

Is the layout easy to read?		
Yes, but the grey background is not needed and detracts and distracts. Autism makes dealing with distractions when reading more difficult.	Agree, remove grey from the tables of signs.	√
I looked at this with my son and he found it easy to read.	√	√
Yes. I think the layout is very easy to read with the right amount of information on the pages.	√	√
Easy to read layout for all booklets, nicely broken down using diagrams and good use of speech bubbles to get across real life views. Some pages seem slightly empty, text could fill the page better or more diagrams/bubbles could be used.	Improve layout	√
Yes.	√	√
The layout is easy to read. It is clear what each section is. The addition of a contents page makes it easier to find information. I noticed that on-line the contents page was interactive, but only discovered this by accident - if you are going to make the booklet available on-line (which is a good idea) then it would be good to let people know about the interactive contents page.	√	We will improve this for our new web pages
Yes	√	√
Yes it is but some pages have too much information so it hurts my eyes. I had to read a few times (page12). I like the white background. that helps.	We will space the information out so there is less on pages.	√
Yes but too much on some pages. 12 and 14. It is good but too much on each page. Maybe space it out more.	Agree. Space the information out on these pages.	√
yes. I liked the pictures. Not too hard to read	√	√

Are the images and diagrams appropriate and meaningful?		
Yes, I liked this one better than the booklet for adults.	Ok	√
My son could relate to this. He liked the quotes from young people.	Glad they were helpful	√
Good use of images throughout- used more which makes the text more readable than the adults version. Table is good and clearly breaks down different elements of autism.	√	√
A bit of visual cue for finding their way around. The print is small in those circles on p10-11	Increase font size to same size as other text on page.	√
The image on the front page looks like a group of friends having fun together - I feel that this does not reflect the reality for many young people like me who are ASD. This may therefore make them feel the booklet does not relate to them or that they are less able than most people with ASD. It may also give a false impression that they do not have such significant social difficulties.	Agree, find a suitable image.	√
Yes	√	√
yes i understand why you have them. Make it not boring like some books. On the front maybe you should have a picture of someone on their own then a group of people having fun next to them. This is what it is like so you should be honest and people would think that thats them.	√ Good suggestion. We will aim to do this.	√
A lot of the diagrams are black - it may be good to vary the colours more.	Agree	
Sometimes the pictures let the information down. Some better than others. The diary and people at table are ok but pill bottle strange. Bed and people ok if smaller.	Ok, we will look for different pill bottle icons or perhaps use our other style for presenting these	√

	recommendations using the box without icons.	
Yes. timetable is good. they help us to understand	√	√
Do you think that the language and tone is appropriate?		
Suitable for 9 years up, I would say. Younger children would need support to understand it.	Agree. Need to state this is for older children.	√
Very. Wouldn't be appropriate for younger children but my son understood it ok and he is 1 st year. Expresses empathy throughout.	Agree this is written for children of secondary school age.	√
Yes	√	√
I think it is appropriate for high school aged children in general, but would be difficult for those with additional learning disability or for primary school aged children.	Agree. State that this is for high school aged children without learning disability.	√
It is written in a respectful manner and is not patronising.	√	
Yes, I think that the language is very appropriate for the age group involved.	√	√
I would not let my autistic child see this booklet as currently drafted.	Ok.	
I understand that results of recent surveys show that autistic people prefer the terms "autistic" or "on the autistic spectrum", not a person who "has autism" or "with autism" used throughout this booklet. The former reflects that autism is fundamental to a person's being, an implicit part of who they are. This is consistent	We consulted with parents and young people re terms and autism was the preferred term.	√

<p>with how we describe other neurological differences, eg dyslexia.</p> <p>P2 explains to children that this booklet is about the “advice to healthcare professionals in a publication about: - getting assessed and diagnosed for autism; and – what can help”:</p> <ul style="list-style-type: none"> - Why is it relevant for a child to understand what is being advised to healthcare professionals? - There is a negative tone throughout: “what was wrong” “sound unusual” “not a freak” “unusual speech” “unusual language development” “get confused” “lose your patience” “difficulties in social situations” “difficult using your imagination” “difficult playing easily with other children” “do things others find difficult to understand” “struggle to join in” “difficulties with large open areas” “not like the sound, taste, smell or touch of certain things” “not be street wise” “not be as independent as others” “difficult to fit in at school” “not have the skills and knowledge to deal with modern life” “people may have concerns about you” “may repeat things” “may be aware of other problems, eg speech or language difficulties and feel depressed” - Reading this a child could feel depressed even if they didn’t to start with! - This communicates that healthcare professionals believe an autistic child can have things that are wrong in every possible aspect of their life. This is not good for a child’s 	<p>Young people we spoke to in schools wanted this information. They wanted to know what advice we were giving to professionals</p> <p>These are young people’s own words and we are clear that these are their feelings before and after diagnosis. This is what they wanted in the booklet.</p> <p>Young people who have commented on the booklet haven’t mentioned this.</p> <p>We wanted to make sure people were aware of ‘possible’ signs. Add a sentence in to say that young people might only have</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p>
---	--	--

<p>self-esteem.</p> <p>- What is true however is that autism does affect every aspect of someone's life by definition, because it defines the different way they experience the world.</p> <p>The booklet comes across as rather unempathetic, eg p 7&8 focuses on the child's behaviour, but not how they feel or why they behave like that. For example anyone would be anxious in new a situation if they have a typical autistic experience: not knowing what to expect, difficulty envisaging how things may be ("imagination"), needing time to get used to the idea and adjust, not picking up social clues to help understand what is going on.</p>	<p>some of these. It has come across to others that we care and our booklet is sensitively written. Apologies that it doesn't come across that way.</p>	
<p>Page 9: use of "streetwise" although explained is a bit of an ambiguous term and may not be appropriate, considering the audience particularly.</p> <p>Bubbles are helpful at explaining some words.</p> <p>SIGN information page is the same from the other booklets- could perhaps be simplified (depending on age group targeted by 'young people')</p>	<p>Young people didn't have a problem with this but remove this .</p>	√
<p>YP and P+C will both impact the lives of children who are subject to school uniforms. To be subject to a uniform in conflict with the child's own sensory issues is wrong, all children need to know they do not have to take that. At the NAS's conference in Aberdeen on 27 Mar 2015, Luke Beardon cited a case of a man he had met through the NAS, so I cited all his audience of c200 as child protection witnesses to it when I emailed notice of it to every education authority in Britain. He had been unable to pass exams and caused a failed school outcome, and lost life chances, unjustly, directly from a painful sensitivity to the knees, making</p>	<p>Improve information on sensory issues – add clothes to the examples.</p>	√

<p>them feel "on fire" from fabric pressure. This man's sensory issue makes him need to wear shorts, but he was forced by school dress code to wear long trousers, including under exam stress. It destroyed his schooling, unjustly, because he could not focus on work and exams with his body being tormented medically unsuitably.</p> <p>I happen to have a sensory issue favouring shorts too, and recognition of it as an adult worker by all the employment support systems. How have I this as an adult, ever since 2009, without it applying to school age children the same? Obviously it does apply to them, and they are medically harmed and harmed in their educational chances by anyone who says it does not apply to them and who omits it from their entitled needs at school.</p> <p>YP p18 rightly cites entitlement for your teachers to know about autism. That means knowing they have to allow this leeway about clothes. p14 you even mention sensitivity to sunlight! That justifies the medical need not to be forced into too hot clothes. In a medical responsibility to kids that is already admitted by the draft, my adult worker's precedent for them can't be ignored.</p>	<p>See above</p>	<p>√</p>
<p>Pg 9 – concern over the term “streetwise”</p>	<p>Remove bullet. A few other have also said this.</p>	<p>√</p>
<p>I think so. I understood. This is for older and more able young people like me so maybe you should say that. I could tell you care.</p>	<p>Agree. Add sentence in stating that this for young people of high school age.</p> <p>We do care, patients and carers are at the centre of everything we do at SIGN.</p>	<p>√</p>

Fine	√	√
Yes, not boring	Good, we tried our best not to make it boring!	√
How useful is the content?		
I have concerns about how a young person with autism would react to, for example, the warnings about medication side effects. If my son read that he would refuse to take the meds.	Young people didn't have a problem with this. Include space for them to write down any side effects so they can be partners in their own care.	√
Very useful. Just enough information so people know what to expect.	√	√
The booklet is very informative and does not have too much information. The reading list and websites listed on the back is very helpful.	√ √	√
Content is very useful and provides adequate information on what ASD is and how individuals are affected.	√	√
I would not let my autistic child read this booklet. Why is it useful for a child to have an explanation of what is being advised to healthcare professionals (the purpose of this booklet)? I question how useful it is for a child to read a long list of areas (basically to do with every aspect of their life – see list above) that people think they could have problems with because of their autism. More needs to be addressed up front about the sensory	Young people we spoke to in schools wanted this information. We may need to be clearer that it for older children. See comment above. Add examples of sensory	√ √

<p>processing, motor processing and anxiety issues. It is these that affect how a child feels and functions. There is too much emphasis about problems and help relating to the diagnostic criteria (observable symptoms) rather than how autism impacts a child's internal experience.</p> <p>It is useful for a child to understand why they feel like they do (because they live in a world where the majority brains process differently) and how autism affects the way they behave (nb not all negative). A child needs to feel that they are understood and accepted. They need to understand that a difference is not the same as a disability. They need to understand what and why aspects of their autism are considered a problem and the areas for interventions. They need to understand what aspects and in what way they need treatment, ie not because they are broken or wrong, but because the brain difference can impact their functioning levels (ie when they have difficulties with social communication, sensory processing, motor processing, anxieties or cognitive).</p> <p>It would be more appropriate and helpful for the booklet to let a child know that Healthcare professionals do understand:</p> <ul style="list-style-type: none"> - That autism is a brain processing difference - What being autistic means for someone and how it may impact their experience of the world (sensory and motor processing, social communication/relationships etc) - That an autistic child has different strengths and weaknesses just like a non-autistic child - That there is a direct correlation between a child feeling scared, anxious, not understood and bad/problematic behaviour - how important it is for parents, carers, teachers and 	<p>difficulties.</p> <p>SIGN's remit is to provide a 'lay translation' of evidence based recommendations.</p> <p>See above re SIGN's remit. Organisations such as NAS are better placed to provide this.</p>	<p>√</p> <p>√</p> <p>√</p>
---	--	----------------------------

<p>themselves to understand why certain things may be more difficult for an autistic child eg:</p> <ul style="list-style-type: none">• making friends and interacting socially due to difficulties processing social clues of others;• anxiety due to not understanding what is expected or why there are changes if these are not properly explained;• a need to control or for sameness to feel comfortable;• strong preferences or dislikes for certain food textures, smells, tastes, touch because of sensory differences;• a dislike of busy places because of too much noise or visual sensory input;• finding certain sounds distressing eg hand-dryers or a dog barking;• (nb can be hyper or hypo sensory);• not feeling understood because of difficulty expressing how you feel or think;• people around you getting annoyed, eg because you did not understand what you were supposed to do, or not able to explain why you do not want to do something;• not picking up social clues or understanding what others are really meaning because of social communication difficulties;• sitting still for long periods of time because it makes you feel uncomfortable• feelings of anxiety, worry or anger that make you want to leave a situation;• gross or fine motor movements, eg because of proprioception processing <p>- that there is a difference between a meltdown, emotional shut down and tantrum.</p>		<p>This is what booklet is about</p>
---	--	--------------------------------------

<ul style="list-style-type: none"> - that there is help for any of these areas of difficulties (ie social communication, sensory, motor and anxiety) - that it is important for a child to feel accepted, safe and understood - that it is unacceptable for any child to have to cope with day to day life feeling anxious - that help is two way: working with the child and working to make adaptations to the child's environment. <p>Thoughts on specific pages:</p> <ul style="list-style-type: none"> - p3 include " I felt different to other children, but I did not understand why" - p7 include some information on how autism can look different in boys and girls - p 7, 8 & 9 come across as unempathetic. It focuses on the child's behaviour, but not really understanding how they feel or why they behave like that. For example anyone would be anxious in new situations when they do not know what to expect, have difficulty envisaging how things may be, need time to get used to the idea and adjust, can not pick up social clues to help understanding. - P8 Other factors – as worded these are the same whether you are autistic or non autistic? - P10 Need to include unusual sensory and anxiety issues (food, clothes, distress in busy places) resulting in behaviour such as avoidance, need for control, outbursts, meltdowns, shutdowns - P18 &19 set out some examples of basic things that a child can expect adults to do or put in place to help them: keep language simple and consistent, timetable so know what is expected to happen, discuss changes in plans and why, 	<p>All our quotes have come from young people</p> <p>Agree – include a box with this information about autism being hidden more in girls.</p> <p>Young people did not feel this way about our booklet. See comments from young people.</p> <p>Alter this slightly.</p> <p>Agree</p> <p>Refer to page 14.</p>	<p>√.</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>
---	---	---

<p>explain why things need to happen, give the child a way to leave and go to a quiet area when they need etc.</p>		
<p>Particularly liked fictional characters with autism fiction under external links at end. Real life examples throughout are beneficial</p>	√	√
<p>YP and P+C The content includes links to books by authors who have ASD. Doubtless they were promoted to you by families who had read them and felt useful empathy with their own child's experience. You put this in the draft in good faith, because not enough awareness has been spread that there is a child cruelty involved in sharing these links. Self-interested big organisations have just preferred the game of easy good publicity from child authors, and for it face the consequence of being seen to blame for neglect of the sufferings of other children: neglect both of preventing them and of the survivors.</p> <p>There are wronged child authors. There are child authors whose chance to complete their writings and to make it was destroyed, by blundering exercises of power by adults. This is a child abuse. It is obviously cruelty and torture violating the human right to personal expression. It is compounded and continued, into adult life, by there not being general and wide recognition that this injustice exists, and parity of acknowledgement as child authors between the wronged and the ones who were allowed to succeed.</p> <p>The books you list in YP show that child authorship has a correlation with Asperger's. Child cruelty, and abuse survivor cruelty to a vulnerable group of adults, are both perpetrated every time that successful child authors are publicised and recommended but wronged child authors' existence is not</p>	Recommended to us by young people and families who had read them.	√

<p>mentioned.</p> <p>You issue these booklets with a responsibility that their users and distributors are not perpetrating these wrongs by using and distributing the booklets, as well as yourselves in producing them. The only way to meet this responsibility is - to mention wronged child authors in the booklets, in YP and P+C. Mention that we exist, that it is a horribly cruel issue that has happened and a life damage that must be averted for all the children who the booklets seek to help.</p> <p>It happened to me by school homework pressure: I am a survivor of abusive homework that gave me a stress collapse of near-death desperation at age 14 - exactly the same age as Luke Jackson's success. The resulting child psychiatry was also responsible for it, by how life-controlling and autocratically it behaved during my time out of school. This actually included by a doctor who was himself a successful author, and literary name in Wales where this happened: Harri Pritchard-Jones. I believe that homework is the cause of a missing generation of child authors, where no non-famous children seemed to emerge as them after Lindsay Brown in 1978 until 2001. It correlates exactly with when authoritarian conservative gung-ho certainties were most in vogue as the approach to schooling. But let us not assume that this is the only cause. In all eras there might be another heartbreaking cause of wronged child authorship, which is when the child wants to write something that is against their parents' religion.</p> <p>I am key evidence for all wronged child authors who were left with no evidence of their own. For I had the small luck that a traceable public record of my child authorship was created by 2 newspaper</p>		?
---	--	---

<p>stories, about the now discredited greedy idea of "giftedness", both written to praise the same school as would destroy it. South Wales Echo 20 Aug 1980 and Western Mail 19 Jan 1982. You can see from the dates that I belong to the generation who had no childhood Asperger recognition, but today there is still no certainty that no kids with ASD are being missed from recognition when adults have other greedy ideas for them, or are spared from homework pressure. This is an evidenced danger to the children who, and whose families, your booklets are aimed at, so it is a danger the booklets need to reflect for that reason as well as for the impact done to the past survivors.</p> <p>Stella Macdonald, Scotland's first local autism coordinator and a prominent autism charity worker in the 00s, knew me and used her contacts and top level work in autism to try to spread word of the child authors issue. In 2003 I told the autism cross-party group about it, minuted. ANS's website has twice carried contributions from me about it. How despite these efforts had word of it not spread enough to be on your radar? That only adds to the proof that it needs writing about wherever you mention any successful child author or promote their book. It is not widely enough known for inaction, without it the promotion of any child author success will do the child cruelty described. To be allowed their child author chance is another of the school adjustments that readers need telling that childrenwith ASD are entitled to: not to be swamped out of it by homework, and to be heard without fear of discipline any time they feel pressured with homework. Tony Attwood is a reference on that issue.</p> <p>While the wronged have suffered the further wrong of going unrecognised, Luke Jackson has been made the most lauded</p>		
--	--	--

<p>child author in history. Yet the injustice actually includes that the forces who gave him his chance did not give him the achievement of unaided child authorship at all. It is in open public record, it just does not get emphasised, that he too never produced an unaided book as a child. Of course he should have had the chance if he wished it, same as I should have. Freaks Geeks + Asperger Syndrome, the book you list in YP and P+C, his mother Jacqui told the Times on 16 Aug 2002 was more her work. Luke denied, on a now defunct forum site in 2004, that the report was accurate in its quote that Jacqui did 6 hours' work to every half hour Luke did. But the fact was repeated in several profiles of them, that Luke only produced unformed unordered writings which took Jacqui's intervention of editing and formatting to make into a book, in the case of both the books credited to him at child age. Their first short book, A User Guide To the GFCF Diet, contained several chapters credited to Jacqui despite bending the book's PR by crediting only Luke as its author on the front cover.</p>		<p>4.5 stars on amazon.</p>
<p>Fairly</p>	<p>√</p>	<p>√</p>
<p>It is. You could use it to help be part of plan.</p>	<p>Glad you feel this information would allow you to be part of care planning.</p>	<p>√</p>
<p>It is helpful. Page 18 and 19 are good to have</p>	<p>√</p>	<p>√</p>
<p>It told me lots of stuff.</p>	<p>√</p>	<p>√</p>
<p>Does the content help patients and carers understand what the latest evidence supports around: diagnosis, treatment and self-care?</p>		
<p>At the level needed, this works overall.</p>	<p>√</p>	<p>√</p>

ASD booklet for young people consultation report

<p>Yes. It outlines the assessment process really well for young people and then what can help them to live with asperger's. We found it hard to get help but that's not your fault and by doing this booklet your letting people know what's available.</p>	<p>√</p>	<p>√</p>
<p>I think it does. It is very helpful that it explains that there are many terms which can be described as "autism". It is good that the link to ADHD is recognised but maybe it needs saying that not all very active children with ASD also have ADHD. It would be helpful if something was mentioned about ways to help sleep that are not medication.</p>	<p>√</p> <p>No other recommendations are made in the guideline.</p>	<p>√</p>
<p>The document provides information on who will be involved with diagnosis. Maybe more information on the diagnosis process, for example, do people attend for scans etc.</p> <p>Also, maybe worth highlighting while no cure, people with ASD can lead normal lives.</p>	<p>This is the information we have from guideline.</p> <p>We didn't want to mention the word 'cure' as we felt this was clinical and we wanted the whole document to place emphasis on helping to overcome difficulties with day-to-day activities.</p>	<p>√</p> <p>√</p>
<p>Not quite as clear as what the recommendations are as others, but put into a practical advice which makes more sense for this age group</p>	<p>We didn't think it would be useful to give young people detail on strengths of recommendations.</p>	<p>√</p>
<p>YP There is a risk that this content implies that treatments, decided by adults to be the best for you, actually are. My experience of child psychiatry was a warning otherwise. It is described on the Ragged University's website, www.raggeduniversity.co.uk/2015/04/28/eighties-teenage-psychiatry-for-school-pressure-one-writer-squashed-</p>	<p>SIGN only recommends treatments which have evidence of benefit.</p>	

<p>another-by-maurice-frank/ and a detailed account was published in the appendix "John's story" in PhD thesis Destination Unknown, by Ewelina Rydzewska, UWS 2013. The United Nations, in UNHCR, now and since the 1990s defines a right for children to be involved in decisions about them. To contrast autism knowledge with the offences and damage done by child psychiatry when it was without or before autism understanding, proves the need for child readers to know that they can choose whether they want to take these treatments. If they do take them, then to put boundaries on how they are treated, so to choose not to be treated in too authoritarian a way.</p> <p>YP p13 related problems "need to be assessed and treated separately" and "you should be given help with these difficulties too." Same applies, and it is right to itemise them all separately</p>		<p>Covered on page 15</p>
<p>Wish I knew this stuff before.</p>	<p>Glad you found it helpful and will help others.</p>	<p>√</p>
<p>Yes. You are honest.</p>	<p>√</p>	<p>√</p>
<p>Yes helps to know what helps</p>	<p>√</p>	<p>√</p>
<p>If possible, it would be good to allow the booklet to be photocopied for use outside NHS Scotland, e.g. in schools, social work, and by individuals</p>	<p>Final document will have a statement advising people of this.</p>	<p>√</p>
<p>Under "Who is this booklet for?" the diagram is good but the word "or" needs to be centred between the 2 images as at present it is closer to the "has been diagnosed" which my obsessive traits found difficult to look at.</p>	<p>Ok</p>	<p>√</p>

<p>P2 explains to children that this booklet is about the “advice to healthcare professionals in a publication about: - getting assessed and diagnosed for autism; and – what can help”:</p> <ul style="list-style-type: none"> - Why is it relevant for a child to understand what is being advised to healthcare professionals? - There is a negative tone throughout: “what was wrong” “sound unusual” “not a freak” “unusual speech” “unusual language development” “get confused” “lose your patience” “difficulties in social situations” “difficult using your imagination” “difficult playing easily with other children” “do things others find difficult to understand” “struggle to join in” “difficulties with large open areas” “not like the sound, taste, smell or touch of certain things” “not be street wise” “not be as independent as others” “difficult to fit in at school” “not have the skills and knowledge to deal with modern life” “people may have concerns about you” “may repeat things” “may be aware of other problems, eg speech or language difficulties and feel depressed” - Reading this a child could feel depressed even if they didn’t to start with! - This communicates that healthcare professionals believe an autistic child can have things that are wrong in every possible aspect of their life. This is not good for a child’s self-esteem. - What is true however is that autism does affect every aspect of someone’s life by definition, because it defines the different way they experience the world. 	<p>See above</p> <p>These are words from young people who we spoke to.</p> <p>Young people did not find this depressing. See comments from young people.</p>	<p>√</p> <p>√</p>
<p>It is good that actual words from young people have been included and the colours used in the speech bubbles are calm and peaceful.</p>	<p>√</p>	<p>√</p>

p3 include " I felt different to other children, but I did not understand why"	agree	Disagree – these are all quotes from young people not parents
Page 4 – the first yellow speech bubble – these lines are more spaced out than the others.	Amend	√
The image of the 2 people talking on page 9 feels jarring as it looks like they are having an argument.	Ok, find alternative image.	√
Page 8: Social difficulties, first point say "people your own age" instead of "children"	Agree	√
Should we explain that DSM5 does not make the distinction of Aspergers and atypical autism. I would take these diagrams out because ICD 10 is likely to go to ICD 11 before we update the guideline again?? And families could get confused. Maybe we should say that we are moving away from all these subcategories , using ASD for all CYP adults affected and then describing how individuals are with respect to their language and cognitive development. I think we should emphasis at the beginning the ASD diagnosis and maybe abandon autism or at least firmly say its shorthand for ASD.	We need to keep this simple. Chair of guideline group to provide improved text.	√ how useful is atypical autism?
I agree. (with the above comment by AO'H)	√	See above
Page 8: Social difficulties, first point: say "people your own age" instead of "children"	Agree	√
Some people may be confused by the diagrams on P10 as the image is of a Dr but the description below is of a social worker. P12 - the first image gave me sensory overload!	Agree. Remove this as doesn't add anything. Agree. Alternative image	√

	required and information to be split up.	√
P10 Need to include unusual sensory and anxiety issues (food, clothes, distress in busy places) resulting in behaviour such as avoidance, need for control, outbursts, meltdowns, shutdowns	Agree	√
The print is small in those circles on p10 and 11 (Definitions of job titles) YP p13 related problems "need to be assessed and treated separately" and "you should be given help with these difficulties too." Same applies, and it is right to itemise them all separately	Increase font size	Still could be bigger √
Circle with Social worker definition has very small writing in comparison to the rest. Page 11 – Psychiatrists – “specialise” not “specialises” Page 13 – consider “where” instead of “in which” in the detail of ADHD.	Increase font. Agree Agree	√ √ √
Page 14 - in the paragraph below the timetable, there is a space missing in “...to this). Your teacher...” Page 15 – first line change to Healthcare?	√ √	√ √
Page 15 - In addition, the statement that "your doctor will not advise you to take supplements such a vitamins" is very odd given that many young people with ASD have very limited diets and find it hard to change. Surely a doctor would recommend any essential nutrients that the diet is lacking? If they are not sure how to assess the adequacy of the diet, they should be referring to a state registered dietitian for an assessment.	Add in that doctor will ask a dietician for advice.	√

<p>Therefore the current section on special diets actually discourages self-care when it comes to nutrition. The implication is that eating a varied and healthy diet will be no problem for someone with ASD (which it isn't sometimes but often it is), and that nutrition is simply not an important part of self-care.</p>		
<p>P18 &19 set out some examples of basic things that a child can expect adults to do or put in place to help them: keep language simple and consistent, timetable so know what is expected to happen, discuss changes in plans and why, explain why things need to happen, give the child a way to leave and go to a quiet area when they need etc.</p>	<p>Refer to page 14.</p>	<p>√</p>
<p>Where can I find out more section (Young People) Not sure about Do-to Learn site being listed? Autism Toolbox more specific Scottish resource. Enquire, Scottish Strategy for Autism, Autism Network Scotland etc. ANS could send links to other website recommendations if wish to make these? Could add Autism Education Trust – the Den, the Interactive My World Triangle, Enquire for Young People other website recommendations if wish to make these?</p>	<p>Remove do-to Learn and yes please send us sources of information. Yes please.</p>	<p>√</p>
<p>Page 21 – remove “/” at the end of www.do2learn.com/</p>	<p>√</p>	<p>√</p>
<p>The SHC logo can't be seen properly.</p>	<p>Will be improved in final draft.</p>	<p>√</p>