



Maudsley  
Learning

The Autism Core Capabilities rEPosiTory  
(ACCEPT) Project:  
Gap Analysis

Created by: Maudsley Learning

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## Our partners

### Maudsley Learning



**Maudsley Learning**

Maudsley Learning is a mental health training centre within South London & Maudsley NHS Foundation Trust and the Institute of Psychiatry, Psychology and Neuroscience. Our mission is to produce the highest quality mental health and wellbeing education and training products.

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### The Estia Centre



[The Estia Centre at South London & Maudsley NHS Foundation Trust](#) is a market leader in training and research in mental health, intellectual disabilities (ID), and autism. The Estia Centre provides training at scale to local and national NHS teams, statutory and non-statutory services, and voluntary organisations.

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### Autistica



Autistica is the UK's national autism research charity, focusing on giving autistic people the opportunity to live long, happy, healthy lives.

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### Health Education England



#### **Health Education England**

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England. This is achieved by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

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## Gap analysis

### *Executive Summary*

#### ***Background***

Health Education England (HEE) published the Core capability framework (CCF) for supporting autistic people in 2019. The CCF describes what is required for supporting autistic people in a range of settings. HEE commissioned a project to Maudsley Learning, South London and Maudsley NHS Foundation Trust, Kings College London, and Autistica to investigate how training currently aligns to the CCF, how the CCF is currently being used, how to increase awareness and use of the CCF, and gaps in training provisions. Alongside this gap analysis document, further information can be found in the [final project report and training directory](#).

#### ***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 made for these groups as well as for commissioners and workforce leads. The gaps identified are based on the responses of people participating in the project and we are aware that training to meet these gaps may well exist, we hope that sharing this data and feedback will help to improve the availability of such training.

#### ***Methods***

The gap analysis combines data from a 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, with the most prevalent described first. However, these themes do not extend to the full list of gaps highlighted within the data. We have provided further examples in the *Appendix*.

### ***Recommendations***

A total of 21 recommendations (series of 7) were made to educators, commissioners, and Health Education England (HEE) to support continued workforce development.

### ***Conclusions***

The findings highlighted numerous gaps in relation to autism training that need to be addressed in order to improve the quality of training. Furthermore, a series of 7 recommendations were provided specifically for educators, commissioners, and HEE. These detailed how to address the gaps identified in order to support workforce development specifically for those who may work with and/or support autistic people.

## *Background*

It is estimated that 700,000 people in the United Kingdom (UK), including 1 in 100 children, have an autism diagnosis ([BMA, 2020](#)). Autistic people are at higher risk of multimorbidity and have a decreased life expectancy compared to non-autistic people ([Bishop- Fitzpatrick & Kind, 2017](#)). These disparities are unnecessary and avoidable.

The Core Capabilities Framework (CCF) describes what is required for supporting autistic people, from those needing a basic understanding of autism, to the skills, knowledge, and behaviours required of those who are experts and lead services for autistic people. 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 specialised. 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 provide care. The 19 capabilities within the framework are grouped together in four 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).

HEE commissioned Maudsley Learning to conduct the Autism Core Capabilities rEPosiTory (ACCEPT) project to identify autism training providers whose courses align to the CCF. The project also sought to identify gaps regarding suitable approaches for any workforce group that cannot be supported via alternative existing approaches. Lastly, 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 project produced the following key deliverables:

- A training directory of autism training providers and courses
- A repository of resources to increase awareness and use of the CCF
- A gap analysis and recommendations
- A systematic review
- A Delphi Survey
- A final project report
- Easy read and high contrast versions of all documents

## Aims

This project aimed to complete a gap analysis that identified workforce groups, training provision, content, and core capabilities that are not currently supported through existing initiatives. Subsequently, this has provided recommendations to address these gaps for educators, professionals, workforce leads, and commissioners aiming to upskill their workforce to support the lives of autistic people. The gaps identified are based on the responses of people participating in the project and we are aware that training to meet these gaps may well exist, we hope that sharing this data and feedback will help to improve the availability of such training.

## Methods

Data collection for the gap analysis combined data from a national survey, focus groups, and interviews with autistic people, their family and/or carers, professionals working with autistic people, and trainers who deliver autism training. Additional insight into gaps in content and provisions of autism training were also gathered throughout the process of developing the training directory during short conversations with participants about the project. In total, the project involved over 400 individuals from across the UK. All qualitative data from the national survey, focus groups, and interview were analysed using content analysis. This involved familiarisation with the data, highlighting key concepts, dividing concepts into meaningful units, and condensing these. These units were then used to generate codes and subsequent themes

## Findings

### *Core training content*

At present, tier one and capability one includes knowing basic facts about autism, understanding common characteristics, meeting communication needs, having a basic understanding of behavioural and sensory issues, making reasonable adjustments, and key adaptations needed in practices. Participants identified five topics that they felt should be included in autism awareness training, including: the uniqueness of autistic people, communication, behaviour, thought processes and addressing stereotypes, and bias and stigma. Whilst these topics are included in the CCF, they are detailed within tiers two and three. These can be further divided into what is currently covered in tier one of the CCF and what is not.

Relating to communication, participants highlighted that there is a gap in content in terms of how to adapt communication techniques to suit the needs of the individuals, and an understanding that autistic people may respond differently to non-autistic people. This incorporates the theme of understanding that each autistic person is unique. Specifically, they

will have different needs, may present differently, and should be treated equally. Participants were keen that behaviour should be included in the core content of autism training, specifically on how sensory input and different environments can impact behaviour of autistic people. Participants stressed the importance of understanding that challenging behaviour should not be seen as “naughty” and instead as a form of communication. Whilst these themes are currently outlined in tier one of the CCF, it is unclear if, since its release in 2019, this is a gap in terms of content or if it has not yet filtered into training provisions.

Participants feel that everyone needs to be aware of the stigma, bias, and stereotypes associated with autism. The opportunity to challenge this at the earliest opportunity will help create a more inclusive society. Furthermore, it will improve the lives of autistic people as stigma, bias, and stereotypes often create barriers for autistic people. There was emphasis on the need to have a better understanding that the thought processes of autistic people are different to non-autistic people in that they see the world and process information differently.

### ***Targeted training for professionals***

There appears to be a gap in accessible training that meets the capabilities required in tier three of the CCF. Whilst there are some autism training providers that deliver training to meet some of the capabilities in tier three (seen in the training directory here), these tend to be more generic and aren't specialised for particular professional groups or specialist services. Whilst many providers mention that they offer bespoke training to suit the needs of their learners, there is a risk of inconsistency of training content and accessibility to other professional groups that might need specialist training. Furthermore, through our data collection methods, participants highlighted that there are several professionals who require specialised training to be able to better support autistic people in their roles. Specifically, those working in mental health and forensic services, general practitioners (GPs), doctors working in acute setting, the police, and nurses. It is possible that some NHS trusts and organisations provide in house training to address the specific needs of these professionals. However, unless organisations display this information it can be assumed that there is a gap in training for these professionals

### ***Specific topics to include in current training provisions***

Whilst it would be unrealistic for the CCF to include all content that would be beneficial for supporting autistic people, participants highlighted a number of topic areas that they felt people should know about autism, and that this would make a difference to the lives of autistic people, their families, and carers. These topics included: autism across the lifespan, intersectionality, autism in older adults, sleep, gender differences in the presentation of autism, the positives and negatives of autism, and suicide. A full list of suggest gaps in training content can be found in *Appendix A*.

### ***Use of terminology***

A strong theme to emerge from the data related to the correct use of terminology around autism. It was frequently highlighted that terminology in training is often derogatory. For example, “people with autism” is frequently used rather than “autistic people”, which is the preferred term. Participants strongly expressed their detest in the use of “people with autism” as it implies that there is something wrong with them or that autism is something to be cured.

### ***Autistic people at the core of training***

Autistic people should be at the core of all autism training. This theme was strongly expressed by all participants in all forms of data collection. At present, some training providers detail if autistic people are involved in their training. Some participants highlighted that when training included autistic people, they felt like they learnt more and had a better understanding of autism. Autistic people, their family, and/or carers highlighted that all training should include the voices of autistic people in order to provide insight into their experiences and perspectives. It was acknowledged that autism is unique to everyone, and so there is no one size that fits all. Thus, including a range of experiences was preferable. This could be achieved in several ways, including autistic people being involved in the development of training content, the use of videos, role play, and simulation scenarios.

Another gap identified by participants was the need for autistic trainers. Whilst we acknowledge that there are currently autistic trainers who deliver training, it appears that they are the minority. Furthermore, a lack of opportunities to become a trainer and receive support for autistic people was highlighted.

### **Methods of training**

Relating to the delivery of training, there was a strong emphasis on the need for more interactive training. Participants described training they had attended, included interaction elements such as using videos or having an autistic person speak to talk about their experiences. Whilst useful, there is a need to step this up to facilitate skills and knowledge acquisition, as well as application to the workplace. Specially, the use of simulation, role play, case-base scenarios, scenario-based problem solving, and practical strategies were the most frequent suggestions. Participants who were autistic, or family member and/ or carers, highlighted that interactive learning was key to making a difference in the care they receive as it enables professionals to have an opportunity to practice what they have learnt. An example given was the use of role play between an autistic person and a professional who would be able to practice communication skills in a safe environment. Whilst the training directory does not reflect all available training within the UK, it highlights that there are limited courses that provide experiential learning in the form of simulation or virtual reality (VR).

## Evaluation

Workforce training has a significant financial impact for many organisations across the UK. During data collection with autism training providers and trainers, many described that they conduct pre- and post-evaluation. However, this data is predominately used for their own personal development. It is not common practice to use this data for research purposes, which is shown by the limited number of published academic papers. The systematic review that was completed as part of this project further calls attention to this. Furthermore, participants emphasised that more longitudinal evaluation is needed to understand what the impact of training is to the individual in their workplace. This would highlight the effects of training into practice and how this improves the lives of autistic people.

## Conclusion

The themes identified above highlight the gaps surrounding autism initiatives in terms of core content of training, targeting 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. Including content around stigma, bias, stereotypes, behaviour, communication, thought processes, and sensory processing were highlighted as core content that should be incorporated into tier one training (understanding autism). The importance of targeting training for professional and specialist content is required, ensuring that those who work with autistic people regularly have the appropriate skills and knowledge relevant to their role to improve care and services that autistic people receive.

Autistic people should be at the core of all autism training from conception to delivery. Furthermore, it's imperative that the correct terminology is used within training and that 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. Finally, robust evaluation - including capturing longitudinal data - is imperative for understanding how training impacts employee behaviour and the service/care autistic people receive.

Practical and realistic recommendations have been made regarding how to improve autism training to better support autistic people.

## Recommendations for educators

1. ***Core content of training*** - within basic autism awareness training, ensure content includes detailed information on the uniqueness of autistic people, communication, behaviour, thought processes and addressing stereotypes, bias and stigma.

2. ***Specialist training for professionals*** - there is need to design and deliver specialist autism training for specific professionals.
3. ***Specialist content to include in current training provisions*** – consider the opportunity to integrate topics such as autism across the lifespan, intersectionality, autism in older adults, sleep, gender differences in the presentation of autism, the positives and negatives of autism, and suicide within training content.
4. ***Autistic people at the core of training*** - provide opportunities for autistic people to get involved in training and provide details of how they are involved in the training alongside the advertising of the course, as well as in other course information/materials.
5. ***Use of terminology*** - the preferred term of “autistic people” should be consistently used within training rather than “people with autism”.
6. ***Methods of training*** – maximise interactivity within current courses by incorporating at least one of the following elements: case base scenarios, role play, simulation, VR, scenario-based problem solving, and intense interactive approaches.
7. ***Evaluation*** – Publish data collected during training courses in academic journals.

## Recommendations for commissioners

1. ***Specialist training for professionals***- ensure that commissioned training not only meets the core requirements outline in the CCF, but is also specific to the employee’s professional role.
2. ***Specialist content to include in current training provisions***– consider whether commissioned training meets the needs of autistic people and addresses all aspect of improving the lives of autistic people.
3. ***Autistic people at the core of training*** – provide opportunities to invest in the development of training that would enable autistic people to become trainers and deliver autism training.
4. ***Use of terminology*** – commissioners should emphasise the importance of using the correct terminology in autism training, using “autistic people” rather than “people with autism”.

5. **Methods of training** – ensure commissioned training includes interactive elements that will provide practical strategies that employees can bring back to the workplace.
6. **Evaluation** – when commissioning data, consider allocating funding to conduct robust evaluation of the training.

## Recommendations for Health Education England

1. **Core content of training**- there appears to be a need to review the current capabilities listed within the CCF, and consider if some capabilities listed within tiers 2 and 3 should be moved to tier 1.
2. **Specialist training for professionals**- it is highly important that professionals receive training which relates directly to their role as well as meeting the core capabilities outlined in the CCF.
3. **Specialist content to include in current training provisions**– consider whether commissioned training meets the needs and addresses all aspect of improving the lives of autistic people.
4. **Autistic people at the core of training** – consider whether additional best practice guidance is needed for training providers to know how to include autistic people in training provisions.
  - a. Opportunities to invest in providing support to autistic training and those involved in delivering.
5. **Use of terminology**– there is potential for HEE to emphasise the importance of using correct terminology in autism training. Specifically, using "autistic people" rather than "people with autism".
6. **Methods of training** – consider whether a repository of training resources could be shared with educators, such as a collection of pre-recorded videos of autistic people's experiences, videos, or documents with case base scenarios.
7. **Evaluation** – consider whether additional guidance for evaluation would be beneficial for training providers to be able to effectively capture data that can be used for both development and research purposes.

1. Adult autism
2. Adult diagnosis
3. Antenatal
4. Autism across the lifespan
5. Autism and pregnancy
6. Autism and the law
7. Autism in older adults
8. Autism pathway into Child and
9. Autistic girls and women
10. Barriers to accessing services and healthcare
11. Challenges experienced across the lifespan and in different environments
12. Complexities In autism
13. Complexities in forensic settings
14. Co-occurrence with other neurodevelopmental disorders
15. Culture
16. Culture and spiritualist
17. Eating disorders in autistic people
18. Empathy
19. Employment
20. Equal opportunities for autistic people
21. Extremism
22. Falling through the gaps between service transition
23. Forensic risks
24. Gender differences in presentations
25. Homelessness
26. Intersectionality
27. Introspection
28. Looked after children
29. Mental health act,
30. Paediatric training
31. Pathological Demand Avoidance
32. Please behaviour
33. Positives and negatives of being autistic
34. Obsessional interests
35. Relationships
36. Sex education
37. Sexuality
38. Sleep
39. Stigma
40. Suicide
41. Support for parents who are autistic
42. Supporting autistic parents
43. Trauma informed training
44. Understanding family dynamics
45. Understanding and processing emotions

## Appendix 4 -Professionals in most need of autism training

Professional group	Frequency
Everyone	76
<b>Healthcare professionals</b>	<b>40</b>
All professionals working in mental health settings	21
Doctors	18
Emergency services - Police	18
GP's	15
Clinical commissioning groups	14
Nurses	13
Dentist and dental staff	8
CAMHS services	7
Non-clinical staff	6
Accident and emergency professionals	5
Support workers	5
Emergency services (ambulance and fire)	5
Psychologists	3
Crisis teams	3
Eating disorder units	2
Substance misuse services	2
Occupational therapists	1
Anaesthetists	1
Oncology	1
Complex service units	1
<b>Social care</b>	<b>18</b>
Social workers	8
Support services	8
Care workers	5
Care home workers	3
Child protection and safeguarding	2
<b>Criminal justice system</b>	<b>6</b>
Courts	11
Prison and probation staff	7
Legal professions	7
<b>Local authorities</b>	<b>17</b>
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

Professional group	Frequency
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



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