



Co-funded by the  
Erasmus+ Programme  
of the European Union

# Healthcare4ASD



Roadmap on how to  
implement ASD training in VET



**CESUR**  
Tu Centro Oficial de FP

**Afeji**  
Hauts-de-France



Folkuniversitetet

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# Introduction

This document serves as a roadmap to professionals, schools and VET providers to deliver training on the basics of Autism Spectrum Disorder in order to raise awareness and provide better care and support services to ASD patients and their carers. This document is the last result of the project HealthCare4ASD which was carried out from December 2021 and will end in November 2023. This roadmap is the occasion to perpetuate the results of this project and present what the partnership has developed in two years.

Dear readers take this roadmap as a recipe. To deliver the training in an optimal way, make sure you know your target and their expectations: some advice will apply to a certain type of target group more than another, some activities will be doable with a certain type of participants and some exercises will be productive with some trainees more than others. Don't worry more details and examples will be available in this roadmap. The consortium of HealthCare4ASD wishes you a good read and happy training!



# **Part 1**

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Presentation of the  
project

# Presentation of the project

As the prevalence of Autism Spectrum Disorder (ASD) has continued to increase by 200% over the last 20 years. According to ASDEU (2018), the European Parliament project on ASD, one in 89 children is diagnosed with ASD in the European Union. Care and dialogue for ASD is consequently moving consistently higher in the social agenda. For the professionals that work most often with people with ASD, there is a need for their training to match pace with this emerging and future needs of our society.

As our research has highlighted, many professionals that work in our days in ASD care have learned all of their skills during their work experience.

The unique characteristics of the ASD population pose a unique challenge for healthcare professionals to manage. The exposure to a new environment a person with ASD must face during a consultation, the lack of verbal communication and the repetitive behaviours can become barriers to medical diagnosis and management during the visit. Lack of skills and relevant training for the healthcare professionals can lead to late diagnosis and intervention, poor management of ASD patients in need of healthcare services, and, thus, a low-quality service provision by healthcare professionals. However, currently there is no VET specialization for healthcare professionals on autism. Some online courses are offered for healthcare professionals, but they are either introductory and information sessions or available only in English and paid courses. Finally, if some courses are indeed available, it is the responsibility of the professional to seek and pay for them, as in medical school (for instance) ASD is only spoken about shortly.

To deal with the lack of training and awareness raising on ASD people and children the Healthcare project was developed in order to give some tools and resources to compensate for the lack of training our professionals can face.

# 1. Objectives of the project

## A. Main goals

The Healthcare4ASD project started in December 2021 with the aim to improve care and support services for people with ASD.

To achieve this, here are the 4 pillars of the project:

- to support innovation in VET by offering a new specialization in ASD
- to upskill healthcare professionals on ASD
- to raise awareness on the importance of ASD training for healthcare professionals
- to respond to the increasing need for ASD specialized healthcare professionals

The project in general aimed a large target group including:

- People with ASD themselves who wanted to know more about their condition
- Parents and informal carers of people with ASD (close family, friends, partners, neighbors..)
- Healthcare professionals
- Nursing and medical students
- Students in general
- Any person interested in the thematic
- The wider public in order to raise awareness



This project has a duration of two years: this includes research, training development and piloting. The results will be available even after the end of the project, free on the website for all to use.

## B. The partnership

With common values and meaning to work towards less discrimination and easier and improved measures to care for ASD people, 5 organizations from 5 European countries came together on the HeathCare4ASD project.

5 organizations with different daily purposes and diverse expertises have taken part in this Erasmus+ project and took the ASD thematic to make it more accessible to understand to the wider public.

**ARFIE** (Belgium) Association for Research and Training on Integration in Europe was established in 1992 as a European NGO dedicated to enhancing support, social inclusion, and services for individuals with disabilities and significant dependency and mental health needs. Collaborating closely with service providers, research centers, and organizations, ARFIE has undertaken various European projects and publications over 25 years. Their focus is on disseminating best practices aligned with the UN Convention on Rights of Persons with Disabilities. As a member of the European Disability Forum, ARFIE engages in collaborative efforts to champion disability rights and social inclusion. Serving as a network for service providers and research centers, ARFIE emphasizes quality training for staff working with disabled individuals to improve service quality, user quality of life, and social integration. They advocate for individual decision-making, education access, and professional skill development. ARFIE's involvement spans multiple areas, such as non-discrimination, equal opportunities, and family dialogue, contributing to a balanced and inclusive approach.

**CESUR** (Spain) Centro Superior de Formación Europa Sur (CESUR) operates as a private Vocational Education and Training (VET) center and a training center for employment. Within its VET offerings, CESUR provides upper secondary and tertiary education training. Accredited by both the Ministry of Education and the Ministry of Employment, CESUR offers official VET programs and Professional Certificates. With 22 esteemed VET centers across major Spanish cities, CESUR's pedagogical approach and educational excellence have garnered recognition. The center offers a diverse range of over 93 VET courses, covering sought-after sectors like Aeronautics, Health, Sports, Finance, Management, Trade, Tourism, Audiovisuals, and ICT. These programs are delivered through attendance-based, online, and innovative dual-system (work-linked training) modalities.

**Folkuniversitet** (Sweden) is a prominent national VET Association that offers a diverse array of VET and adult education training courses across Sweden and multiple European countries. Founded in 1954, Folkuniversitetet is a leading figure in Adult Education and Lifelong learning in Sweden. Comprising five legally independent trusts and over forty local branches, Folkuniversitetet attracts over 140,000 students annually for lectures, short courses, and full-time study programs spanning six months to two years. Folkuniversitetet's educational offerings encompass initial and continuous Vocational Education and Training, secondary education, and labor market training. FU-Uppsala, a pioneer in innovative teaching methods and ICT integration, extends its reach to various disadvantaged groups, including the unemployed, low-skilled individuals, immigrants, refugees, those with disabilities, youth drop-outs, and NEETs. Collaborating extensively with stakeholders such as home care agencies, enterprises, Public Employment Services, and municipalities, Folkuniversitetet orchestrates specialized training programs to address social and labor market inclusion. Annually, they deliver over 67,000 hours of formal and non-formal training, predominantly geared toward youth.

**KMOP** (Greece) is a non-profit organization founded in 2006, dedicated to enhancing educational opportunities and promoting labor market integration, social mobilization, and inclusion for disadvantaged populations. Aligned with the Sustainable Development Goals, it develops innovative educational services and solutions, collaborating with Higher Education Institutions (HEIs) to create lifelong learning programs for marginalized and vulnerable groups. Their activities encompass studies on educational and market needs for disadvantaged individuals, as well as the design of tailored educational tools for people with disabilities and mental health disorders. They organize seminars, conferences, and engage in national and international projects. The organization's extensive managerial and administrative experience is demonstrated through the implementation of Local Action Plans and collaborations with local authorities, managing substantial funds. KMOP's network of national stakeholders contributes to project implementation.

KMOP has a wealth of experience in effectively training, educating, and integrating marginalized groups into the labor market, making them a valuable asset to project consortia. The organization's research and implementation team possess extensive expertise in areas such as migration, social responsibility, employability, human rights protection, cyberbullying prevention, and sustainability.



**Afeji** (France): Afeji Hauts-de-France, established in 1962, is a non-profit organization committed to combating exclusion in the Hauts-de-France region. Functioning as a vital social, socio-medical, and educational entity, it collaborates closely with public services. Their mission spans support for vulnerable individuals across the lifespan, addressing challenges such as family complexities, disabilities, autonomy loss, employment access, and social distress. With a notable presence in the Nord department, Afeji operates 110 establishments and services, engaging 3000 professionals to assist 16,000 clients. Afeji employs innovation through specialized establishments, striving to adapt and anticipate evolving needs through tailored territorial expertise. Emphasizing values like responsiveness, continuous improvement, and user empowerment, Afeji contributes to autism support, partnering with various institutions to expedite diagnoses and early care. This collaborative network, including expertise in training, is led by dedicated professionals, as well as involving parents and children in shaping the project's development.

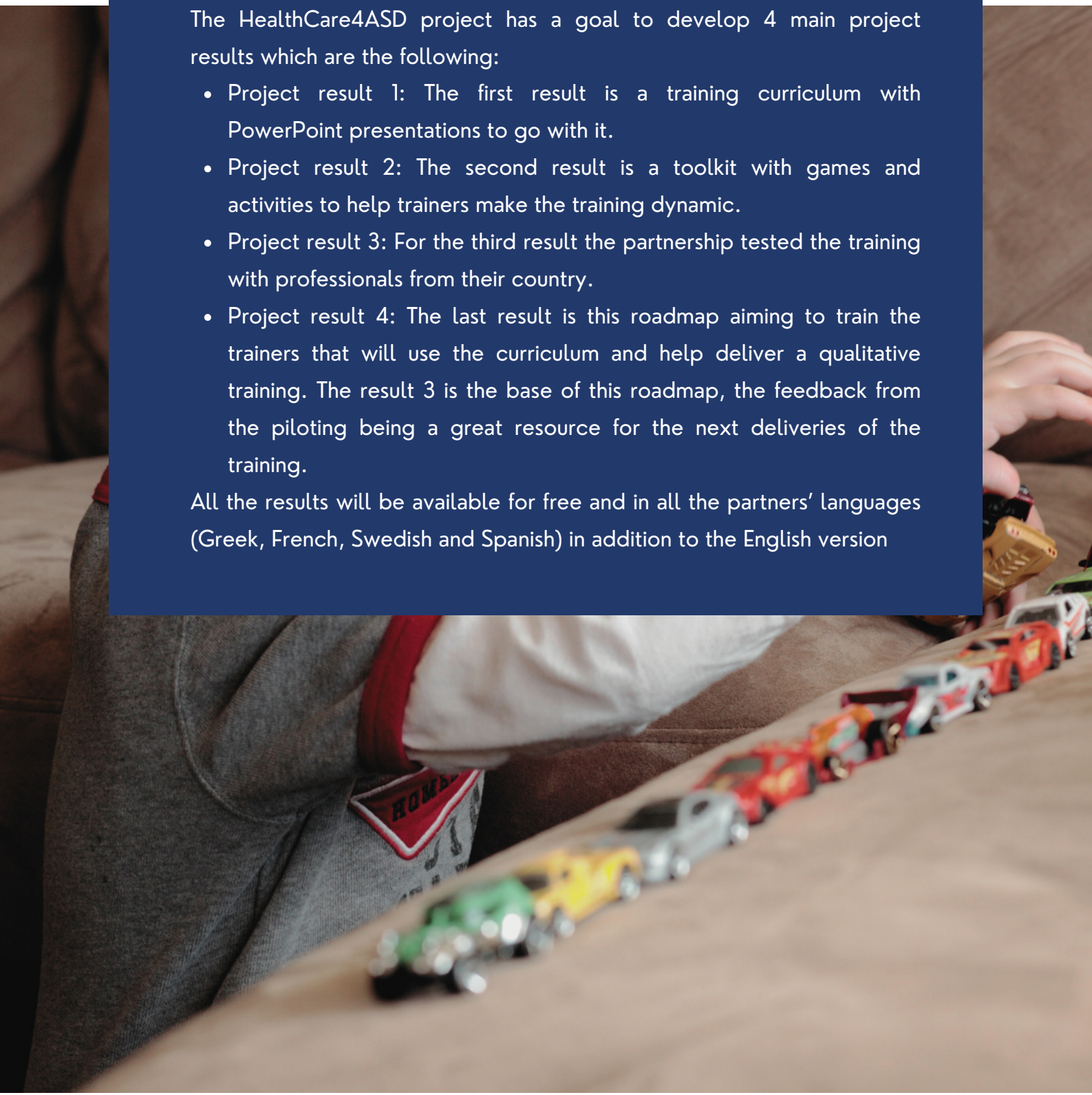


## 2. Presentation of the project results

The HealthCare4ASD project has a goal to develop 4 main project results which are the following:

- Project result 1: The first result is a training curriculum with PowerPoint presentations to go with it.
- Project result 2: The second result is a toolkit with games and activities to help trainers make the training dynamic.
- Project result 3: For the third result the partnership tested the training with professionals from their country.
- Project result 4: The last result is this roadmap aiming to train the trainers that will use the curriculum and help deliver a qualitative training. The result 3 is the base of this roadmap, the feedback from the piloting being a great resource for the next deliveries of the training.

All the results will be available for free and in all the partners' languages (Greek, French, Swedish and Spanish) in addition to the English version



# 3. Focus on PR1: Presentation of the modules

The curriculum is separated into 3 modules. They are mainly about basics on Autism Spectrum Disorder. Each module is divided in two parts as following:

Module 1. What is ASD?

Unit 1: Features and causes of ASD

Unit.2: Diagnosis and needs of people with ASD

Module 2. Communication with individuals with ASD

Unit 1: Social and communication characteristics of people with ASD

Unit.2: Optimal ways to communicate with people with ASD

Module 3. Everyday healthcare practice for individuals with ASD - From the first to the final consultation

Unit 1: Healthcare best practices for individuals with ASD

Unit 2: Implementation of healthcare routine and experiences in treating individuals with ASD



# Part 2

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Lessons learnt



# 4. Lessons learnt

In this session you will have an overview of how the piloting was delivered in the different countries of the consortium. Keep in mind that the content base of the training is the same, but implementation can vary for various reasons. Additional feedback from the trainees will also be available. In fact, for quality evaluation 2 questionnaires have been passed to the participants of all countries to self-assess their knowledge before and after the training.

## SPAIN

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### a. Employed methodology

#### The set-up of the piloting:

The piloting has been carried out into three sessions. Only one classroom was needed for the implementation. It needed to be equipped with a projector, tables, and chairs. Each day, a Module was presented and discussed. Thus, the distribution of the materials is the following:

In the first session, "Module 1. What is ASD?", with its units, "Unit 1. Features and causes of ASD" and "Unit 2 Diagnosis and needs of people with ASD" was presented and discussed. The activities seen were the "Knowledge assessment quiz" for Unit 1, with was and individual activity in which the participants were answering by themselves each of the questions.

For Unit 2 "Annex 1: Questionnaire for caregivers – First step of diagnosis for young children" was a group activity in which every participant was reading each question and afterwards they tried to figure out how and ASD parent would answer it. And the "case study exercise: Identifying different portraits of people with ASD.duals with ASD", with its units, "Unit 1. Social and Communications characteristics of people with ASD" and "Unit 2. Optimal ways to communicate with people with ASD" were presented and discussed.

The conducted activity was the "Multiple Choice Questionnaire: social and communication characteristics of people with ASD" for Unit 1, which was carried out individually and solved collectively.

And the activities for Unit 2 were the "Role Playing: Optimal ways to communicate with people with ASD" which was carried out in small groups of two people, one acting like a

healthcare professional and the other one acting as an ASD patient. After the role-play, there was a discussion.

The second activity was the "Simulation: You are an education professional, and you have to inform the parents of a child with ASD about their child's characteristics", which was conducted in small groups of three people on the skin of Educational Professional, Mother and Father and in some groups, it was included the ASD patient's skin. It was an improvisation activity, after it, there was a discussion.

In the third and last session, "Module III. Everyday healthcare practice for individuals with ASD- From the first to the final consultation", with its units, "Unit 1. Healthcare best practices for individuals with ASD" and "Unit 2. Implementation of healthcare routine and experiences in treating individuals with ASD" was presented and discussed.

The activity seen for Unit 1 was "Knowledge assessment quiz: Healthcare best practices for individuals with ASD", which was conducted individually and solved collectively.

And for Unit 2, the conducted activities were the "Simulation: You are dentist and an ASD person and an accompanying go to your office" where there were small groups of three people acting as dentist, ASD person and Accompanying person. The "Antonis Case Study" in which the participants were divided into small groups of three or four people and they had to solve the exercise. All social stories were then viewed in the following order: "My visit to the doctor", "My surgery" and "My trip to the ear doctor".

#### The public:

The target group was mainly based on 26 VET students from Social Integration and 3 people coming from an association working with youth with intellectual disability. The age range was from 18 till 48 with an average of 24,57 years old.

For the trainer, she was a VET professor from Cesur Madrid II and a researcher in the Healthcare4ASD project, with one-year experience in the education field.

#### **b. Feedback**

After the sessions, 50% of the participants said they had a good level of knowledge about autism, 63% said they evaluated their knowledge of the methods and forms of communication with autistic people as very good. 32.6% said that the sessions helped them develop their knowledge on how to diagnose and recognize an autistic person. And 97.8% thought that useful information was provided to better treat and communicate with autistic people.

## SWEDEN

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### a. Employed methodology

#### The set-up of the piloting:

The training was carried out into 4 sessions. Three online and one physical with 25 participants in total. Those 3 sessions had to be online since the trainer wanted to give an opportunity of participation to participants who live and work in different other cities. Most participants were from Gävle (where the physical main session was conducted), 3 from Västerås (assistant nurses), 4 from Stockholm (1 teacher, 2 nursing students (1 of them is autistic) and, 1 a family member for an autistic child). This is why it was necessary to hold some of the sessions online so that participants from Stockholm and Västerås can participate.

Each online session was conducted for an hour and half. The physical session took place at Vårdomsorg (care giving school) class in Gävle and was conducted in 3 hours.

For the project result 1: the curriculum enriched participants' information on how to diagnose and assess the needs of people with ASD. The participants were walked through the definitions and criteria to diagnose ASD. Before going through the content of the curriculum, a couple of questions were asked to assess participants' knowledge. Then, while presenting the content, the trainer was using engaging questions to make it more interactive.

For the project result 2: the toolkit, the trainer started by asking questions related to participants' reflection on project result 1 as well as their expectations from project result 2 (the toolkit). Then, the trainer went through some details of selected modules to present and illustrate the structure and content of the modules. The modules selected for each session were chosen based on participants' position, background and previous knowledge on the topic.

#### The public:

The participants had different backgrounds and age range between 18 to 63. Participants were:

- 3 teachers: 1 nursing teacher from Stockholm and 2 caregiving teachers,
- 7 healthcare students,
- 5 social workers,
- 1 job coach (in the field of healthcare),

- 1 person with ASD who is also a healthcare student
- 1 family member of an autistic child,
- 2 dental assistants and,
- 6 nurse assistants.

### **b. Feedback**

For the organization, most participants (59%) thought that the sessions' organization was good. In terms of logistics, all participants were satisfied with the following percentages: 31% found it excellent, 34.5% very good and 34.4% good.

The training met the expectations of all participants with a percentage of 91% of the participants who found the training useful to the maximum extent. The percentage of participants who gave a high rate to their knowledge about autism has increased after the sessions.

## **GREECE**

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### **a. Employed methodology**

#### The set-up of the piloting:

In Greece, an invitation was sent to organisations, NGOs, mental health and healthcare centres, stakeholders and individuals. For example, KMOP invited two Associations of nurses and the Panhellenic Association of Health Visitors. The training was disseminated also through KMOP's social media channels (LinkedIn, Facebook and Instagram).

The first session included a presentation of the Healthcare4ASD project and its results, followed by the first module of the training. The session included also a discussion with the speaker Konstantina Kirimi, an occupational therapist from the PLOES organisation, and Katerina Sourda, who shared her experience as a mother of a child with ASD. On the second session, the second module about communication with people with ASD was implemented, and on the third day, the final module about everyday practices. Every session included interactive activities and open discussions, so participants had the chance to exchange knowledge, and experiences.

#### The public:

Most of the participants were health and healthcare professionals, social workers, nurses, doctors, psychologists, educators, occupational therapists, etc. Some of the participants were students in healthcare or mental health studies.



## **b. Feedback**

All participants were very active during the training and appreciated the content. The feedback questionnaires were very positive.

There was only one important recommendation regarding the collaboration and cooperation between different stakeholders and organizations, such as schools, educational institutions, and health services. This can give an opportunity for a comprehensive and holistic approach to supporting individuals with ASD in every part of their lives, especially when these parts are overlapping and interconnected.

## **FRANCE**

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### **a. Employed methodology**

#### The set-up of the piloting:

In France, it's difficult to mobilize professionals from the medical-social and health sectors to take part in training courses, as these professions are under pressure and are often understaffed in their establishments. For the pilot, Afeji communicated for several months before issuing the invitation. In order to attract professionals, to talk about the HealthCare4ASD project and to deliver the modules in a qualitative and dynamic way, they decided to include some professionals as facilitators.

Afeji set out a forum rather than a simple training. The debates were open with professionals and additional themes were added to the agenda of the week such as:

- Emotional life and sexuality.
- Problem behavior and crises: how to manage them.
- Existing rights and support for carers in the North of France.
- Workshops for parents/carers and healthcare professionals.
- Webinar delivered by the CRA (autism resources center) on Personalized therapeutic education (for ASD people, their carers, and the professionals).
- Additional modules with the existing resources available in the region and at a national scale.

In France also, in addition to the materials provided in the toolkit, other interactive elements were added like YouTube videos. For example, in the first session, the facilitator played a video of a young autistic man (with no difficulties in speech) who briefly introduced what it is to be on the spectrum.

There was also a video of an autistic young youtuber who explains how he feels during the crisis which permitted all participants to understand. To engage participants also some parts of the sessions were dedicated to sharing experiences from professionals with others and some stories from two parents who were present as well.

### The public:

The profile of the participants was the following:

- 2 students
- 2 psychomotor therapists (48 and 53 yo)
- 2 specialized youth educators (50 and 54 yo)
- 2 social workers (26 and 36 yo)
- 1 psychologist (31 yo)
- 1 director of a day hospital (36 yo)
- 1 head of department of a specialized Home Education and Care Services (59 yo)
- 1 health pedo-psychiatric manager (55 yo)
- 4 parents (mothers)
- 1 volunteer from the Odense House (60 yo)
- 1 speech-language pathologist (44 yo)
- 1 professional from the social Center of Maubeuge (40 yo)

### **b. Feedback**

The piloting permitted, with the help of expert professionals, to go through once again the whole curriculum and the toolkit. The professionals provided constructive criticism on the form and content of the training.

Below are the added values of this training in France:

- Some participants learned about ASD.
- All the participants discovered the HealthCare4ASD Project.
- The parents of ASD kids had the chance to ask questions to professionals.
- Professionals had the chance to meet each other and create links with different organizations.
- Participants could learn about the material and the organizations that exist in the north of France that can accompany and take care of carers and parents of kids with autism (or other members of the family).
- Participants learned about all the administrative papers, steps and procedure to diagnose and declare autism as a long-term disability to receive financial assistance and other types of help.



# **Part 3**

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General Methodology and  
recommendations



# 5. General Methodology and recommendations

As the modules produced are 3 we suggest delivering the training in three days. This will allow all materials to be used, giving the time to work on the dynamic activities and open discussions up for debate with participants. This method works for in person training.

We suggest a large room to fit all participants seated, chairs, tables and a white wall or a screen to project the PowerPoints. The curriculum can be printed or available on computers or tablets, depending on the needs of the target participants.

Each dynamic activity encourages doubt, questions and debate, this may not be counted in the following time table but is highly encouraged. The interest and engagement of the group can make the length vary. Of course, lunch break can be added in between presentations at the discretion of the trainer.

The session on day 1 is supposed to last 4 hours.

The session on day 2 is supposed to last 5 hours.

The session on day 3 is supposed to last 5 hours.



# Day 1

When	What	How long
Day 1	We suggest a brief presentation on all the materials to be studied, the order and time required for each element	10 min
	Module I "What is ASD?" Unit 1. Features and causes of ASD"	1 hour 30 min
	Short Break	up to 15 min
	The activity of unit 1 called "Knowledge assessment quiz" will be carried out individually by each participant and then corrected as a group. The material will be given by the trainer in paper format.	20 min
	Module I "What is ASD?" Unit 2 "Diagnosis and needs of people with ASD"	1 hour 30 min
	The "Annex 1: Questionnaire for caregivers – First step of diagnosis for young children" will also be displayed in which every participant will read each question and afterwards they will try to figure out how an ASD parent would answer it.	20 min
	Short break	up to 15 min
	The activity designed for unit 2 "case study exercise: Identifying different portraits of people with ASD" will be carried out in groups and corrected afterwards all together out loud.	20 min
	Questions	up to the trainer/ availability of the hosting place

When	What	How long
Day 2	We suggest a brief presentation on all the materials to be studied, the order and time required for each element	10 min
	Module II "Communication with individuals with ASD", with its units, Unit 1 "Social and Communications characteristics of people with ASD"	2 hours
	Short Break	up to 15 min
	The activity "Multiple Choice Questionnaire: social and communication characteristics of people with ASD" for Unit 1, which will be carried out individually and solved in common, will be carried out. The material for this activity will be given by the trainer	15 min
	Module II "Communication with individuals with ASD", with its units, Unit 2 "Optimal ways to communicate with people with ASD"	1 hour 30 min
	Short break	up to 15 min
	The activities for unit 2 "Role Playing: Optimal ways to communicate with people with ASD" will be carried out, which will be carried out in small groups of two people, one acting like a healthcare professional and the other one acting as an ASD patient. After the role-play, there will be a discussion, asking how difficult it was acting in every role.	30 min
	The second activity will be the "Simulation: You are an education professional, and you have to inform the parents of a child with ASD about their child's characteristics", which will be conducted in small groups of three people in the skin of Educational Professional, Mother and Father and in some groups, it will be included the ASD patient's role. It will be an improvisation activity, after it, there will be a discussion.	30 min
	Questions	up to the trainer/ availability of the hosting place

When	What	How long
Day 3	We suggest a brief presentation on all the materials to be studied, the order and time required for each element	10 min
	Module III "Everyday healthcare practice for individuals with ASD- From the first to the final consultation", Unit 1 "Healthcare best practices for individuals with ASD"	1 hour 30 min
	Short Break	up to 15 min
	The activity for Unit 1 will be "Knowledge assessment quiz: Healthcare best practices for individuals with ASD", which will be individually conducted and solved in common. The material will be given by the instructor.	15 min
	The activity for Unit 1 will be "Knowledge assessment quiz: Healthcare best practices for individuals with ASD", which will be individually conducted and solved in common. The material will be given by the instructor.	1 hour 30 min
	The activities will be the "Simulation: You are dentist and an ASD person and an accompanying person comes to your office" in which there will be small groups of three people acting as dentist, ASD person and Accompanying person. The material can be printed or electronic.	30 min
	Short break	up to 15 min
	The second activity is "Antonis Case Study" in which the participants were divided into small groups of three or four people and then had to solve the exercise. The material will be given by the instructor.	20 min
	All social stories will be then viewed in the following order "My visit to the doctor", "My surgery" and "My trip to the ear doctor". The material will be given by the instructor.	45 min
	Open discussion on the thematic of ASD, questions and feedback on the whole trainin	up to the trainer/ availability of the hosting place



## **Part 4**

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Additional resources and  
methodological tips





# 6. Additional resources and methodological tips

In this session, partners will share with you their tips and alternative ways to organize the training. Feel free to adjust it how you believe it is more interesting for your target group

## 6.1. Alternative ways to organize the training

### Alternative 1

Give the contents to people before starting to give the sessions and do a quick review of the contents, focusing the sessions to watch videos, answer doubts, carry out the activities and be able to make a deeper use of the tools developed on each module.

### Alternative 2

The training can take the form of a conference or a forum where the following groups can be invited:

- Healthcare students,
- Healthcare professionals,
- Associations working on supporting the same target group (ASD people),
- Other public and/or private bodies working on supporting autistic patients and their families,
- Families of autistic people and autistic people and,
- Psychologists specialised in mental diseases like autism.

The event will aim at developing the competences of the first two groups and will provide them with the HC4ASD materials. Those are the project's direct target group.

The third, fourth and fifth groups will attend to exchange with professionals on the challenges that usually autistic patients face. This way, healthcare professionals and students get a closer view on the challenges presented in the curriculum which leads to a better understanding of the provided tools and techniques.

Finally, the presence of the last group (psychologists) will be an added value to the event since they can give speeches or provide more in-depth information while answering to any question that might be asked by professionals or students.

### Alternative 3

Another approach could involve a hybrid model that combines both in-person and virtual training sessions. This hybrid format would provide participants with the flexibility to choose between attending physical workshops or joining online sessions based on their preferences and geographic locations. It would also allow for a wider reach, catering to participants from various regions. Virtual sessions could include interactive elements, ensuring engagement, while in-person workshops could offer hands-on experiences and networking opportunities. This hybrid model maximises accessibility and customisation, making it adaptable to the diverse needs of healthcare professionals seeking ASD training.

### Alternative 4

To make the most out of this type of training, it can be delivered more as a forum and less like a training from top to bottom. Either by starting with the activities and then following by the delivery of the curriculum or by allowing more exchanges between participants. The exchanges between participants (being either experts or beginners in the thematic of autism) will be very fruitful and enriching: sharing practices or concerns (from parents for instance) can lead the conversation and involve participants in the training process.

An example could be: delivering the training to chosen participants depending on their actual expertise and split the training in two sessions:

- one for the inexperienced, students, medical professionals that do not deal with autism daily (and parents that would like to have some information on autism diagnosis and characteristics). This session will provide the modules and additional content on existing care and establishment in the region/country.
- one for the already expert professionals, or professionals from different establishments that already work in the field with autism spectrum disorder and would like to improve their knowledge and especially meet other professionals of the field to share and discover new practices.

The first one will be a real training program and awareness raising session, the second more of a workshop to gather the professionals and share good practices.

## 6.2. Additional resources and national actors

In this session, partners have selected for you national resources that can go in hand within the training and national actors that you can solicit to participate as specialists guests.

### a) Spain

In the first place, it is worth mentioning the organization CAPACIS, in charge of working with people with Autism and people with borderline personality disorder, which tries to make the employment of said people effective, and which, after years of work, achieves it year after year.

Secondly, mention the director of the CAPACIS Foundation, Juan María Prieto, in charge of establishing contacts with possible companies that want to support the sector of the population with said disorders.

As research material, highlight the book, by Ángel Riviere, from which we can draw educational guidelines aimed at the population with ASDCAPACIS Foundation-  
<https://fundacioncapacis.org> - Juan María Prieto, CAPACIS' Director  
 Rivière, Á. (2001). Autism: guidelines for educational intervention.

### b) Sweden

In Sweden, Gunilla Gerland is one of the well-known experts in autism. She is a lecturer and an author. She wrote several books on autism and how to communicate with and treat autistic people. Many of her books have an English edition like her book: "Finding Out About Asperger Syndrome, High-Functioning Autism and PDD".

For local actors, in Swedish municipalities there are social workers who have the necessary expertise to provide support to autistic people and their families.

For example, in the Municipality of Uppsala, Anna-Lena Vigren is a social worker who is: a licensed psychotherapist, a supervisor and teacher in psychotherapy and an expert in Contextual Interventions for Autism/ADHD.

Regarding associations, in Sweden there are several associations working on providing the necessary support to autistic people and their families like:

- Autism Sweden: <https://www.autism.se/>
- Riksförbundet Attention: <https://attention.se/>

### c) Greece

The Greek Society for Autistic Persons (GSPAP) is a charitable organization, founded in 1992 and today has more than 1000 members, parents or siblings of people with autism, and scientists working on autism. The Society has the purpose to work for the rights to life of autistic persons, that is persons suffering from the syndrome of autism and other similar conditions in which the autistic elements prevail and determine the needs of daily life, education, treatment and lifelong protection.

As a nationwide organization, GSPAP has branches in Thessaloniki, Ioannina, Chios, Volos, and Piraeus and has associate members of other associations of parents and caregivers of people with autism in Alexandroupolis, Chania, Larissa, Patras and Athens. GSPAP also participates in E.S.A.me.A. and International Organisations, such as Autism Europe and the World Autism Organization. <https://autismgreece.gr/en/autism-home-en>

In addition: Autism hellas to improve the quality of life of people with Autism, Asperger's Syndrome and Pervasive Developmental Disorders, by raising awareness of the Autism spectrum and its impact on people with Autism, their families and the community.

<https://autismhellas.gr>

Last but not least:

To develop better knowledge of autism in society, the Orange Foundation has created 'Maria's Journey', a short film by artist Miguel Gallardo, father of a girl with autism. Maria's Journey is a short journey into the inner world of a teenager who has autism, a journey full of colour, love, creativity, and authenticity, which begins with understanding on the part of her parents, who see their daughter behaving differently before she gets confirmation of her diagnosis: autism.

Greek Subtitles: Marilene Madmetzi

<https://www.youtube.com/watch?v=OtrZrp6bToQ>

### d) France

CRA: The CRA (Centre Ressources Autisme: Autism Resource Center) is an institution dedicated to supporting and accompanying people with autism and their families. It offers specialized services such as diagnosis, training, information and advice. The CRA plays a key role in raising awareness and promoting the inclusion of autistic people in society.

Thanks to a multidisciplinary team, the CRA actively contributes to the understanding and management of autism, focusing on individual needs and the development of best practices.

[Accueil - Centre Ressources Autisme Nord-Pas de Calais | CRA Nord-Pas de Calais \(cra-npdc.fr\)](#)

**Autisme info service:** Autisme Info Service is an online platform dedicated to providing information, resources and essential support to people affected by autism, as well as their loved ones. The site offers a secure space to ask questions, get advice and access practical guides on various aspects of autism. Thanks to a team of experts, Autisme Info Service aims to improve understanding of autism and foster a better quality of life by offering easy access to relevant information and useful contacts.

[Autisme Info Service | Autisme Info Service](#)

**Soutenir les aidants:** The "Supporting Caregivers" platform is an online space dedicated to offering essential support to people caring for sick or dependent loved ones. The platform provides resources, practical advice and information on mental health, stress management and care planning. Through an empathetic approach and interactive tools, "Soutenir les Aidants" aims to ease the burden on caregivers by linking them to support networks, discussion groups and healthcare professionals. This initiative aims to improve caregivers' quality of life, while recognizing their crucial role in the well-being of their loved ones.

[Accompagnement et répit des aidants \(soutenirlesaidants.fr\)](#)

#### e) Belgium

In Belgium it is possible to identify several supporting centres and different supporting actors in the French speaking and in the Dutch speaking communities.

#### For the whole country

**Autism reference center:** There are 8 autism reference centers in Belgium (4 in Flanders and 4 in Wallonia and the Brussels region). They have been financially supported by INAMI since 2005. Their missions are twofold:

- carry out an in-depth diagnosis for children, adolescents and adults with a suspicion of a pervasive developmental disorder (autism spectrum);
- establish a coordination program for children, adolescents and adults diagnosed with pervasive developmental disorder.

These services are addressed to children, registered with a Belgian mutual insurance company, for which there is suspicion of autism for your child but you have not yet had a formal diagnosis.

To enjoy the coordination program, the children or adult must have received one of the diagnoses of pervasive developmental disorders.

Participate!: the 8 autism reference centers and 2 parents association gave birth to this association whose aim is to improve the quality of life of people with autism and their families through the development of training, information and awareness tools about autism spectrum disorder.

Participate aims to be a reference for anyone looking for quality information on autism. The information is provided and endorsed by a scientific committee supporting the project. They have a web portal that offer a rich resource centre and contact point for all stakeholders <https://www.participate-autisme.be>

ADHD, ASC & LD Belgium: a non-profit support organisation run entirely by volunteers. Its mission is to provide a network of support, evidence-based information and resources for English speaking people in Belgium about Attention Deficit Hyperactivity Disorder (ADHD), the Autism Spectrum (ASC) and Learning Differences, such as Dyslexia, Dysgraphia, Dyscalculia and Dyspraxia (also called Developmental Coordination Disorder). We are focused on both families and their children, and on neurodivergent adults.

The aim of the association is to spread awareness about these conditions in the international and European schools, local schools, as well as in civil society and the work sphere in Belgium. Children and adolescents who are struggling due to one or more neurodivergent conditions should have the opportunity to achieve their full capability at school, and to live balanced and productive lives as adults. For adults, the association provides support and advice for the different aspects of their lives so they can enjoy life and live up to their full potential. <https://neurodiversity.be>

#### French Speaking Community

Autisme Belgique: a team made up of members of various associations concerned with autism in French-speaking Belgium. They have developed a free website resource centre, so that the reader can quickly and easily find the indexed resources. <https://autisme-belgique.be>

Collectif Autisme ( <https://collectifautiste.be> ): a group created by and for autistic adults in the French-speaking Belgium. It aims to respond to various gaps in the Belgian system regarding the care of autism in adults, in particular through:

- Documentation
- Support to autistic person and those being questioned
- Actions and advocacy

### Dutch Speaking Community

Autisme Belgie: since 2018 Autism Belgie has been active online and offline for a better society for people with autism together with several autism-friendly organizations. Their mission is to offer support and a resources centre and to provide the right information, an autism-friendly community, but also a simple solution to quickly find the right care provider in our assistance map. <https://www.autismebelgie.be>





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This document is the result of a project financed by the ERASMUS+ Programme 2021, managed by the French National Agency Project n° 2021-1-FR01-KA220-VET-000025274



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