the quality of the project, extra materials and deliverables were created.

The deliverables which have been prepared for the testing phase have finally been validated by partners and steering committees. No specific readjustments have been done. For the future, recommendations per country can be taken in account.

7 List of final outputs or deliverables which have been produced

RESULTS – DELIVERABLES (provided in English version)	In accordance with the application form	In addition as necessary outputs
Common terminology among partners - EN Clarification of the European terminology ¹	X	
Definition of the targeted professionals - EN Definition of the professional categories involved in the project ²	X	
Needs of a person with ASD per sector - EN Consensus among partners on the needs of a person with ASD per sector ³		X
Finalization of convergence work Europe National Frames (Reflection about the contextual aspects) - EN Finalization of Convergence Work Europe National Frames. ⁴	X	
Already existing courses on ASD in each country (link3.4)		X
Contents of the Training – Multilingual Definition of the main contents of the pilot course for all countries. ⁵⁻⁶	X	
Common referential on knowledge and competence acquisition by professionals Consensus on the evaluation system of competencies ⁷	X	
Validation of requirements of the preliminary transfer process Conclusions of the Preliminary Transfer Process	X	
Validation of the final contents before the pilot First draft and proposal of a pilot course model for the partners ⁸	X	

¹ HIPE - WP2 - Consensus Common Terminology (TM2)

² HIPE - WP2 - Professionals involved in the training (TM2)

³ HIPE - WP2 - Consensus on the needs of a person with ASD (TM2)

⁴ HIPE - WP2 - Finalization of convergence work Europe National Frames

⁵ HIPE - WP2 - Training Index V2

⁶ HIPE - WP2 - Training Index consensus (TM2)

⁷ HIPE - WP2 - Expected competencies DEF (TM2-TM3)

⁸ HIPE - WP2 - Contenus de formation validés par les experts

Creation of an evaluation system of competences Elaboration of the evaluation system of competencies ⁹	X	
Contents of the pilot and translation Elaboration of the final training kit.	X	
Online documentary resources First draft of the online documentary resources. - ¹⁰	X	
Support material for the pilot course¹¹		X
Certificates of attendance		
Videos (translated from existing videos) for evaluation of competencies		X
Guide for the use of videos¹²		X

OTHER SUPPORT MATERIAL	ES	FR	IT	DK	GR
Best Practices Compendium		X			X
Legal Basis and state of knowledge		X			
Complementary videos (other than the main two)		X	X		
Pictograms and pictures of elements	X	X	X		X
Practical examples (case studies)	X	X	X	X	X
Teamwork activities	X	X	X	X	X
Other contributions from the academia/ universities	X	X	X		X
Complementary E-Learning Course				X	
Other elements	X	X	X	X	X

⁹ HIPE - WP2 - Competence evaluation grid

¹⁰ HIPE – WP2 - Documentary resources

¹¹ HIPE - WP2 - Training Kits per country and support material

¹² HIPE – WP2 - Documentary resources

Annexes

2.1 - HIPE – WP2 – Existing training contents or contexts (TM1)

- 2.1.1 - HIPE - WP2 - Justification and context - FTF - TM1
- 2.1.2 - HIPE - WP2 - Existing course - PTF - TM1
- 2.1.3 - HIPE - WP2 - Justification and context - RDTE - TM1
- 2.1.4 - HIPE - WP2 - Existing course and context - SPF - TM1

2.2 – HIPE – WP2 – Final deliverables before testing phase

- 2.2.1 - HIPE - WP2 - Consensus on Common Terminology (TM2)
- 2.2.2 - HIPE - WP2 - Professionals involved in the training (TM2)
- 2.2.3 - HIPE - WP2 - Consensus on the needs of a person with ASD (TM2)
- 2.2.4 - HIPE - WP2 - Finalization of convergence work Europe National Frames
- 2.2.5 - HIPE - WP2 - Training Index consensus (TM2)
- 2.2.6 - HIPE - WP2 – Expected competencies DEF (TM2-TM3)
- 2.2.7 - HIPE - WP2 – Training program planning (TM3)
- 2.2.8 - HIPE - WP2 – Final training contents validated by experts
- 2.2.9 - HIPE - WP2 - Competence evaluation grid
- 2.2.10 - HIPE - WP2 – Guide for the use of videos
- 2.2.11 – HIPE – WP2 - Documentary resources

2.3 - HIPE - WP2 - Training Kits per country and support material

- 2.3.1 - HIPE - WP2 - Materials used France
- 2.3.2 - HIPE - WP2 - Materials used Spain
- 2.3.3 - HIPE - WP2 - Materials used Italy
- 2.3.4 - HIPE - WP2 - Materials used Greece
- 2.3.5 - HIPE - WP2 - Materials used Denmark
- 2.3.6 - HIPE - WP2 – Videos

2.4 – HIPE – WP2 – Proposals of improvement

- 2.4.1 - HIPE - WP2 - Proposals for improvement Spain
- 2.4.1 - HIPE - WP2 - Proposals for improvement Italy
- 2.4.1 - HIPE - WP2 - Proposals for improvement Greece

Evaluation kit – cf Deliverable WP2

This document has been produced in a project entitled HIPE4ASD.

Seven partners have decided to join their efforts and expertise :

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THIS PROJECT HAS BEEN FUNDED WITH SUPPORT FROM THE EUROPEAN COMMISSION.
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