The NHS Education for Scotland Autism Training Framework : Optimising Outcomes

Training Plan for ASD

Abstract painting by **Rachel Hook***, 2010*

Rachel is one of the many artists who have attended Scottish Autism's Art Opportunities service. Art Opportunities is a day service for adults with autism specialising in arts and crafts based activities, from painting and drawing to textiles and glass work. The abstract painting above was painted for Young Talent 2010, an exhibition of artwork created by young people with disabilities.

The NHS Education for Scotland Autism Training Framework

Training Plan for ASD

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Introduction

The NHS Education for Scotland Autism Training Framework: *Optimising Outcomes* details the **knowledge and skills required at different levels** within the health and social care workforce to achieve key outcomes for people with an autism spectrum disorder (ASD), their families and carers. The Framework applies to those in generic services through to those working in specialist ASD services.

Following the publication of the Framework, the training plan, detailed here, aims to summarise the training needs identified within the wider literature and from the NES Training Needs Scoping Exercise. Consideration is also given to other issues that may impact on the accessibility and delivery of training and the transfer of trained knowledge and skills into practice. The core elements of training outlined in the Framework are then reviewed with guidance provided on the nature of training required for each element and current gaps in training availability or accessibility being highlighted. The priorities for the development of future training are then presented.

Purpose

The **Training Plan** will outline the training that is needed to fulfil the requirements of the NHS Education for Scotland Autism Training Framework by (i) identifying currently available training; (ii) identifying gaps in training provision, and, where appropriate, (iii) guiding the commissioning or development of appropriate training.

Overview

| Wider context e.g. Scottish Strategy for Autism, NICE and SIGN guidelines; Local Delivery Plans | NES Scoping Exercise: Training needs in specialist and generic services | Currently available training and considerations in choosing training | Current training gaps, issues and challenges. Future development of training |

National Strategy and Evidence of Training Needs

The ten indicators of best practice within the Scottish Strategy for Autism include access to training and development for staff and the development of an ASD training plan to increase the skills, knowledge and understanding of ASD. Existing evidence regarding training needs is reviewed in this section of the Training Plan.

Guidelines

During the development of the Framework reference was made to both the SIGN and NICE guidelines, the Menu of Interventions, The Scottish Strategy Mapping Report and also to the reported experiences of those affected by ASD. All of these provide information about the likely needs arising from ASD and consequently the knowledge and skills required by those supporting individuals with ASD and their families or carers. The following are commonly referred to:

- Understanding the nature, development and course of ASD
- Efficient procedures for diagnosis (including differential diagnosis and complexity)
- Providing timely post diagnostic support – understanding the impact of autism on the individual and their family/carers
- Support related to core ASD symptoms (e.g. developing social skills)
- Behaviour and emotion regulation, including behaviour that challenges
- Sensory issues
- Interventions for co-occurring conditions (especially sleep and mental health concerns).
- Understanding key transitions points (including changes at puberty)

Local Delivery Plans

Following the launch of the Scottish Strategy for Autism in 2011 local delivery plans have been developed and within these there are frequent references to local training needs and issues relating to training. The common themes arising from this literature include:

- Need for the development of local autism training plans (coordinated/ centralised)
- Multi-professional local team / named agency or named person responsible for overseeing local training
- Planning a coherent, tiered approach to training
- Building capacity and understanding in mainstream services
- Need for greater co-ordination to avoid gaps in training or duplication
- Monitoring the uptake and impact of ASD training
- Autism Champions
- Training to be accessible
- Awareness raising across public services
- Training in recognized diagnostic tools
- Post-diagnostic support
- Comorbidities and behavioural issues
- Need for more specialist training
- Supporting those with co-existing mental health / physical health conditions
- Professional networks / circles of support

National Strategy and Evidence of Learning Needs

NES Scoping Exercise

Since a detailed Learning Needs Anaylsis was completed by McKay and Dunlop in 2004, it was assumed that learning needs might not have changed significantly since that time. Given the timeframe of the current project, and the existing evidence from other sources across Scotland, from various projects, Mapping Report, Local Autism Plans, etc., a detailed learning needs analysis was not conducted. Instead a scoping exercise was undertaken with the aim of identifying current perceived learning needs across both mental health and generic health services and from the autism community.

Mental Health Services

Within Mental Health services clinicians and service leads were surveyed to gather information about their perceived learning needs in relation to ASD. This survey was completed by July 2014.

In total 106 surveys were completed and those responding represented both Child and Adolescent Mental Health services (76%) and Adult Mental health services (24%). Respondents were asked if they perceived a need for learning across nineteen possible areas of work. Within Child and Adolescent services the topics of learning most frequently endorsed were specialist intervention, specialist assessment and diagnosis, working with parents and carers, co-morbidity and differential diagnosis and ASD in Adolescence. Specialist intervention was also the most endorsed learning topic within adult services. Clinicians and service leads also perceived a need for learning relating to Asperger Syndrome, specialist assessment and diagnosis,

working with parents and carers, co-morbidity and differential diagnosis and neurobiology. It is noted that the majority of those responding from adult services estimated their ASD workload as less than 25%, with only 7% having an ASD workload of 50%. Contrary to our hypothesis, most clinicians did not anticipate an increase in ASD workload in the future.

Information was also sought about the modes of learning that clinicians and service leads would find most valuable. For Child and Adolescent services experiential learning, specialist conferences and specialist learning were the most favoured options. Within Adult services specialist conferences, specialist learning and a network resource were the most frequent choices. Most clinicians reported that they felt supported in their request for further learning in autism. Clinicians within children's services said the primary sources of information about training were word of mouth, mailing lists and from specialist services. This was similar within adult services with primary sources being word of mouth, from specialist services and from professional body websites.

# National Strategy and Evidence of Training Needs

🌐 Generic NHS Services

The scope of the NES Training Framework, by definition, includes a range of services rather than only Mental Health or LD services. Whilst it was not possible to carry out detailed scoping of existing autism spectrum training needs within these services, as well as anticipated training needs, interviews were conducted – where possible - with relevant members of staff responsible for Training & Education or Equality & Diversity. (see Appendix for details)

Given the prevalence of autism spectrum disorders (approximately 1%) it could be expected that staff working in all NHS services would at some point in their period of employment, come across an individual affected by the condition. With the high likelihood of co-occurring mental health symptoms, it is to be expected that individuals may present to mental health services at some point in their lives. Equally, with reported co-occurring physical health problems, such as gastrointestinal complaints or epilepsy, these individuals may require specialist medical assessment and intervention. Pharmacology is an area of clinical practice that requires specialist knowledge and skills; NES Pharmacology has produced a resource for pharmacists: *The Pharmaceutical care of People with Learning Disabilities*. This includes a chapter on ASD. Within the NHS, there are services that more obviously require autism knowledge and skills, such as dentistry, where sensory factors may play a particularly important role in the individual's experience. At face value, it may appear unnecessary for staff in a particular service to have autism-specific knowledge and skills. Yet, feedback from the autism community strongly suggests that an autism-informed service may have a significant impact on that person's experience, whether a one-off medical appointment or a period of stay in hospital following surgery.

The nature of the service may create obstacles to training, e.g. a paramedic who is working on the road, hence requiring consideration about the best possible route to ensuring access to knowledge and skills in ASD. On the other hand the nature of general training for paramedics may well prepare them to consider relevant elements of the situation, communication or sensory factors, hence rendering them applicable to a patient with ASD.

✳️ Autism Community

Feedback gathered from the autism community during the project included the point that sometimes individuals felt more confident about a service if staff made simple adjustments to their practice in order to improve patients' experience. Given the range of additional needs potentially experienced by those on the spectrum, it was useful to consider what training needs were being addressed by those particular services to ensure appropriate services were offered to those on the spectrum and their carers/families.
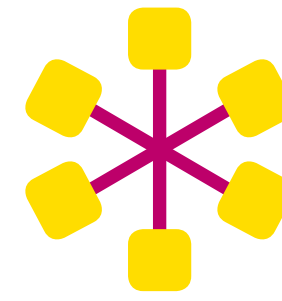
Currently Available Training

A range of current training opportunities was identified and considered in relation to how this meets the training needs identified above and also the extent to which they fulfil the requirements outlined in *Optimising Outcomes.* **Autism Network Scotland** will host a list of currently available training and is therefore an important resource in identifying training opportunities. However it is important to consider the following issues in relation to ASD training:

- Training which is relevant to meeting the core elements outlined in the NES Training Framework may form part of wider professional training for some groups of staff. Staff should be able to identify which elements of training have been adequately addressed by their core training.
- Relevant training might be provided at a local level and not available across other areas. This type of training may not be have been identified in the review of current training.
- Attendance at events such as specialist conferences and workshops and participation in professional group activities might significantly contribute to developing relevant knowledge and skills. Training gaps would still be evident as these are not routine training events.
- There is a wide range of providers of training on ASD. Those accessing training should be aware of the need to consider the quality of this training particularly as much of this is unregulated (NAS 2012, Good Practice in Autism Training).
- Service managers and staff need to consider the learning outcomes of training and how these will aid the development of the appropriate level of knowledge and skills as identified from Optimising Outcomes.
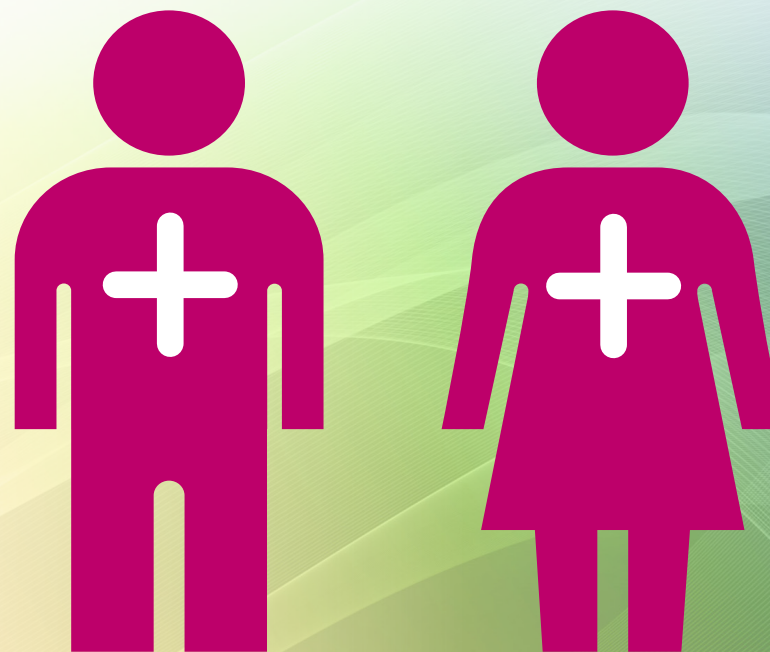
ASD: Training Considerations

Service leads and professionals responsible for staff development as well as individual practitioners may find it helpful to utilise the resources available to them:

- NHS Education for Scotland Autism Training Framework: *Optimising outcomes*
- NHS Education for Scotland Training Plan
- The Scottish Strategy for Autism (2011)
- The Menu of interventions

In principle, service leads would use the NES Training Framework to consider both the current service structure and remit and current levels of knowledge and skills of all staff in relation to autism spectrum disorders (ASDs). This exercise will provide information about the type of knowledge and skills required to meet the needs of individuals using the service. Some of this will be accessible as part of professional training, CPD, or specialist conferences. Whilst the training framework enables staff to establish where they are in terms of the recommended Knowledge and Skills levels, it then provides a general list of core areas to be covered in the training required at that level.

The NES Training Framework and Training Plan do not aim to be prescriptive about specific courses or training currently available. Instead, the two resources should facilitate service leads and individual practitioners to use the tools available when deciding on the most appropriate training for their staff.

ASD: Training Considerations
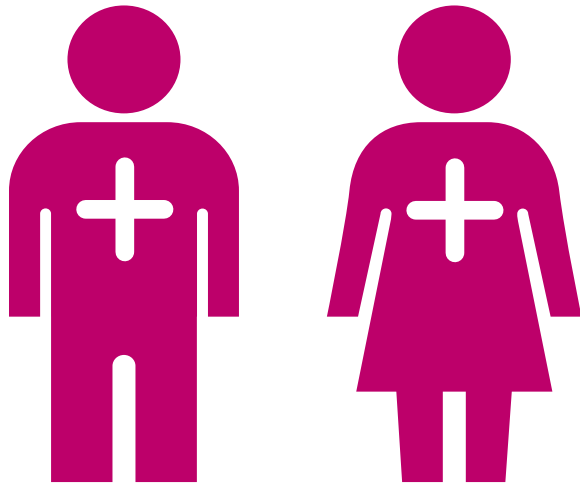
Hot Spots:
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Training: Gaps and Challenges

The tables below summarise the core elements of training identified for each Key Area within *Optimising Outcomes* and at each level. The nature of training that would be appropriate at each level is identified. Gaps in existing training are highlighted within each area. Although there are elements such as "autism awareness" where there are many available courses it was evident that this is still perceived as an area of need. This suggests that there may be issues with the accessibility or uptake of such courses. It may also indicate difficulty in the transfer or learning from training into routine practice. Therefore perceived issues or challenges with training are also identified within the tables.

Key Area: Identification, Screening, Assessment and Diagnosis		
Level: Informed		
Core Training Elements	**Nature of Training**	**Identified Gaps or Challenges**
Challenging stereotypes Difference, disability, hidden disability, barriers to care **Core facts and features** Prevalence Breadth of spectrum (subtle presentation, across lifespan) Developmental nature Social communication in autism Routines and inflexibility in autism **Associated factors** Sensory issues Common co-occurring conditions – intellectual disability; mental health Impact on individual Impact on families and carers	At this level training should be: Single session Classroom or e-learning Include videos or comments by ASD community Standard in-house/autism-specific organisation Should have evaluation, feedback and impact intrinsic to course	There are numerous of awareness raising courses available, particularly in an e-learning format. However evidence from the Scottish Strategy for Autism Mapping Report and other sources suggests that there is still a demand for "awareness raising" that would be appropriate to this level of the Framework. Key priorities in this area are: • Increasing the accessibility of available training • Increasing uptake and completion of available training • Considering the needs for different modes of training (e-learning and web based resources may not be appropriate for all) • Considering how to increase transfer from training such that the knowledge and skills gained are used within routine practice. • Recognising the difference between training aimed at increasing awareness/knowledge and activities that help staff to have a greater understanding of the experience of those with autism, their families and carers. This could include knowledge of how to get involved with the Autism community both locally and on a wider basis and training being delivered or contributed to by those on the autism spectrum, their families or carers

Key Area: Identification, Screening, Assessment and Diagnosis		
Level: Informed		
Core Training Elements	**Nature of Training**	**Identified Gaps or Challenges**
Impact on behaviour and day-to-day functioning **Adjustments to practice** Communication skills - to communicate with individuals with ASD / families / carers Consent / information sharing Identifying appropriate adjustments		• Considering the need for a "rolling programme" of training as one off sessions may miss those who cannot attend, new staff or staff in new roles. • Consider embedding Autism Informed Practice into existing induction training for all staff • Use of the NES Autism Training Framework to guide the delivery of training

Key Area: Identification, Screening, Assessment and Diagnosis
Level: Skilled

Core Training Elements	Nature of Training	Identified Gaps or Challenges
Core facts and features How autism is defined and diagnosed Evidence re causes and outcomes **Associated factors** Co-occurring conditions Differential diagnosis – it may look like autism Sensory processing Recognition of other conditions that might present differently in context of ASD (e.g. anxiety / depression) **Screening for autism** Knowledge of pathway – seeking consultation / referral route Selecting and using screening tools Using clinical judgement re outcome of screening **Outcome and Signposting** Knowledge of national guidelines and local procedures Good practice in post-diagnostic support and intervention Giving feedback Pathways for support **Adjustment of practice** Communication skills - to communicate with individuals with ASD / families / carers Consent / information sharing Identifying appropriate adjustments	At this level training should be: Single session – can be supplemented or enhanced by web-resource (s) Classroom or e-learning (if access to practice opportunities) Include videos or comments by ASD community Standard in-house/autism-specific organisation/ practitioner Should have evaluation, feedback and impact intrinsic to course CPD or standard part of professional training	Within this area the main issues are: • A need for local training that informs about local pathways and procedures • Training focused on those with a particular role in screening which highlights the recommendations from the NICE and SIGN guidelines • Training that goes beyond the awareness raising level required for Autism Informed Practice and particularly considers the "associated factors" identified in column one. In particular an understanding of how individuals with autism are more likely to have negative life experiences that can contribute to developing additional conditions such as anxiety, depression and PTSD

Key Area: Identification, Screening, Assessment and Diagnosis
Level: Enhanced

Core Training Elements	Nature of Training	Identified Gaps or Challenges
Core facts and features How autism is defined and diagnosed Neurodevelopmental conditions Evidence re aetiology, prognosis and associated factors Likely presentation at different points in lifespan **Associated factors** Co-occurring conditions Differential diagnosis Awareness re LD and other co-occurring conditions Impact of ASD on personal, social, educational and occupational functioning **Screening, Assessment & Diagnosis** Diagnostic systems and criteria National and local guidelines for screening, assessment and diagnosis Training in specific screening and assessment methods – good understanding of uses and limitations Screening and diagnostic tools Integrated assessments Training in systematic gathering of information and integration of material to inform diagnostic opinion **Outcome and Signposting** Post-diagnostic protocols	At this level training should be: Multiple sessions/standardised course – can be supplemented or enhanced by team development days or specialist supervision Face-to-face/Classroom-based Include videos or input from ASD community Standardised/autism-specific organisation / practitioner(s) Should have evaluation and opportunity to have work reviewed Feedback and impact intrinsic to course CPD or standard part of professional training Accredited Professional training	At this level training is likely to focus on the use of measures that are helpful in the assessment of ASD including: • Autism Diagnostic Observation Schedule (ADOS) • Autism Diagnostic Interview Revised (ADI-R) • Diagnostic Interview for Social & Communication Disorders (DISCO) • The Adult Asperger Assessment (AAA) • The Asperger Syndrome Diagnostic Interview (ASDI) • The Developmental, Dimensional and Diagnostic Interview (DDDI) The accessibility of training in standardised measures may be inhibited due to the costs, travel and time commitments involved. This can potentially be reduced by these standardised courses being available 'in-house' particularly when a number of clinicians require access to the training. In addition to training in the use of these assessment tools there was a need identified for more training in specialist assessment focused on those with more complex profiles and where there are issues around co-morbidity or differential diagnosis. Whilst this need may be partly met via specialist conferences or through specialist networks or mentoring it would be helpful for there to be more routine training available with this focus.

Key Area: Identification, Screening, Assessment and Diagnosis		
Level: Enhanced		
Core Training Elements	Nature of Training	Identified Gaps or Challenges
Outcome and Signposting (Cont.) Onward referral for co-occurring conditions / differential diagnosis Likely outcome for individuals with a diagnosis and particular individual needs		

Key Area: Identification, Screening, Assessment and Diagnosis

Level: Expertise

Core Training Elements	Nature of Training	Identified Gaps or Challenges
Core facts and features How autism is defined and diagnosed Individual profiles in autism Communication needs of individual with ASD **Associated factors** Co-occurring conditions Differential diagnosis Neurodevelopmental conditions / genetics **Screening, Assessment & Diagnosis** Diagnostic systems and criteria Screening and diagnostic tools Evidence base re assessment tools Identification and assessment of possible differential diagnoses as well as co-occurring conditions, e.g. LD and mental health problems Individual profiles in autism Risk protocols **Outcome and Signposting** Outcomes and signposting to other specialist services **Specialist supervision skills, training and consultancy** Training others to screen, assess and diagnose Consulting and supervising on assessment and diagnosis	At this level training should be: Multiple sessions/standardised course – can be supplemented or enhanced by refresher days/specialist networks/specialist conferences Face-to-face/Classroom-based Include videos or input from ASD community Include input from other experts Standardised/autism-specific organisation / practitioner(s) Should have evaluation – opportunity for work to be reviewed Feedback and impact intrinsic to course CPD or standard part of professional training for role Accredited Professional training	At the Expertise in Autism level there are similar gaps and challenges to those at the Enhanced level. Additional considerations are: • Training in understanding the individual profiles of those with Autism. • Training on consultation, supervision and training of others in the assessment and diagnosis of ASD. • Updating and refreshing training following initial training in the use of diagnostic measures, particularly in relation to changes in diagnostic criteria

Key Area: Management, Support and Intervention
Level: Informed

Core Training Elements	Nature of Training	Identified Gaps or Challenges
Challenging stereotypes Difference, disability, hidden disability, barriers to care **Core facts and features** Social communication in autism Routines and inflexibility in autism **Associated factors** Sensory issues Common co-occurring conditions Associated difficulties – learning disability; mental health Understanding that individuals with ASD will face other physical and mental health difficulties Impact on individuals Impact on families and carers **Addressing needs arising from ASD** Guidelines for health and social care staff about how to respond so needs are met appropriately (e.g. menu of interventions) Aim is to understand condition and offer appropriate support Practical strategies in adjusting practice and/or environment Local and national sources of information and support including connecting with the autism community	At this level training should be: Single session Classroom or e-learning Include videos or comments by ASD community Standard in-house/autism-specific organisation Should have evaluation, feedback and impact intrinsic to course	At the informed level staff need to be able to recognise potential signs of ASD and have the knowledge and skills to adapt their behaviour or make appropriate adjustments to practice. In choosing "autism awareness" courses managers and staff need to consider the extent to which these will offer practical strategies. Whilst e-learning courses may be suitable for some staff others may need the opportunity to discuss the application of strategies to their own area of work. Practical strategies should be based upon knowledge and understanding of autism as outlined in the "Identifcation, Screening, Assessment and Diagnosis" section. Challenges in this area include the accessibility of training for staff who have less routine contact with those with ASD and where there may be a need to promote the relevance of ASD related training.

Key Area: Management, Support and Intervention

Level: Skilled

Core Training Elements	Nature of Training	Identified Gaps or Challenges
Individual ASD profile Recognising difficulties in adaptive skills despite good verbal and general intellectual skills Recognising individuals with ASD will have contact with services for other reasons which may or may not be related to ASD Presentation and course of MH difficulties can be different in autism How ASD might impact on treatment suitability / response – e.g. unusual pain thresholds, difficulty processing verbal information **Associated factors** Co-occurring conditions and differential diagnosis – e.g. depression, anxiety, ADHD, learning disability **Intervention and Support - Addressing needs arising from ASD** Relevant legislation e.g. Adults with Incapacity, GIRFEC, Adult Support and Protection Importance of access to early and accurate ASD adapted support, management and intervention Referral or signposting to specialist ASD services or other specialist services (e.g. sleep disorders service) Including signposting to the autism community and organisations that may facilitate this. **Adjustment of practice** Adapting key areas of practice for autism Adapted practice to accommodate core features including communication and sensory issues	At this level training should be: Single session – can be supplemented or enhanced by web-resource (s) Classroom or e-learning (if access to practice opportunities) Include videos or comments by ASD community Standard in-house/autism-specific organisation/ practitioner Should have evaluation, feedback and impact intrinsic to course CPD or standard part of professional training	Accessibility of training may also be challenging for staff working at the skilled level where ASD is not a core focus of their work. This could be improved with increased availability of single session training that covers the core elements required at this level. Specific courses may be useful for those working in particular fields of physical health where there is a greater association with ASD and in generic MH services e.g. focussing on understanding communication and sensory issues and responding appropriately.

Key Area: Management, Support and Intervention		
Level: Skilled		
Core Training Elements	**Nature of Training**	**Identified Gaps or Challenges**
Adjustment of practice (Cont.) Information-giving for individual, family and carers Confidentiality and consent to treatment Partnership work		

Key Area: Management, Support and Intervention		
Level: Enhanced		
Core Training Elements	**Nature of Training**	**Identified Gaps or Challenges**
Current research and clinical evidence Co-occurring conditions – Neurodevelopmental; mental health; medical conditions Associated factors – sensory sensitivities Impact on individual and family / carers in relation to complex and co-occurring conditions Evidence based intervention and support in relation to adapted working practices and physical environments **Intervention and Support - Addressing needs arising from ASD** UK and Scottish guidelines for management, support and intervention – NICE, SIGN, Menu of Interventions, The Matrix Ability to establish the specific needs of the individual, plan and adjust any intervention offered consistent with national guidelines Designing, developing and reviewing interventions Develop holistic support and intervention plans / pathways Including signposting to the autism community and organisations that may facilitate this. **Adjustment of practice** Adapting core practice for autism Post diagnostic support for individuals, families and carers Person centred approaches Psycho-social interventions across the lifespan for core ASD symptoms and co-occurring conditions ASD adapted risk assessment and risk management	At this level training should be: Multiple sessions/standardised course – can be supplemented or enhanced by team development days or specialist supervision Classroom-based Include videos or input from ASD community Standardised/autism-specific organisation / practitioner(s) Should have evaluation, feedback and impact intrinsic to course CPD or standard part of professional training Accredited Professional training	Training needs relate to: • Adapting routine practise to maximise outcomes for those with ASD. As the evidence base continues to develop training is required both to share best practice and to continue to make developments in this area. • Psychosocial interventions – as outlined in the NICE and SIGN guidelines • Post diagnostic support for individuals, families and carers – various programmes are available and in some areas staff may require more training to increase the accessibility of post diagnostic support. • The need for training in specialist intervention within mental health services was highlighted in the NES Scoping Exercise and is a key area for development given the association of ASD with mental health concerns and the resulting impact on individuals, families and carers.

Key Area: Management, Support and Intervention		
Level: Enhanced		
Core Training Elements	**Nature of Training**	**Identified Gaps or Challenges**
Adjustment of practice (Cont.) Use of risk assessment tools with individuals with ASD **Management & Service Delivery** partnership work, specialist supervision skills, training and consultancy Capacity to consult and liaise in relation to complex ASD cases Delivering training and education to others		

Key Area: Management, Support and Intervention
Level: Expertise

Core Training Elements	Nature of Training	Identified Gaps or Challenges
Current research and clinical evidence Co-occurring conditions – Neurodevelopmental; mental health conditions; medical conditions Associated factors – sensory sensitivities and sensory interventions Impact on individual and family / carers in relation to complex and co-occurring conditions Role of environmental factors in highly complex cases Evidence based intervention and support in relation to adapted working practices and physical environments **Intervention and Support - Addressing needs arising from ASD** UK and Scottish guidelines for management, support and intervention – NICE, SIGN, Menu of Interventions, The Matrix Post-diagnostic support needs for highly complex presenting problems for individuals, families and carers Person centred approaches Including signposting to the autism community and organisations that may facilitate this. Psycho-social interventions across the lifespan for core ASD symptoms and co-occurring conditions Specialist risk assessment and risk management within legislative policy and framework **Adjustment of practice** Specialist adapted practice for autism	At this level training should be: Multiple sessions/standardised course – can be supplemented or enhanced by refresher days/ specialist networks/specialist conferences Classroom-based Include videos or input from ASD community Include input from other experts Standardised/autism-specific organisation / practitioner(s) Should have evaluation, feedback and impact intrinsic to course CPD or standard part of professional training for role Accredited Professional training	Similar to the enhanced level training needs relate to: • Adapting routine practise to maximise outcomes for those with ASD. As the evidence base continues to develop training is required both to share best practice and to continue to make developments in this area. • Psychosocial interventions – as outlined in the NICE and SIGN guidelines • Post diagnostic support for individuals, families and carers – various programmes are available and in some areas staff may require more training to increase the accessibility of post diagnostic support. • The need for training in specialist intervention within mental health services was highlighted in the NES Scoping Exercise and is a key area for development given the association of ASD with mental health concerns and the resulting impact on individuals, families and carers. Additionally at the Expertise level training gaps are: • specialist risk assessment and risk management • Good practice in developing ASD training within a service.

Key Area: Management, Support and Intervention		
Level: Expertise		
Core Training Elements	**Nature of Training**	**Identified Gaps or Challenges**
Adjustment of practice (Cont.) Ability to establish the specific needs of the individual, plan and adjust any intervention offered consistent with national guidelines Particular expertise in the relationship between ASD and co-occurring physical, medical and neurodevelopmental conditions and mental health conditions **Management, Specialist supervision skills, training and consultancy** Management and service delivery – multi-agency partnership work Specialist supervision skills, training and consultancy Planning of service delivery Crisis response plans Ability to identify and respond to team and external training needs in order to ensure individuals with autism and their families or carers have access to appropriate services Development and implementation of ongoing staff development programme in relation to ASD		

Key Area: Autism Across the Lifespan

Level: Informed

Core Training Elements	Nature of Training	Identified Gaps or Challenges
Challenging stereotypes Difference, disability, hidden disability, barriers to care **Transitions and changes** Biological / physical changes, changes in relationships Organisational / systemic changes Environmental change **Dealing with change** How core features of ASD might make it difficult for individual to manage change in day-to-day life and general life changes (e.g. leaving school, supported living, changing jobs, changing services) Routines and inflexibility Impact on families and carers **Factors impacting on capacity to manage change** Impairment in communication How this impacts on accessibility of service **Adjustments needed to make service accessible** Preference for predictability e.g. book appointments in same place at same times Capacity to communicate to individuals with ASD, their family/carers some understanding of their circumstances	At this level training should be: Single session Classroom or e-learning Include videos or comments by ASD community Standard in-house/autism-specific organisation Should have evaluation, feedback and impact intrinsic to course	Across all levels of practice there was little training currently available that specifically focuses on the issue of transitions and change. Where this does exist the focus tends to be on major transitions such as from child to adult services. Therefore there is a need to develop training at all levels that addresses the nature of transitions and changes, the difficulties these may cause for those with ASD and adjustments to practise aimed at managing the impact of transitions and changes.

Key Area: Autism Across the Lifespan

Level: Skilled

Core Training Elements	Nature of Training	Identified Gaps or Challenges
Challenging stereotypes Difference, disability, hidden disability, barriers to care **Transitions and changes** Biological / physical changes, changes in relationships Organisational / systemic changes Environmental change **Dealing with change** How core features of ASD might make it difficult for individual to manage change in day-to-day life and general life changes (e.g. leaving school, supported living, changing jobs, changing services) Changes in expectations (e.g. expecting a young adult to attend without a parent/carer) Routines and inflexibility Impact on families and carers **Factors impacting on capacity to manage change** Impairment in communication How this impacts on accessibility of service **Adjustments needed to make service accessible** Local protocols and processes regarding transitions Capacity to adopt a person centred approach Preference for predictability e.g. book appointments in same place at same times	At this level training should be: Single session – can be supplemented or enhanced by web-resource (s) Classroom or e-learning (if access to practice opportunities) Include videos or comments by ASD community Standard in-house/autism-specific organisation/ practitioner Should have evaluation, feedback and impact intrinsic to course CPD or standard part of professional training	Across all levels there was little training currently available that specifically focuses on the issue of transitions and change. Where this does exist the focus tends to be on major transitions such as from child to adult services. Therefore there is a need to develop training at all levels that addresses the nature of transitions and changes, the difficulties these may cause for those with ASD and adjustments to practise aimed at managing the impact of transitions and changes. At the skilled level this should also include an awareness of local protocols for transitions.

Key Area: Autism Across the Lifespan		
Level: Skilled		
Core Training Elements	**Nature of Training**	**Identified Gaps or Challenges**
Adjustments needed to make service accessible (Cont.) Capacity to communicate to individuals with ASD, their family/carers some understanding of their circumstances Capacity to respond to crisis		

Key Area: Autism Across the Lifespan
Level: Enhanced

Core Training Elements	Nature of Training	Identified Gaps or Challenges
Challenging stereotypes Difference, disability, hidden disability, barriers to care **Transitions and changes** Biological / physical changes, changes in relationships Organisational / systemic changes Environmental change General nature and quality of change, e.g. planned, unexpected, forced **Dealing with change** How core features of ASD might make it difficult for individual to manage change in day-to-day life and general life changes (e.g. leaving school, supported living, changing jobs, changing services) Changes in expectations (e.g. expecting a young adult to attend without a parent/carer) Routines and inflexibility Impact on families and carers **Factors impacting on capacity to manage change** Impairment in communication How this impacts on accessibility of service **Adjustments needed to make service accessible** Local protocols and processes regarding transitions Capacity to adopt a person centred approach	At this level training should be: Multiple sessions/standardised course – can be supplemented or enhanced by team development days or specialist supervision Classroom-based Include videos or input from ASD community Standardised/autism-specific organisation / practitioner(s) Should have evaluation, feedback and impact intrinsic to course CPD or standard part of professional training Accredited Professional training	Across all levels there was little training currently available that specifically focuses on the issue of transitions and change. Where this does exist the focus tends to be on major transitions such as from child to adult services. Therefore there is a need to develop training at all levels that addresses the nature of transitions and changes, the difficulties these may cause for those with ASD and adjustments to practise aimed at managing the impact of transitions and changes. At the enhanced level this should include training that focuses on understanding individual profiles and factors that will impact on response to changes and transitions.

Key Area: Autism Across the Lifespan		
Level: Enhanced		
Core Training Elements	**Nature of Training**	**Identified Gaps or Challenges**
Adjustments needed to make service accessible (Cont.) Preference for predictability e.g. book appointments in same place at same times		
Capacity to communicate to individuals with ASD, their family/carers some understanding of their circumstances		
Capacity to identify, anticipate and respond to issues of change and transitions in day to day work with individuals with ASD and families/carers		
Understand how the environment may impact on the individual and how service might need to make adjustments to make accessible		
Capacity to work out individual's impairments by observing and analysing behaviour when verbal communication is limited or unclear		
Consider profile of individual – strengths and difficulties – not just ASD that might impact on needs re transitions		
Management, Specialist supervision skills, training and consultancy Service planning: anticipating and responding to issues of change		
Capacity to respond to crisis		
Specialist supervision skills, training and consultancy		
Specific training in addressing aspects of practice to ensure intervention goals are achieved and well being of the individual is facilitated		

Key Area: Autism Across the Lifespan
Level: Expertise

Core Training Elements	Nature of Training	Identified Gaps or Challenges
Challenging stereotypes Difference, disability, hidden disability, barriers to care **Transitions and changes** Biological / physical changes, changes in relationships Organisational / systemic changes Environmental change General nature and quality of change, e.g. planned, unexpected, forced **Dealing with change** How core features of ASD might make it difficult for individual to manage change in day-to-day life and general life changes (e.g. leaving school, supported living, changing jobs, changing services) Changes in expectations (e.g. expecting a young adult to attend without a parent/carer) Routines and inflexibility Impact on families and carers **Factors impacting on capacity to manage change** Impairment in communication How this impacts on accessibility of service **Adjustments needed to make service accessible** Local protocols and processes regarding transitions Capacity to adopt a person centred approach Preference for predictability e.g. book appointments in same place at same times	At this level training should be: Multiple sessions/standardised course – can be supplemented or enhanced by refresher days/specialist networks/specialist conferences Classroom-based Include videos or input from ASD community Include input from other experts Standardised/autism-specific organisation / practitioner(s) Should have evaluation, feedback and impact intrinsic to course CPD or standard part of professional training for role Accredited Professional training	Across all levels there was little training currently available that specifically focuses on the issue of transitions and change. Where this does exist the focus tends to be on major transitions such as from child to adult services. Therefore there is a need to develop training at all levels that addresses the nature of transitions and changes, the difficulties these may cause for those with ASD and adjustments to practise aimed at managing the impact of transitions and changes. At the Expertise level training should also focus on how services prepare for and manage changes and transitions.

Key Area: Autism Across the Lifespan		
Level: Expertise		
Core Training Elements	Nature of Training	Identified Gaps or Challenges
Adjustments needed to make service accessible (Cont.) Capacity to communicate to individuals with ASD, their family/carers some understanding of their circumstances Capacity to identify, anticipate and respond to issues of change and transitions in day to day work with individuals with ASD and families/carers Understand how the environment may impact on the individual and how service might need to make adjustments to make accessible Capacity to work out individual's impairments by observing and analysing behaviour when verbal communication is limited or unclear Consider profile of individual – strengths and difficulties – not just ASD that might impact on needs re transitions **Management, Specialist supervision skills, training and consultancy** Service planning and delivery Service: anticipating and responding to issues of change Capacity to develop protocols for addressing complex communication impairment in the service Capacity to identify, anticipate and respond to issues of change and transitions in day to day work with individuals with ASD and families/carers Understand how the environment may impact on individuals with ASD and how best to provide a service that is flexible and accessible for a range of presentations and varying needs across the time of contact with the service		

Key Area: Autism Across the Lifespan		
Level: Expertise		
Core Training Elements	**Nature of Training**	**Identified Gaps or Challenges**
Management, Specialist supervision skills, training and consultancy (Cont.) Ability to adapt own practice whilst actively considering the needs of individuals with ASD and how these may best be met at a strategic level Fostering partnerships with other agencies Use of partnership working, supervision, training and consultancy within the organisation and to outside agencies Capacity to guide and support staff within the service and other agencies in identifying strategies for planned transitions Specific training in addressing aspects of practice to ensure intervention goals are achieved and well being of the individual is facilitated Responding to crisis – sudden or traumatic changes Communicate evidence for transition related service needs to managers and commissioners		

Priorities for the development of training within each Key Area

The following section summarises the priority areas for development along with the rationale for prioritising these areas:

Identification, Screening, Assessment and Diagnosis

- **Increasing awareness and understanding within generic services:** Although there are numerous awareness raising courses available, feedback from those with ASD and from parents or carers would indicate that there is still a need to improve recognition and understanding of ASD. This suggests that there may be issues around accessing the training that is available or the application of this training to daily practice. For those working at the "Informed" level this may be aided by greater understanding of the relevance of autism awareness in all areas of practice. This may be further progressed by the Local Delivery Plans and commitments within local areas to ensuring all staff receive training.

- **Screening, Assessment and Diagnosis** – Removing barriers to diagnosis and reducing waiting times for diagnosis are perceived as important in improving the experience of those with ASD and their families. A recent report focusing on factors influencing the wait for diagnosis (Autism Achieve Alliance) found evidence that assessment times were reduced for children when clinicians had more information about the child prior to the diagnostic assessment. At present there appears to be a gap in specific training for those who are working at the "Skilled" level who are most likely to be involved in referring on for diagnosis and are therefore involved in screening. Core elements of training at this level include an understanding of "associated factors" such as co-occurring conditions and differential diagnosis and specific training in these areas also needs development. At the "Enhanced" and "Expertise" level, training is available in Diagnostic measures (ADOS, ADI, DISCO, 3DI) but this is usually outside of Scotland which may lead to accessibility issues, particularly as this training also requires a more significant time commitment. Access to this training locally and to "refresher" courses for those who have trained previously within Scotland may help to address issues around diagnosis, particularly within adult services.

- **Differential Diagnosis, Complexity and Co-morbidity** – Specialist assessment was identified as a training need in both Child and Adult Mental Health Services. This relates to diagnosing ASD in the context of other co-occurring conditions which can be complex in presentation and also identifying co-morbid conditions for individuals who have a diagnosis of ASD. Training in some of the diagnostic measures includes consideration of these issues. However further specific training in this area accompanied by the development of networks of support is likely to be beneficial to those at the "enhanced" and "expertise" level and may reduce both delays in assessment and the length of assessment for more complex cases.

Priorities for the development of training within each Key Area

Management, Support and Intervention

- At the informed level, training development needs are similar to those for "Identification, Screening, Assessment and Diagnosis" as they relate to "autism awareness" and ensuring relevance, accessibility, uptake and impact on practice through understanding. However for this Key Area the focus is also on understanding how to adjust routine practices and approach to improve the experiences of those affected by ASD. Feedback from those within the ASC community during the development of *Optimising Outcomes* emphasized the difference that "autism informed" practice can make to routine interactions with health and social care staff. This again indicates a need to expand on the many existing awareness raising options in a way that helps change practice e.g. supplementing e-learning material with a discussion forum or availability of more specific advice on a particular area of practice.

- At the skilled level an understanding of the relationship between ASD and both physical and mental health difficulties is required as intervention here may relate to an associated condition, but be affected by ASD. Specific courses may be relevant to those working in particular fields; these were not identified within the search of available training and are another potential area for development

- Specialist Intervention and adapting interventions – Psychosocial interventions for core difficulties in ASD and co-occurring conditions are recommended within the NICE guidelines along with a description of what these should or may include. There is also guidance given on how to adapt interventions recommended for other disorders (e.g. CBT for anxiety disorder) in the context of ASD. Training in specialist intervention was identified as a need by clinicians in both child and adult services and this would include consideration of how to make these adaptations in clinical practice.

- Training in post-diagnostic support – There are some courses available focused on post-diagnostic support, but timely access to this support is still highlighted as an area of concern. Increasing the accessibility of training in this area (e.g. by reducing travel, costs and time commitments) may again improve outcomes.

Priorities for the development of training within each Key Area

Autism Across the Lifespan

Few training opportunities at any level were identified that directly relate to this key area. The Scottish Transitions Forum developed and published the Principles of Good Transitions (2013) and there are training events related to this. The main focus of this guidance is around the transition from child to adult services although the principles may be applicable to other areas. Training in recognising, understanding and supporting individuals with autism, their families and carers through other life changes was not identified. Consideration should be given to the development of training relating to specific life transitions such as:

- Puberty
- Employment
- Parenting
- Ageing
- Bereavement

However, it is also essential to recognise that apparently small transitions and changes can have a significant impact for those with ASD so again this needs to be evident in autism awareness courses.

Training for service managers – transitions within and between services need to be managed effectively and training for service managers should be available on making these transitions less stressful for those with ASD, their families and carers. This could include the sharing of good practice between services.

References and Links to Supporting Resources

Autism Network Scotland connects and communicates with individuals on the autistic spectrum, their families, carers, and practitioners working in the field of autism. It is a hub of reliable and impartial information, signposting people to supports, resources and useful information. ANS offers a platform for knowledge exchange and sharing of good practice and promotes a solution-focused approach. ANS supports regional networks across Scotland by providing a neutral space for discussion and communication.

➡ **www.autismnetworkscotland.org.uk**

MacKay, T. & Dunlop, A., W. (2004) The Development of a National Training Framework for Autistic Spectrum Disorder: A study of Training for Professionals working in the field of ASD in Scotland. Glasgow: National Autistic Society and University of Strathclyde. *This publication was the result of a two year research project aimed at identifying gaps in autism training. Based on their findings Mackay and Dunlop developed the national framework which could be employed by any professional who works with individuals on the autism spectrum and they also made a series of thirty two recommendations. Stemming from their research was also the formation of the Autism Reference Group where the specific focus is on autism diagnosis, training and information.*

The National Autistic Society (2012) Good Practice in Autism Training: A code of practice. *This document reflects on the variations existing in available training around autism. It aims to provide a context for the delivery of training and to ensure that this is based on knowledge and experience and reflects the best available evidence.*

➡ **http://www.autism.org.uk/~/media/NAS/Documents/Working-with/Autism-training-code-of-practice-A5-36pp-web.ashx**

National Institute for Health and Care Excellence (2014) The National Institute for Health and Care excellence (NICE) provides clinical guidelines for different conditions. *There is a clinical guideline on the diagnosis and management of autism in adults*.

➡ **http://www.nice.org.uk/guidance/cg142**

For guidelines relating to children and young people:

➡ **http://www.nice.org.uk/guidance/cg128**

NHS Education for Scotland (2014) The Pharmaceutical Care of people with learning disabilities. Autism Spectrum Disorders in people with Learning Disabilities. Chapter 9.

➡ **http://www.nes.scot.nhs.uk/media/2733301/2014-04-14_learning_disabilities_final_version.pdf**

The Scottish Government (2011) The Scottish Strategy for Autism. Scotland: The Scottish Government. The Scottish Strategy for Autism was developed in order to ensure that progress is made in quality service provision for people on the autism spectrum and for their families and/or carers.

➡ **http://www.scotland.gov.uk/Resource/Doc/361926/0122373.pdf**

The Scottish Government (2013) The Scottish Strategy for Autism: Menu of Interventions. Scotland: The Scottish Government.

➡ **http://www.scotland.gov.uk/Resource/0043/00438221.pdf**

A multi-agency group (including parents and carers) contributed to the development of the Menu of Interventions. The Menu provides a guide to intervention aimed at providing support to individuals on the autism spectrum not only across the ability range but also across the lifespan.

Scottish Intercollegiate Guidelines Network (2007) SIGN 98: Assessment, Diagnosis and clinical interventions for children and young people with autism spectrum disorders. This SIGN reference guideline was devised in order improve both the assessment and the management of autism spectrum conditions.

➡ **http://www.sign.ac.uk/guidelines/fulltext/98**

Appendix

Scoping exercise – generic health services

The scope of the NES Training Framework, by definition, includes a range of services rather than only Mental Health or LD services. Whilst it was not possible to carry out detailed scoping of *current* autism spectrum training needs within these services or *anticipated* training needs, interviews were conducted – where possible - with relevant members of staff responsible for Training & Education or Equality & Diversity.

Given the prevalence of autism spectrum disorders (~1%) it could be expected that staff working in all *NHS services* would at some point in their period of employment, come across an individual affected by the condition. With the high likelihood of co-occurring mental health symptoms, it is to be expected that individuals may present to *mental health services* at some point in their lives. Equally, with reported co-occurring physical health problems, such as gastrointestinal complaints, sleep disturbance or epilepsy, these individuals may require *specialist medical assessment and intervention*. Within the NHS, there are services which more obviously require autism knowledge and skills, such as dentistry, where sensory factors may play a particularly important role in the individual's experience. At face value, it may appear unnecessary for staff in a particular service to have autism-specific knowledge and skills. Yet, feedback from the autism community strongly suggests that an autism-informed service may have a significant impact on that person's experience, whether a one-off medical appointment or pre- and post-surgery care.

Feedback gathered from the autism community during the project included comments that sometimes simple *recognition* on the part of the service could improve their experiences and engender a sense of confidence regarding future contact. Given the range of additional needs potentially experienced by those on the spectrum, it was useful to consider what training needs were being addressed by particular services to ensure appropriate management of those on the spectrum and their carers/families.

Summary findings:

Staff responsible for training in the Scottish Ambulance Service, NHS 24, Dentistry and Pharmacology were interviewed in relation to current training in autism. Key aspects of the likely role and barriers to accessing training were identified.

Given the nature of the respective services certain elements were likely to pose challenges to further training:

Nature of service and staff structure:
- On the road away from base
- Shift patterns
- Rural locations without internet access
- Training available for new recruits only
- Timetabling can make it difficult to release staff
- Location of face-to-face training limits uptake
- CPD a factor of individual staff interest and motivation

On the other hand, the very nature of the profession and key elements of pre-qualification training provides knowledge and skills that are relevant to autism:

- Core elements of role prepare staff well to deal with a wide range of individuals presenting under various potential circumstances.
- Training in establishing what the needs and difficulties are in that moment and optimal communication methods, is in fact intrinsic to the role.
- Hence, knowing whether someone actually has diagnosed autism may not be as relevant as establishing quickly that the person has some communication difficulties and sensory sensitivities.
- Within the role there is a 'small window of opportunity' to establish a connection with the person so that the correct action can be taken.

Appendix

Current training resources:

Scottish Ambulance Service
A Disabilities Module (at Glasgow Caledonian University) has been introduced as part of the training of 1st year trainee paramedics. The module (~2 hours) is an intrinsic part of the training and has the capacity to cover the range of presentations and needs of those affected by the autism spectrum along with other disabilities. This module is not available for those already working in the service or already trained.

Interest was expressed in an *off-the-shelf* training package.

Pharmacology
NES has recently developing a *distance-learning pack* for pharmacists and pharmacy technicians. It is called, "The Pharmaceutical Care of People with Learning Disabilities". It was produced by a number of specialist clinical pharmacists working in Mental Health and Learning Disabilities services across various health boards in Scotland. The draft document was then piloted amongst other Learning Disabilities specialists.

Whilst the pack covers Learning Disabilities in general, one chapter is devoted to autism spectrum disorders in people with LD. More generally, background, policy, the legal framework and issues around consent in LD are covered. More specifically, the chapter on ASD covers the following: introduction, prevalence, aetiology, characteristics of ASD, diagnosis and assessment, comorbidity, management, and supporting carers and families.

The pack has been printed at the time of preparing this document. A PDF version is also available.
http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy/about-nes-pharmacy/educational-resources/resources-by-topic/clinical-governance/learning-disabilities.aspx

Dentistry
Within Scotland there are individual projects and distinct pieces of work around the autism spectrum and staff training. This appears to be a function of the particular interest on the part of the practitioner or researcher rather than a response to specifically-elicited needs in the community.

The Autism Community
NES has engaged with the autism community throughout the development of the *Optimising Outcomes* document. Specific feedback was sought in relation to the NES Autism Web Resource for Primary Care and comments helped to inform changes made to the revised version of the resource. Furthermore, comments informed the development of a new NES e-learning module for Primary Care Practitioners, viz., suggesting practical strategies to assist in day-to-day contact with patients with autism attending Primary Care settings.

Members of the autism community were invited to participate in a one-off event in order to provide lived examples of their experiences of accessing health and social care services and in particular to highlight the knowledge or skills that might address these difficulties. Many of these direct comments were incorporated into the NES Autism Training Framework in order to draw attention to key experiences of individuals on the spectrum, their families and carers.

NHS Education for Scotland
Westport 102
West Port
Edinburgh EH3 9DN

tel: 0131 656 3200

www.nes.scot.nhs.uk

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