



Maudsley
Learning

The Autism Core Capabilities
rEPosiTory (ACCEPT) Project:
Final Report

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Project Team

Chris Attoe – Principal Investigator – Research Lead, Maudsley Learning , South London & Maudsley NHS Foundation Trust, and Head of Research & Development, Maudsley Learning
Chris.Attoe@slam.nhs.uk

Hannah Iannelli – Research Assistant – Research Assistant, Maudsley Learning, South London and Maudsley NHS Foundation Trust.

Corresponding Author: Hannah.Iannelli@slam.nhs.uk

Aleks Saunders – Research Assistant – Maudsley Learning, South London and Maudsley NHS Foundation Trust

Dr Lorcan Kelly – Head of Research, Autistica

Cristina Imaguire – Autism Practice Lead – South West, National Autistic Society

Dr Debbie Spain – Consultant Nurse, Transforming Care Autism Team, King's College London, South London and Maudsley NHS Foundation Trust

Karina Marshall-Tate – Consultant Nurse in Learning Disability, South London and Maudsley NHS Foundation Trust

Ruwani Ampegama – Estia Centre, South London and Maudsley NHS Foundation Trust

Phillip Hanscombe – Expert by experience, RNLD, National Autism Unit, South London and Maudsley NHS Foundation Trust

Dr Sean Cross - Managing Director, Maudsley Learning, South London and Maudsley NHS Foundation Trust, Clinical Director, Mind & Body Programme, King's Health Partners

Steering group

All of the project team plus:

Professor Francesca Happé

David Mason

Jean O'Hara

Acknowledgements:

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Co-production during the ACCEPT project

The project team aimed to keep co-production at the heart of the ACCEPT project in line with the strong history of co-production of the organisations involved. Autistic people have been involved in this project in numerous ways including:

- Part of the project team, document authors, and steering group
- Designing our data collection methods
- External feedback on data collection methods through Autistica's Insight group
- Conducting data collection
- Reviewing our findings
- Drafting and commenting on final documents

The ACCEPT project

Introduction

It is estimated that 700,000 people including 1 in 100 children in the United Kingdom (UK) have an autism diagnosis ([BMA, 2020](#)). The number of people receiving an autism diagnosis in recent years has steadily increased, potentially due to an increase in knowledge and awareness about autism facilitating early recognition. Furthermore, there has been an increase in adults receiving autism diagnosis however the lack of adult autism services is contributing to the unmet health needs of autistic people across the lifespan ([Murphy et al, 2016](#)). Autistic people are at higher risk of multimorbidity and have a decreased life expectancy compared to the general population ([Bishop-Fitzpatrick & Kind, 2017](#)). These disparities are unnecessary and avoidable.

To help reduce these disparities there is a need to increase autism awareness and up skill workforces across the UK. Over the last 10 years a number of strategies including the [adult autism strategy \(2010\)](#), [Fulfilling and Rewarding Lives \(2010\)](#), [think Autism \(2014\)](#) were developed to improve the lives of autistic people across their lifespan. A core theme across these strategies is the upskilling of public service staff in the form of training. The core capability framework for supporting autistic people (CCF) was designed to support these strategies by setting out core capabilities necessary for staff involved in working with autistic people.

[The capabilities framework for supporting autistic people \(2019\)](#) highlights core capacities that are required for the workforce. The framework defines three tiers; Tier one and the capabilities within this are for those who require a general understanding of autism. It is relevant to the wider population and those working in any sector who may occasionally interact with autistic people. The capabilities within tier two are for those who provide care and support for autistic people but are not autism specialists. Tier three is most relevant to those who work intensively with autistic people such as those who lead autism services, are involved in decision making and who provide care. The 19 capabilities within the framework are grouped together in 4 key domains: understanding autism (Domain A), personalised support (Domain b), physical and mental health (Domain C), Risk, legislation and safeguarding (Domain D), and Leadership and management, education and research (Domain E).

The CCF can be used by organisations, professionals, autistic people their family/or carer to:

- Identify key capabilities required for job roles and needs within a team or service.
- Help conduct training needs analysis
- Plan content of education and training surround autism
- Commission education and training
- Support the assessment of capabilities and the sharing of learning and outcomes across the whole workforce.

Communication, recruitment and dissemination

Our Strategy

This project required a comprehensive communication, recruitment, and dissemination strategy that included representatives from across the UK. At the start, we launched an initial communication strategy predominately through the [Maudsley Learning website](#) and social media to drum up interest in the project. A specific communication strategy was developed to maximise recruitment for the national survey, focus groups, and interviews (further details below), which launched in September 2020 and was recirculated in November 2020 and January 2021. This strategy included a communications pack that was developed. This included template emails, social media posts (*APPENDIX 1*), and contact information for the project team so that organisations could disseminate this further and facilitate recruitment. The communications pack was sent to a wide range of organisations and individuals.

Some examples of this include:

- Maudsley Learning mailing list
- Project team's wider networks
- Steering groups
- Social media
- King's Health Partners newsletter and mailing list
- King's College London (KCL) research curriculans
- King's College London social networks and mailing lists
- SLaM newsletter
- WAGE group
- KCL Research volunteer email
- National autistic society mailing list and network
- Skills for care mailing list
- Autistica mailing list
- Autism services in NHS trusts across the country
- Autism Training providers we were in contact with and their networks
- Jane Green
- Healthwatch England
- Health Education England mailing group

The comprehensive recruitment strategy was successful in ensuring that we had people from across the UK participate in this project.

Disseminating the findings / outputs from this project

Virtual Conference

The ACCEPT project engaged a large, diverse participant group which we wanted to utilise to disseminate the findings beyond the realm of academia and healthcare. To enable us to do this, Maudsley learning hosted a 2 hour online conference (via zoom) called **Launching the autism core capabilities repository- our finding from the ACCEPT project**. The event was hugely successful with over 500 participants signed up to the event and over 250 attendees present on the day. The attendees were from a diverse range of backgrounds including: health and social care, autism training providers, higher education institutions, autistic people, family members/ carers of autistic people, public, private and third sector organisations, governing body organisations and many more. We received overwhelming positive feedback from the event and have included some quotes below

“thank you for the inspiring presentations”

“This has been such a great session, so pleased to have attended. Thank you all!”

“I's great that this research/work has been done to help improve our understanding about how we can better support autistic people. “

“Today's seminar has helped me understand more about the CCF, encouraged me to look at the CCF and implement it.”

“Great to see the CCF being used and implementation going forward. Thanks for a really interesting and well delivered webinar”

The conference was recorded which is now available along with the presentation of the day through the [Maudsley Learning website](#).

Future dissemination strategy

We will continue disseminating the project outputs, utilising our effective communication strategy to inform organisations and participants who have been involved in the project asking them to share this information with their networks. To further dissemination of the outputs, Maudsley learning intends to continue promoting the repository through their website, ensuring the materials and conference is easily accessible and will promote this through our growing social media platforms and mailing lists. We hope that this will ensure the findings from the project extend beyond academic and healthcare and reach the wider general public.

Impact of Covid-19

Unexpectedly, the Covid-19 pandemic, impacted the project in both positive and negative ways.

How has training changed due to the pandemic

Prior to the Covid-19 pandemic, training providers highlighted that the main modality of training was face to face, in their local area, although some providers offer training nationally. At the start of the pandemic, many organisations - including training providers - were forced to adapt their training to be able to deliver this virtually. The benefit of this is that training is more widely accessible now to individuals as they do not need to travel to a specific location to attend training. Had this project been conducted prior to the Covid-19 pandemic, the project team suspect that results of this project would be quite different. In particular, we anticipate that there would have been geographical gaps autism training particularly for rural areas in the UK.

Most training has been adapted to be delivered virtually. Training providers reported this transition has been better than expected for a number of reasons. Firstly, as training is more accessible, it has enabled them to deliver training nationally rather than to their local area. Some training providers found an increase of bookings/ sales since converting to training digital, due to increased accessibility and availability.

Lastly, most training is now delivered via platform such as Microsoft Teams or Zoom using a mixture of live and pre-recorded material. In future, training providers described they will likely deliver both face to face and virtual training, or a combination of both depending on the needs of clients. Where training hasn't been able to digitally adapted, it was noted that funding, time, and resources were the main barriers hindering this process.

Recruitment Challenges

This project was completed during the Covid-19 pandemic. The project team used a number of mitigation strategies; this impacted the project in a number of ways. Firstly, due to the strain and pressure on the NHS during the beginning of the pandemic, many trusts across the UK put a blanket ban on conducting research unless it was Covid related. Between the months of April to August, we were not able to recruit for the survey focus groups or interviews. During this time period we focused on other parts of the project and drummed up interest in participation. We began recruitment in September 2020. However, we found that uptake on the national survey, Delphi survey, focus groups, and interviews was low regardless of the large reach with communications. Throughout March 2020 – March 2021, there had been constant pressure on NHS professionals to manage the pandemic and we anticipate that this had a significant impact on recruitment. Furthermore, with constant changes in lockdowns across the UK, we saw organisations and individuals having to reactively adjust to these, which again may have impacted recruitment.

Survey response rate

When looking through the raw data from the national survey, we noticed a lot of “drop offs” from participants after reading the information sheet. The length of the information sheet was approximately 2-4 pages and contained a lot of information. We think this people may have disengaged from the survey as there was too much information to digest at the start of a survey, particularly for those who wanted the easy read version of the information sheet. *Copies of the information sheets, including an easy read version, can be accessed upon request from the project team.*

Capacity of the project team

A number of the project team work within clinical services. At various points throughout the project, when Covid-19 was at its peak, some of the project team were redeployed to clinical services, or their capacity redirected to support clinical services. Through appropriate mitigations, we were able to limit the impact this had on the multiple stages of this project, with only a short delay to the final completion.

The ACCEPT Project Delivery

The aim of this project was to identify a representative range of effective approaches that align with the CCF whilst also identifying gaps in regard to suitable approaches for any workforce group that cannot be supported via alternative existing approaches or initiatives. Furthermore, to facilitate the development of a knowledgeable and supportive workforce that can deliver timely and effective care and support throughout the lifespan of autistic people, the project aimed to gain an understanding of how to increase awareness and use of the CCF.

The subsequent sections of this report will provide an overall summary of the methodology and findings of the multiple stages of the project including

- National survey
- Focus groups
- Training directory
- Gap Analysis
- Systematic review
- Delphi survey

For Full information about the outputs of the project, [please see page 30 which contains the links to the repository of resources.](#)

National survey methodology

Design

An initial literature search was conducted to assess current workforce initiatives surrounding supporting autistic people and how these are used. A cross-sectional design was employed using an online questionnaire to assess gaps in autism training provisions, barriers to accessing training, how autistic people, professionals, and trainers use the CCF, and how to increase awareness of it.

Participants

In total, 864 participated in the survey. However, 498 responses were removed due to a completion rate of less than 10%. Overall, 372 responses were included in the final analysis. Participants were recruited using the communication, recruitment, and dissemination strategies as described above. A breakdown of participant demographics can be seen in Tables 1-3.

Table 1: Break down of participant age and gender demographics

Group	Age	Frequency	Gender	Frequency
I am a professional working with autistic people, or a trainer who delivers autism training	Under 18	2	Male	31
	21-29	15	Female	99
	30-39	21	Non-Binary	31
	40-49	37	Prefer not to say	99
	50-60	51		
	61-70	9		
	>70	1		
I am autistic or I am a family member/carer of an autistic person	Under 18	0	Male	48
	21-29	33	Female	160
	30-39	25	Non-Binary	8
	40-49	61	Prefer not to say	6
	50-60	83		
	61-70	23		
	>70	7		
Total		368		352

Table 2: Breakdown of sectors that participants work in

Group	Profession	Frequency
I am a professional working with autistic people, or a trainer who delivers autism training	Healthcare	52
	Social Care	32
	Community, voluntary, & charity sector	11
	Primary or secondary education	10
	Higher or further education	12
	Private sector	7
	Other	6

Group	Answer	Frequency
I am a professional working with autistic people, or a trainer who delivers autism training	I am a trainer who delivers sessions on working with autistic people	26
	I am a professional working with autistic people	101
I am autistic or I am a family member/carer of an autistic person	I am a trainer who delivers sessions on working with autistic people	22
	I am a professional working with autistic people	48
Total		197

Table 3: Demographics of participants who are autistic, professional and/or a trainer

Materials

A national survey using Qualtrics was developed in collaboration with the project team. The survey went through several iterations before it was finalised. Five experts by experience from Autistica’s Insight group were given access to draft copies of the survey to provide feedback on how to improve the survey. Amendments were made before the deployment of the final version of the survey in September 2020. In the final version of the survey, there were three sets of questions that were designed specifically for participant groups (autistic people, their family members and carers, public facing professionals, and trainers). Participants were given the opportunity to complete several sets of questions if, for example, they were autistic and a professional or a trainer. The survey included a variety of open and closed questions, including ranking questions and Likert scales. Examples of questions can be seen in *APPENDIX 3*.

Procedure

For this project, ethics was applied for and granted by King’s College London ethics committee HR-19/20-17744. No known risks were associated with the survey and participants were invited to contact the researchers with questions or concerns. An anonymous link to the survey was provided to participants which took approximately 10-25 minutes to complete. Participants were given the opportunity to enter into a prize draw to win one of 20 £25 e-gift cards. Participants were given the option of choosing either an Amazon or Love 2 Shop voucher. Information regarding the research was provided and participants gave consent prior to participation. No personal data was collected so responses were anonymous, although participants could withdraw using a personally created password.

Interviews and focus groups methodology

Procedure

Overall, we conducted 4 focus groups and 12 interviews with a total of 24 participants. A breakdown of demographics can be found in table 4 below. The project team developed a topic schedule (Appendix 4) which focused on: experiences of autism training they had attended or design, what worked well and what could be improved, barriers to attending training, gaps in training initiatives, how the CCF is used, and how to increase awareness/use of it. The topic schedule was adapted slightly to suit the needs of the participants, with some questions being reworded slightly or additional questions asked.

Professionals who were involved in focus groups and interviews were from a range of settings, including healthcare, university/education settings, and providers of autism training. Focus groups and interviews with experts by experience included a mixture of autistic people, and family members who had participated in autism training previously. All focus groups and interviews were conducted and recorded on Microsoft Teams and lasted between 30-90 minutes.

Participant demographics		
	Experts by experience	Professional / Trainer
Focus groups	4	8
Interviews	5	7

Table 4: breakdown of demographics of participants from focus groups and interviews

All focus groups were facilitated by at least 2 project team members with an average of 3-4 participants involved. Of the 4 focus groups, 1 was specifically for experts by experience and their family members, and three were specifically for professionals or trainers delivering autism training. In total, 12 participants partook in focus groups and a total of 12 participants partook in interviews which were individually conducted with one of the project team.

At the start of each event, participants were asked if they had read the information sheet and given the opportunity to ask questions about the project. Participants were also informed that their data would be anonymised as much as possible and that their data could not be withdrawn from the study.

All recordings of focus groups and interviews were transcribed verbatim and identification numbers were assigned and used as labels to anonymise participants. Any identifiable data was changed using pseudonyms to maintain anonymity. Once data had been transcribed, the data was downloaded and stored on a secure computer only accessible to the project team.

Data analysis

Data analysis was predominately conducted by researchers Hannah Iannelli and Phillip Hanscombe from the project team. However other members of the team were also involved, particularly in reviewing the data and discussing the final results to include in this report.

For quantitative data, descriptive statistics were used to summarise the data. Content analysis was conducted on qualitative responses from the survey. The process of conducting this included familiarise oneself with the data, making initial notes, and highlighting key concepts. Once key concepts were identified, they were quantified and summarised into overarching themes.

Initially, thematic analysis (Braun & Clarke, 2006) was conducted on interview and focus group data. However, during this process the researchers realised that content analysis was more appropriate to take into account the frequency of certain codes and themes within the data. The researchers then reanalysed the data using the methods described above.

Reflexivity

A reflexive approach to the role and interactions of the project team were undertaken to provide a credible and plausible explanation of participants' experiences and avoid assumptions and bias (Smith, et al, 2009). It was important for the project team to take into consideration personal opinions, experience, and beliefs on autism training. While it is noted that these cannot be completely eliminated, mitigations were taken to try and reduce this. Most of the project team conducted at least one of the interviews or was involved in one of the focus groups. The advantage of this is that the project team had a range of experiences in autism (some experts, others novice). By having a project team with a range of experience, it ensured that the overall findings for the project where not skewed by bias and prior knowledge of autism initiatives.

Results from the national survey & focus groups

The Core Capabilities Framework

How have people heard of the CCF?

Within the interviews and focus groups, most participants had mentioned that they had not heard of the CCF prior to this project. This led participants to read it and think about how they could use it. For those who had heard of the CCF, they had found out about the framework from autistic organisations (for example, Autistica, National Autistic Society), Skills for care, through their workplace (manager, colleagues), or online.

How do training providers use the CCF?

As highlighted in table below, one of the main ways training providers use the CCF is to map the content of the training onto the capabilities listed in the CCF as well as ensuring it meets the needs of learners. Some providers detailed that they use the CCF as a checklist to ensure their training meets “the standard”. Furthermore, they detailed that the CCF is also used to specifically design training. For example, one training provider mentioned they that select a number of capabilities from a particular tier and then design training around this.

Interestingly some providers mentioned they use the CCF when talking to commissioners or local authorities to highlight the breadth and depth of autism knowledge that is required in the workforce.

<i>How do training providers use the CCF?</i>	Always	Often	Sometimes	Never
To plan the content of training	9	2	2	3
To ensure the training meets learner’s needs	9	3	1	3
To evaluate the impact of training	6	4	3	3
To improve care and services for autistic people, their family, and carers	7	3	2	4

How do autistic people, their family, and their carers use the CCF?

The table below highlights that autistic people, their family members, and/or carers are using the CCF as intended. However, 90% of this participant group noted they had not heard of the CCF prior to this project. Therefore, the results are likely to be skewed and should be interpreted with caution.

Do you use the CCF in any of the following ways?	Response	Frequency
Understand what knowledge professionals need to provide service to me	Yes	96
	No	14
	Not Sure	37
Understand what skills professionals need to provide service to me	Yes	95
	No	14
	Not Sure	38
To know what I can expect when engaging with services around my care	Yes	89
	No	17
	Not Sure	41
To plan for my current care	Yes	71
	No	29
	Not Sure	47
To help plan for my future care	Yes	79
	No	27
	Not Sure	41
To help me make informed choices about effective care	Yes	87
	No	16
	Not Sure	44
To help me make informed choices about the support I receive	Yes	84
	No	18
	Not Sure	45
To understand how I can promote autism awareness for professionals	Yes	89
	No	15
	Not Sure	43
To understand how I can be involved in autism training	Yes	72
	No	15
	Not Sure	60
To campaign for better autism awareness locally and nationally	Yes	95
	No	12
	Not Sure	40

How can we increase awareness and use of the CCF?

Autistic people, their families and carers

It was recommended that the best way to build awareness of the CCF is through a comprehensive communication strategy. As many people find out information via social media sites, this was the most commonly cited way of increasing awareness. In particular, autistic influencers or groups that are on these platforms were highlighted as a pathway of communication. Furthermore, many participants highlighted that they would expect to see this communication to and via autistic organisations and networks, including charities and support groups. However, many suggested also having the document listed on their websites so that it would be more easily accessible. This was a predominate theme across all participants. However, it was particularly strong in responses from autistic people, their family members, and carers. From this participant group, another way of increasing awareness is ensuring that hard copies are available in places where they would receive care, treatment, or support.

Autism training providers

To increase awareness to autism training providers, there were three main themes that emerged from the data. The first was providing training for autism trainers or providers in how to use the CCF. This could be in the form of online training, short workshops, or via a conference. It was also suggested that using the CCF should be mandatory and potentially made into legislation. Lastly, it was suggested that providing some kind of accreditation to autism training providers would increase the use of the CCF. A training provider could receive this accreditation if they can show that the training maps to the CCF and specific capabilities, and if there is some form of co-production with autistic people.

Professionals

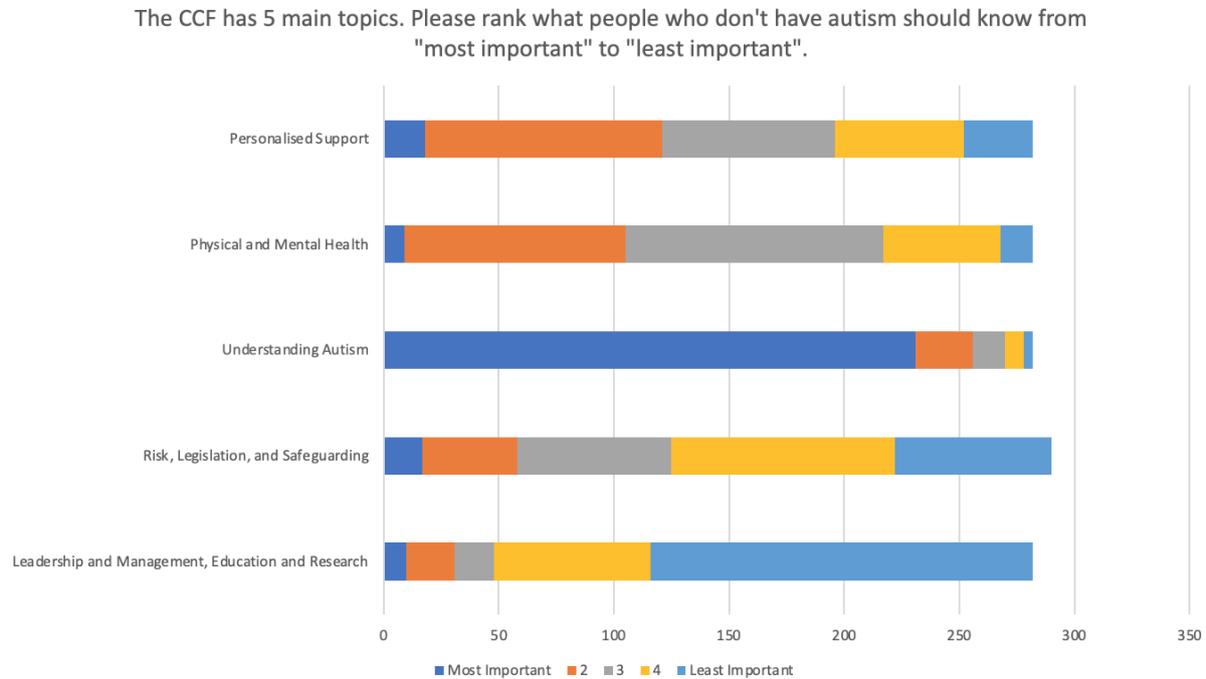
To ensure the CCF is communicated to professionals, it was suggested that it could be sent to local authorities, clinical commissioner groups, and to bodies of medical professionals such as the Royal College of Nursing or the Royal College of Psychiatrists. Furthermore, to increase use, incorporating the CCF into other NHS policies such as the NHS long term plan was also suggested. This could ensure that the CCF is communicated across the NHS and filters through professionals at different levels of the organisation.

Key recommendation for HEE

- Provide training for autism training providers to understand the CCF and how to use this.
- Consider giving accreditation to autism training providers who evidence that their training aligns with the CCF and have autistic people involved in their training.
- Construct a comprehensive communication strategy to increase awareness of the CCF to the autistic community using social media platforms and autistic organisations such as the National Autistic Society.

Domains that are most important

Results from the survey indicate the domains within the CCF that professionals, trainers, autistic people, their family, and their carers feel are most important.



The table below shows that autism trainers cover content across all 5 domains listed in the CCF. The results highlight that most of the training delivered aligns to domain A, B, and C, with slightly less training based on domain D and E. Whilst domain D and E are included in training, when comparing this data to the [gap analysis](#) and [training directory](#) it is difficult to identify a wide range of courses that specifically align to these domains.

Does your training cover these topics?	Frequency
Understanding autism	39
Personalised support	38
Physical and mental health	33
Risk, legislation, and safeguarding	26
Leadership and management, education and research	21

Training

Support for trainers

Most trainers highlighted that they receive no support. Many trainers mentioned that to keep up to date with current information they actively read the latest research and attend conferences. There was an acknowledgement that this is self-directed. For the minority of trainers that have received formal support, this was in the form of supervision or coaching from a manager or someone more senior to them.

Key recommendation for HEE and commissioners

- There is a need for formal support for trainers who deliver autism training. Further research is needed to investigate the specific needs of trainers, how they would like support, and what they feel they need support with.

How should training be delivered

Participants were asked how autism training should be delivered. The table below highlights that professionals, autistic people, and their family members and/or carers feel that training should be delivered face to face and in an interactive way. Notably, compared to the other two participant groups autistic people and their family members and/or carers also feel that training should be delivered using simulation and role play.

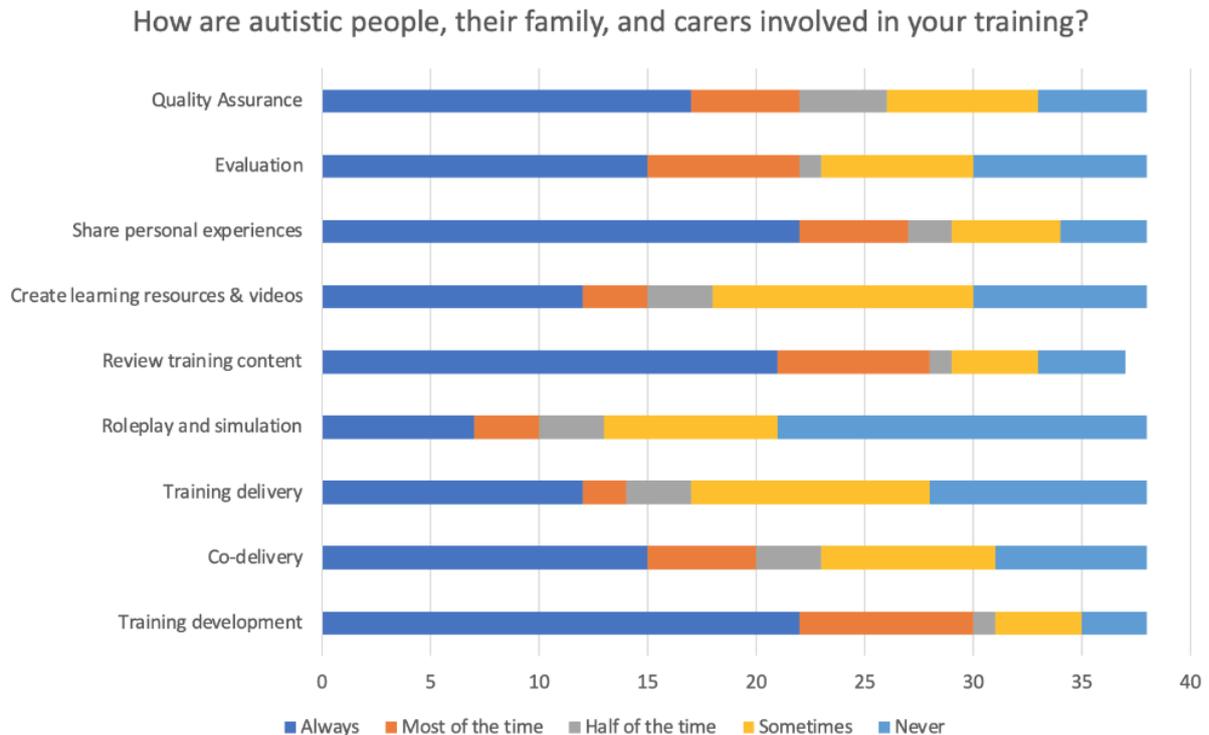
	Autistic people, family, carers	Professionals	Trainers
How do you think autism training should be delivered?	<i>Frequency</i>		
Traditional face to face teaching, such as lectures or classroom-based	98	94	29
Interactive face to face, such as workshops	148	70	32
Simulation and role play	89	23	11
E-learning	78	60	13
Live interactive online course	110	32	26
Virtual reality	44	7	5
Other	17	10	

Furthermore, autistic people and their family members and/or carers noted that online training would be more accessible to them in terms of becoming more involved in training as well as attending training. This supports data detailed further in this document which highlights that face to face teaching is a barrier to becoming more involved in training. Lastly, it is likely that due the Covid-19 pandemic there is an increased interest in delivering training online as prior to the pandemic the majority of training was delivered face to face and limited to specific locations.

Interestingly a significant proportion of participants feel that training should be delivered using virtual reality or simulation/role play. During the scoping exercise for the training directory, we only found 1 training provider who delivers VR training and none that offer simulation training, highlighting a potential gap in current training modalities.

How are autistic people involved in training?

The graph below shows how trainers involve autistic people and their family members and/or carers in training. Notably, the most common way for trainers to involve this participant group is to share their experience or to help develop and review content.



There was a consensus across all participants of the survey, interviews, and focus groups that autistic people should be involved in autism training and ideally be involved in the design and delivery of it. Many mentioned that getting the real-life experiences and perspectives of autistic people is essential in increasing the quality of the content and is helpful when applying learning to the workplace.

Key recommendation for HEE and educators

- Autistic people should be involved in all autism training provisions from conception to delivery

Barriers for autistic people being involved in training

Numerous barriers were identified limiting autistic people, and their family and/or carers becoming involved in autism training, specifically:

- Lack of opportunities
- Training not being autism friendly
- Lack of equal pay
- Stigma
- Lack of support

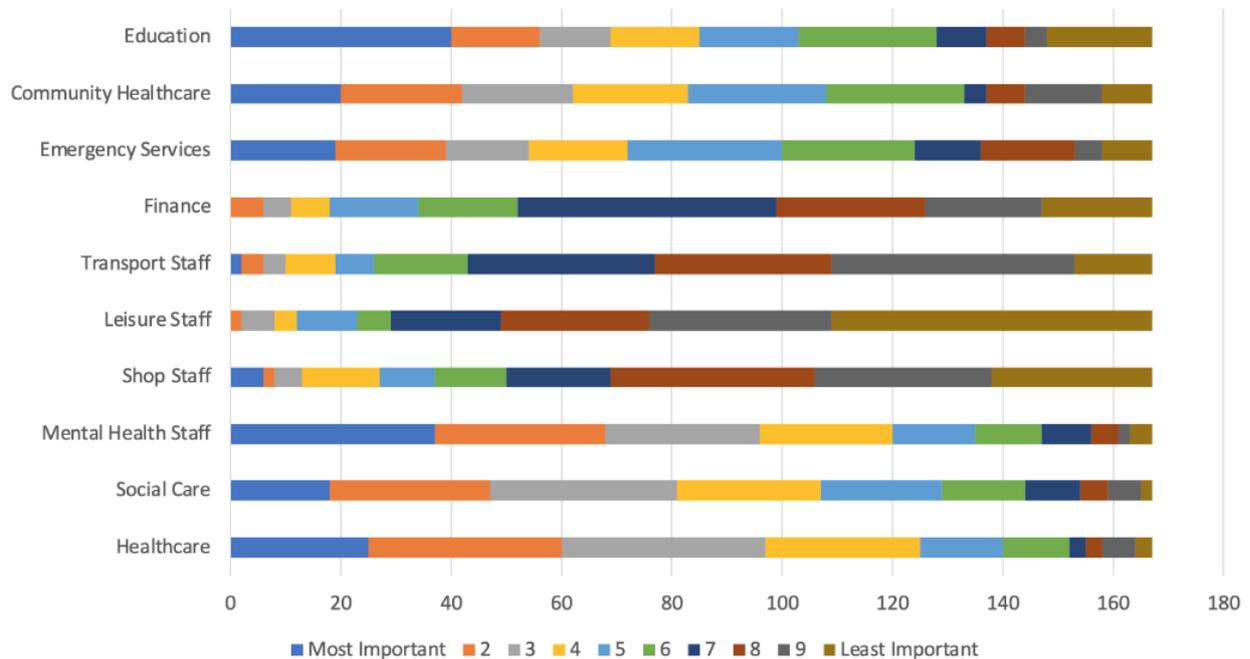
Participants highlighted that they want to be more involved to share their experiences. However, the main barrier to this is that they are often not given the opportunity to do this. It was noted that a lot of training is not autism friendly in terms of the way it is delivered, and also by its location. This frequently causes anxiety in participating in training as reasonable adjustments are often not offered. Participants also stated that they were conscious of saying the wrong things. This may be mitigated slightly with the delivery of online training as participants detailed that they feel more comfortable using this platform. Additionally, there is less of a need for reasonable adjustments that may have been required when trying to travel to or access a venue. Participants highlighted that pay is often a barrier, as they often do not receive equal pay to others who are involved in training, or there are concerns around payment for training impacting financial support from the government. Payment for contributions to autism training and the lack of support was also highlighted as a barrier by trainers and professionals.

Stigma around autism, bias, and stereotypes that attendees may have of autism is another barrier that stops autistic people from wanting to be involved in training. Lastly, autistic people and their family members and carers mentioned that the lack of support is another barrier. At present there appears to be a lack of training courses that autistic people can attend to become trainers.

What professionals need autism training most

The table below highlights the most important professionals that need autism training. This includes education, healthcare, mental health staff, community healthcare, and emergency services.

Sectors ranked "most important" to "least important" that autistic people, their family, and their carers believe need to learn about autism



Within the survey, participants were also given the opportunity to expand their response and identify other professional they feel are in most need of autism training, (see appendix 4 for full list) including:

- Everyone
- Professionals who work with autistic people
- Employers/ organisations, including managers, colleagues, and human resources
- Local authority
- Clinical commissioner groups
- Criminal justice system including police, courts, and prisons

Barriers to accessing autism training for professionals

Supporting existing literature (Donyai et al, 2011; Sarr et al, 2018; Ward & Wood, 2020), trainers and professionals highlighted the most common barriers to accessing training includes:

- Funding
- Time and resources
- Lack of awareness of courses
- Poor quality/ content

Key recommendation

- Further research is needed to understand how to address these reoccurring barriers so that upskilling of professional groups is easier.

Training Directory

The aim of the training directory is to identify a representative range of approaches or initiatives being used (locally, nationally or internationally) to deliver autism training to a range of public facing professionals, including health and social care staff. This resource presents current autism training within England, Wales, and Northern Ireland that currently aligns to the Core Capability Framework (CCF) for Supporting Autistic People (2019). Its purpose is support commissioners by highlighting available education, in order to improve practice that aligns with the core capabilities listed in the framework. The aim is to be able to better support autistic people across their lifespan.

Methodology

Identifying training providers

The researchers identified a large number of providers through an in-depth scoping exercise on Google search engine. Search terms used included: “autism training”, “autism training initiatives”, “autism workforce development”, “autism training for professionals”, “autism training for healthcare”, and “autism training for social care”. The researchers were also able to identify a large number of training providers through the National Autistic Society training directory. Only training providers who detailed that they delivered training to professionals were contacted for further information. Furthermore, training providers were also identified through the national survey, as participants were asked to provide details of autism training that they had attended or were aware of. In total, over 300 training providers were identified. However, 85 were excluded as they referred to conferences, podcasts, webinars, or training programmes that no longer existed. There is a large quantity of autism training providers that provide training in educational settings. However, these were excluded from the training directory as there is an equivalent framework specific for education institutions. Additionally, a number of participants described attending a lecture on autism as part of their university course. The researchers decided that in these circumstances the information detailed in a 1-hour lecture would likely not map to the CCF or be detailed enough and was thus excluded from the training directory.

Including initiatives in the training directory

Over 200 training providers were contacted via email by the research assistant for the project. The email gave an overview of the project and a description of the training directory. Training providers were asked if the content of the courses mapped onto or aligned to the CCF. If so, they were given a given a template document of the training directory to populate with information about their courses. A phone call or meeting was offered if they wanted to discuss the directory or project in more detail. Training providers who did not respond via email were followed up with a phone call several weeks later.

When training information was returned to the researcher, it was reviewed to ensure the content of the training did align to the CCF. If so, the training information was then included in the final version of the training directory. A full list of training providers that were contacted can be found in the appendix of the training directory.

Key findings

We anticipate that a lot more training is available, particularly within NHS trusts, local authorities, or as part of in-house training at organisations and thus is difficult to access or find out further information. Furthermore, a lot of training providers mentioned that they mainly deliver bespoke training to specifically address the needs of an organisation or the learners attending. This makes the training difficult to align to the CCF as the content of the course is frequently adapted. Furthermore, it can make it difficult to quality assure the training and measure the impact of training on clinical practice and behaviours in the workplace.

The training directory highlights that a significant proportion of training available aligns to tier 1 & 2, and Domain A (understanding autism), Domain B (personalised support), and Domain C (physical and mental health) of the CCF. Many providers highlighted that their training maps to both tiers 1 & 2 but doesn't address all the capabilities within them. There are limited training initiatives available that aligns to tier 3, the capabilities within them, Domain D (Risk, legislation and safeguarding) and Domain E (Leadership and management, education and research). It is likely that there is some training available that addresses this, although it may be limited and not easily accessible.

During conversations with training providers, many highlighted that they evaluate their courses pre- and post-intervention. However, they do not use validated scales. Furthermore, it was apparent that there is a lack of follow up or longitudinal evaluation to understand how training impacts clinical practice, changes to work behaviour, and ultimately care provision for autistic people. Many providers also highlighted that they are in the process of mapping their training to specific capabilities within the CCF, although this was delayed due to the Covid-19 pandemic.

The results from the training directory subsequently identified a number of gaps that helped inform the gap analysis that was conducted as part of this project. More information about this can be found here.

Future recommendations for HEE

- There is a need to keep the training directory up to date and add further training providers/courses once training content has been fully mapped to each capability within the CCF. This information will identify further gaps in autism initiatives that do not address specific capabilities. Furthermore, it will help professionals to identify

courses most suitable to their needs to ensure that have met all the capabilities listed in the CCF.

- Autistic people should be at the heart of all autism training and their involvement is essential. It is therefore recommended that autism providers should detail on their website if autistic people are involved and how they are involved in the training.
- More research is needed to provide evaluation guidance to training providers. This will aid training providers to gain an understanding of how their training impacts clinical practice, the care they provide, and the lives of autistic people.
- There is a need for longitudinal evaluation, however without additional funding this may be difficult to conduct.
- Furthermore, more research is needed to compare different modalities of training and understand which modality is more effective in the transfer of learning, impact of clinical practice, and cost effectiveness.
- A small proportion of participants suggested making the CCF the “gold standard” so that employees strive to attend training that meets all the capabilities relevant to their role.

Gap Analysis

Aims

The aim of this work will be to identify any workforce groups and core capabilities that are not currently supported through existing initiatives, subsequently providing recommendations to address these gaps. While the document may be most useful to educators and clinicians, recommendations are also made for commissioners and workforce leads.

Methods

The gap analysis combines data from the national survey with over 350 responses, as well as interviews and focus groups with autistic people, their family and/or carers, professionals working with autistic people, and trainers who deliver autism training. Two members of the project team reviewed all the data to identify gaps and provide recommendations

Findings

The analysis highlighted an array of gaps within the CCF and within autism training provisions. These have been grouped into 7 main themes:

1. Core training content
2. Specialist training for professionals
3. Specialist training content
4. Autistic people involved in training
5. Use of terminology
6. Methods of training
7. Evaluation

These themes have been listed in order of prevalence in the data. However, these themes do not extend to the full list of gaps highlighted within the data. We have provided further examples in Appendix 5.

Conclusion

Themes identified above highlight gaps surrounding autism initiatives in terms of core content of training, targeted training for professionals, additional specific topics to include in current training provisions, including autistic people in training, better use of evaluation, and use of different modalities of training. This includes content around stigma, bias, stereotypes, behaviour, communication, thought processes, and sensory processing as core content that should be incorporated into tier one training of understanding autism. The importance of targeting training for professionals and specialist content is required to ensure that those working with autistic people regularly have the appropriate skills and knowledge relevant to their role to improve care and services.

Autistic people should be at the core of all autism training from conception to delivery. Furthermore, it is imperative that the correct terminology is used within training and autistic people are referred to as this rather than “people with autism”. Whilst there are significant positives and negatives of most training modalities, it is evident that there is a gap in innovative approaches that encompass VR or simulation. Final robust evaluation, including capturing longitudinal data, is imperative to understand how training impacts employee behaviour and the service/care autistic people receive.

Key recommendations

A full list practical and realistic recommendations specifically for educators, commissioners, and Health Education England be found in the Gap Analysis document. Examples include:

1. Methods of training (*HEE*) – consider a repository of training resources which could be shared with educators. For example, a collection of pre-recorded videos of autistic people's experiences, videos, or documents with case base scenarios.
2. Specialist training for professionals (*commissioners*) - ensure that commissioned training not only meets the core requirements outline in the CCF but is also specific to your employee's professional role.
3. Autistic people at the core of training (*educators*) - provide opportunities for autistic people to get involve in training, as well as details of how they are involved in training on your website and in other course information/materials.

A systematic review of autism training programmes for health and social care staff

A systematic review was developed to investigate the quality of current autism training and evaluation for health and social care staff.

Methodology

8826 articles were identified through databases (Cochrane Central Register of Controlled Trials, Web of Science, MEDLINE, PsycINFO, and Embase) from the date of inception until May 1st, 2020. Articles were screened by title and abstract by one researcher. Two researchers screened 25% of titles and abstracts in order to cross check. All eligible full text articles were retrieved and screened by one researcher and cross-checked by five further researchers (HI, AS, CA, RT, KMT) who screened 20% each. A total of 22 unique articles were identified as relevant.

Results

Findings revealed that all studies but one met a 'weak' rating in a quality assessment, and the latter met the criteria for 'moderate'. Most studies had small sample sizes, lack of a control group, and poor methodological designs. No studies evaluated were RCTs.

Training was varied and included a range of professionals such as dentists, undergraduate and postgraduate psychology students, therapists, and non-clinical admin. Some studies involved inter-professional training. There was a lack of standardisation, and studies included described a wide variety of mixed-modality training procedures. This included training videos (n = 6), video modelling (n = 7), didactic teaching both in-person and in online modules (n = 6), case discussions (n = 5), role-play and feedback (n = 9), textbook teaching (n = 2), and protocol instruction (n = 5).

Further, there appeared to be a lack of service user involvement and consultation within the design and implementation of training. While some studies used autistic people within the training sessions themselves, such as in the use of role-play, no study directly reported any form of co-design or Patient Public Involvement (PPI).

Key points

- Consider interprofessional training that is scaled according to experience and job.
- Future training should aim to enhance methods with larger participant numbers and more robust scientific methodologies, such as by the use of RCTs or control groups.
- Standardisation using dedicated training and evaluation frameworks may be useful for study quality.

Delphi survey

Delphi surveys are an iterative process for ‘achieving convergence of opinion’ from groups (Dalkey & Helmer, 1963). This method of data collection is used frequently in health research, primarily to gather together the views of (expert) clinicians and stakeholders about poorly understood or under-evidenced topics; the overall aim is to establish consensus about what best practice should constitute.

We conducted a Delphi survey with health and public facing professionals to establish their knowledge, experiences, concerns and difficulties, and views on workforce development initiatives pertaining to working with autistic people across settings and services. While some Delphi studies solely recruit ‘experts’ in particular fields, there are substantial methodological difficulties with defining the knowledge and skills potential participants must possess or demonstrate, to be considered an expert.

Methodology

The Delphi survey study aimed to develop a consensus statement and recommendations about autism-related training gaps and needs of Cognitive Behavioural Therapy(CBT) practitioners working with autistic people. The study was open for recruitment between September and December 2020

Participants

Fifty people completed the Round 1 survey, 25 people completed the Round 2 survey, and 11 completed the Round 3 survey.

In Round 1, 18% of participants (n = 9) worked with children and adolescents, 46% (n = 23) with adults and 36% (n = 18) with people (with and without autism) across the lifespan. They had been using CBT in clinical or academic roles for between one and 22 years.

Twenty-five people completed the Round 2 survey, including 10 clinical psychologists, 9 CBT therapists, 1 psychological wellbeing practitioner, 4 trainees, and 1 social worker.

Eleven people completed the Round 3 survey, including 4 clinical psychologists, 5 CBT therapists, 1 social worker, and 1 trainee.

Results

Training attended

Seventy percent of people in the Round 1 survey (n = 35) had attended at least one autism-specific training event. Common descriptions of training contents included autism awareness, diagnostic assessment, sensory processing, mental health in people with autism, and CBT. Training was delivered for between two hours and five days, depending on the focus.

Barriers to acceptability and effectiveness of CBT

Several barriers to the acceptability and effectiveness of CBT were identified. These were categorised into six main themes: (1) *health service factors*; (2) *factors relating to guidelines*; (3) *staff factors*; (4) *client factors*; (5) *CBT-related factors*; and (6) *systemic considerations*.

Enhancing CBT service provision

There were numerous suggestions for ways the CBT care pathway can be adapted to better meet the needs and preferences of autistic clients. These related to five main areas: (1) practitioners; (2) service delivery; (3) therapeutic approach; (4) process issues; and (5) techniques.

Training gaps and needs

It was considered by most people that improving the content and amount of autism-relevant training would be beneficial for working with autistic clients. Modular training, offered via different means, was favoured. Training topics pertained to four areas: (1) autism; (2) co-occurring conditions; (3) engagement; and (4) CBT-specific issues.

Considerations for supervision

A number of participants made recommendations for autism-relevant adaptations to clinical supervision. These were categorised into four themes: (1) considerations for clinical supervisees; (2) considerations for clinical supervisors; (3) suggestions for focal discussion points during supervision; and (4) oversight issues.

Conclusion

Overall, the Delphi survey data indicate that a combination of factors are likely to reduce barriers to effective and accessible CBT for autistic people, including deliberate attempts to enhance the care pathway (such as in relation to adapting structure, process and content of CBT), and improved practitioner knowledge and skill relating to working with autistic people.

The Autism Core Capabilities Framework [Repository](#)

As part of this exciting project, we collated all outcomes to create a repository of resources. The headings and subheadings below are hyperlinked to the corresponding document which you can access freely. Whilst the above information provides an overall summary of our findings, the resources below, provide a more in-depth description of our methodology and findings.

In line with the nature of this project, we would like to encourage you to share these documents with, friends, family, colleagues and your organisation, to help increase awareness of our project and the [Core Capabilities Framework for supporting autistic people \(2019\)](#).

- **Executive summary and highlights**
- **Full project report**
 - Easy read version
- **Training directory**
 - Easy read version
- **Gap analysis**
 - Easy read version
- **Delphi survey**
- **National survey easy read version**
- **Video resources**
 1. Overview of the project
 2. What is the CCF for supporting autistic people?
 3. Why is the CCF for supporting autistic people?
 4. How to use the CCF for autistic people, family members and carers
 5. How to use the CCF for trainers who provide autism training
- **Launching the core capabilities repository conference**
 - You can access the recording of the event
 - Presentations used
 - As well as all of the above

If you are an organisation and would like to include these documents on your website, please get in contact with Hannah.iannelli@slam.nhs.uk

Academic publications:

In progress - A systematic review of autism training programmes for health and social care staff

In progress - Cognitive behaviour therapy for autistic individuals: A Delphi survey with practitioners

In progress - Current perspectives on autism training (research paper)

Useful links and information

The Core Capabilities Framework for Supporting Autistic People : <https://skillsforhealth.org.uk/wp-content/uploads/2020/11/Autism-Capabilities-Framework-Oct-2019.pdf>

Other related frameworks:

- Core Capabilities Framework for supporting people with a learning disability: www.skillsforhealth.org.uk/LDframework
- Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism: www.skillsforhealth.org.uk/ACPinLD
- Person-Centred Approaches: www.skillsforhealth.org.uk/person-centredframework

Information from NICE to support autism training in relation to the Core Capabilities Framework for Supporting Autistic People

Domain A. Understanding autism

- NICE/SCIE quick guide: [Assessment and diagnosis of autism: what to expect](#)
[NICE/SCIE Podcast: Assessment and diagnosis of autism in young people](#)
- NICE/SCIE quick guide: [Enabling positive lives for autistic adults](#)

Domain B. Personalised support

- NICE/SCIE quick guide: [Enabling positive lives for autistic adults](#)
- NICE/SCIE quick guide: [Evidence for strengths and asset-based outcomes](#) (this is not specific to autistic adults but may still be applicable)
- [NICE/SCIE recorded webinar: Enabling positive lives for autistic adults](#)

Domain C. Physical and mental health

- NICE shared learning example: [Autism and environmental adaptations within inpatient mental health units](#)
- NICE [Endorsed resource – Checklist for Autism-Friendly Environments \(2016\)](#)
- NICE/SCIE quick guide: [Improving young people’s experiences in transition to and from inpatient mental health settings](#) (this is not specific to autistic adults but may still be applicable)
- NICE/SCIE quick guide: [Reducing the risk of violent and aggressive behaviours](#) (this is not specific to autistic adults but may still be applicable)

Domain D. Risk, legislation and safeguarding

- NICE/SCIE quick guide: [Recognising and responding to domestic violence and abuse](#) (this is not specific to autistic adults but may still be applicable)

Domain E. Leadership and management, education and research

Please see the research questions identified by NICE guideline committees:

NICE guideline
<u>Autism spectrum disorder in adults: diagnosis and management</u> Clinical guideline [CG142] Published date: 27 June 2012 Last updated: 18 August 2016
Research questions
<u>2.1 Facilitated self-help for anxiety and depression in adults with autism</u> <u>2.2 The structure and organisation of specialist teams</u> <u>2.3 Augmentative communication devices for adults with autism</u>
NICE guideline
<u>Autism spectrum disorder in under 19s: support and management</u> Clinical guideline [CG170] Published date: 28 August 2013
Research questions
<u>2.1 A key worker approach for children and young people with autism and their families</u> <u>2.2 Managing behaviour that challenges in children and young people with autism</u> <u>2.3 Managing sleep problems in children with autism</u> <u>2.4 Treating comorbid anxiety in children and young people with autism</u> <u>2.5 Teacher-, parent- and peer-mediated psychosocial interventions in preschool children with autism</u>

Recommendations about training from NICE autism guidance:

NICE guideline
<u>Autism spectrum disorder in adults: diagnosis and management</u> Clinical guideline [CG142] Published date: 27 June 2012 Last updated: 18 August 2016
Recommendations specific to training
1.1.11 Ensure that adults with autism who have caring responsibilities receive support to access the full range of mental and physical health and social care services, including: <ul style="list-style-type: none"> • specific information, advice and support to parents about their parenting role, including parent training if needed, by professionals experienced in the care of adults and children with autism • social support, such as childcare, to enable them to attend appointments, groups and therapy sessions, and to access education and employment.
1.1.14 The specialist autism team should have a key role in the delivery and coordination of: <ul style="list-style-type: none"> • specialist diagnostic and assessment services • specialist care and interventions • advice and training to other health and social care professionals on the diagnosis, assessment, care and interventions for adults with autism (as not all may be in the care of a specialist team) • support in accessing, and maintaining contact with, housing, educational and employment services

- support to families, partners and carers where appropriate
- care and interventions for adults with autism living in specialist residential accommodation
- training, support and consultation for staff who care for adults with autism in residential and community settings.

1.4.4 For adults with autism of all ranges of intellectual ability, who need help with activities of daily living, consider a structured and predictable training programme based on behavioural principles.

1.4.8 Anger management interventions should typically include:

- functional analysis of anger and anger-provoking situations
- coping-skills training and behaviour rehearsal
- relaxation training
- development of problem-solving skills.

1.7.3 Offer information, advice, training and support to families, partners and carers if they:

- need help with the personal, social or emotional care of the family member, partner or friend, or
- are involved in supporting the delivery of an intervention for their family member, partner or friend (in collaboration with professionals).

1.8.2 Autism strategy groups should be responsible for developing, managing and evaluating local care pathways. The group should appoint a lead professional responsible for the local autism care pathway. The aims of the strategy group should include:

- developing clear policy and protocols for the operation of the pathway
- ensuring the provision of multi-agency training about signs and symptoms of autism, and training and support on the operation of the pathway
- making sure the relevant professionals (health, social care, housing, educational and employment services and the third sector) are aware of the local autism pathway and how to access services
- supporting the integrated delivery of services across all care settings
- supporting the smooth transition to adult services for young people going through the pathway
- auditing and reviewing the performance of the pathway.

Appendices

Appendix 1 – Example of email used for recruitment and communication about the project

Dear Name,

South London & Maudsley NHS Foundation Trust (SLaM) are working with Health Education England on a national project to identify and share a range of approaches to support health, social care and public facing workforces across England to use the Core Capabilities Framework for Supporting Autistic People (2019). You can read more about the framework here <https://www.skillsforhealth.org.uk/services/item/945-capabilities-frameworks>

This project involves reviewing current evidence and practice, mapping existing initiatives against the framework and creating a repository of information for people to develop their work further in this area. This project has been given ethical approved by Kings College London.

Participating in the project

The project uses a mixed-methods approach with some data collection taking place online. We would like to invite you to consider taking part in the project, with a few different stages that you may be able to participate in.

1. An online survey: autistic people, their significant others (e.g. family, carers, friends) and professionals, from any setting, can share their experiences of autism training. Please [click here](https://kclbs.eu.qualtrics.com/jfe/form/SV_cUxOb07WGQl6lO9) to participate: https://kclbs.eu.qualtrics.com/jfe/form/SV_cUxOb07WGQl6lO9.

2. Focus groups and interviews: if you would be interested in sharing your experiences of autism training in a focus group or interview please contact hannah.iannelli@kcl.ac.uk.

3. Delphi survey: this online survey asks people practicing CBT and working with autistic people and families to share their expert knowledge. Please [click here](https://kclbs.eu.qualtrics.com/jfe/form/SV_8bPjveTDZBYq3MV) to participate: https://kclbs.eu.qualtrics.com/jfe/form/SV_8bPjveTDZBYq3MV

Taking part and further information

Should you wish to participate in any of these ways or like to know more about the project, please [contact Hannah Iannelli](mailto:hannah.iannelli@slam.nhs.uk) (Research Assistant), hannah.iannelli@slam.nhs.uk. We kindly ask that, if you know anyone who would be interested in our project, please can forward this email to them or ask them to get in contact with us.

We would like to thank you in advance for your support and interest. With many thanks and best wishes

Appendix 2 - Example questions included in the national survey

What do you think people who are not autistic need to know about people with autism?

- [open text box]

Please tell us if there are other people who should learn more about autism.

- [open text box]

Please rank these groups of people from the most important people that need to learn more about people with autism, to the least important. Please click and drag these in order of importance from 1 = most important to 10 = least important (although we know it is important for all of these people we want to know who you think is the most important)

Healthcare staff who work in a hospital, such as doctors and nurses	1
Social care staff, such as social workers or care workers	2
Mental health staff, such as psychologists, psychiatrists and mental health nurses	3
People who work in shops, such as supermarkets, clothes shops	4
People who work at leisure activity centres including, gyms, swimming pools, cinemas, bowling allies	5
People who work on public transport such as a bus, taxi, or train	6
People who work at post offices, banks, benefit services, employment services	7
Emergency service staff, such as ambulance, police, fire service	8
Healthcare staff that work in the community, such as GPs, dentists	9
School and university staff, such as teachers and other people who work in schools (primary, secondary, colleges)	10

How are autistic people, their families and carers involved in your training?

	Always	Most of the time	About half the time	Sometimes	Never
In the development of the training content	<input type="radio"/>				
In the co-delivery of training	<input type="radio"/>				
To deliver the training by themselves	<input type="radio"/>				
To do role play or simulated scenarios	<input type="radio"/>				
To review training content to ensure it reflects their experiences	<input type="radio"/>				
To record videos or create learning resources	<input type="radio"/>				
To share their personal experience	<input type="radio"/>				
To help with evaluation	<input type="radio"/>				
To quality assure the training	<input type="radio"/>				

Thinking about the autism training you are involved in, please tell us if you use the Core Capabilities Framework in any of the following ways:

	Always	Often	Sometimes	Rarely	Never
To plan the content of training	<input type="radio"/>				
To ensure the training meets learners needs	<input type="radio"/>				
To evaluate the impact of training	<input type="radio"/>				
To improve care and services for autistic people their family and carer	<input type="radio"/>				

Do you have any suggestions on how to increase awareness of the core capabilities framework?

- [open text box]

Appendix 3 -Example of interview schedule

[1] experiences of workforce initiatives

1. Can you tell us about any autism training initiatives or programmes have you been involved with?
 - a. What was good about the autism training that you attended?
 - b. Was there anything that could have been improved?

[2] Barriers to training

2. Have you experienced any barriers when trying to access training related to autism?

[3] gaps in initiatives

3. Thinking about autism training you are aware of, or have you noticed any gaps in terms of topic and content?
 - a. Have you noticed any gaps in autism training for specific professionals, settings, method of delivery (e.g. content/topics, setting, method of delivery)

[4] other workforce initiatives

4. Are there any other workforce initiatives or programmes that you are aware of to help you support autistic people their family or careers?

[5] Tell us what you know about the core capabilities framework

5. How do you or could you use the core capabilities framework?
6. How can we increase the use and awareness of the Core Capabilities Framework

Appendix 4 – Professionals in most need of autism training

Professional group	Frequency
Everyone	76
Healthcare professionals	40
All professionals working in mental health settings	21
Doctors	18
Emergency services – e.g. Police	18
GPs	15
Clinical commissioning groups	14
Nurses	13
Dentist and dental staff	8
Those working in CAMHS services	7
Non-clinical staff	6
Accident and emergency professionals	5
Support workers	5
Emergency services (ambulance and fire)	5
Psychologist	3
Crisis teams	3
Eating disorder units	2

Substance misuse services	2
Occupational therapists	1
Anaesthetist	1
Oncology	1
Complex service units	1
Social care	18
Social workers	8
Support services	8
Care workers	5
Care home	3
Child protection and safeguarding	2
Criminal justice system	6
Court	11
Prison and probation staff	7
Legal professions	7
Local authorities	17
National Government	8
Department of work and pensions	8
Civil service	8
Citizens advice	2
Voting	2
Fostering and adoption, looked after children	2
Housing	1
Other	
All organisations	22
Higher education institutions	10
Transport and travel industry	10
Media	7
Events and entertainment industry	7
Religious organisations	7
Human resource personnel	6
Hospitality	5
Retail	4
Charities	4
Sports	3
Finance/ banks	2
Leisure industry	2
Construction	2
Eye Clinics	1
Personal care services	1
Science / research	1
Career workers	1

Appendix 5- Full list of gaps in training content:

- Adult autism
- Adult diagnosis
- Antenatal
- Autism across the lifespan
- Autism and pregnancy
- Autism and the law
- Autism in older adults
- Autism pathway into Child and
- Autistic girls and women
- Barriers to accessing services and healthcare
- Challenges experienced across the lifespan and in different environments
- Complexities In autism
- Complexities in forensic settings
- Co-occurrence with other neurodevelopmental disorders
- Culture
- Culture and spiritualist
- Eating disorders in autistic people
- empathy
- Employment
- Equal opportunities for autistic people
- Extremism
- Falling through the gaps between service transition
- Forensic risks
- Gender differences in presentations
- Homelessness
- Intersectionality
- introspection
- Looked after children
- Mental health act,
- Paediatric training
- Pathological Demand Avoidance
- Please behaviour
- Positives and negatives of being autistic
- Obsessional interests
- Relationships
- Sex education
- Sexuality
- Sleep
- stigma
- Suicide
- Support for parents who are autistic
- Supporting autistic parents
- Trauma informed training
- Understanding family dynamics
- Understanding and processing emotions