



Healthcare4ASD

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Healthcare4ASD: Updating healthcare professionals VET for working with people with ASD

Transnational Piloting Experience Report

By: Folkuniversitetet

Healthcare4ASD

Project Ref. 2021-1-FR01-KA220-VET-000025274





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Introduction

This report describes the experience of piloting the Healthcare4ASD project outcomes in France, Sweden, Greece and Spain.

❖ **Background:**

After developing the project's first two outcomes, partners worked on piloting the two outcomes in their countries. The objective of piloting was to test the developed curriculum and toolkit to get the feedback from the direct and indirect target group. The piloting methodology was the same in all countries. Each partner implemented its own approach to engage participants and pilot the materials. For instance, in France, to make the training more accessible and attractive, a different vocabulary was used in French; to engage participants, the piloting sessions took the form of a forum instead of training sessions. This made participants more involved in the discussions and freed them up to speak out. In addition, additional themes were added to the French agenda such as:

- Emotional life and sexuality
- Problem behaviour and crises: how to manage them
- Existing rights and support for carers in the North of France
- Workshops for parents/carers and healthcare professionals

❖ **The Purpose and Objectives of the Pilots:**

The objective is to train healthcare professionals on how to treat people with ASD and how to manage them in their everyday practice.

It is supposed to:

- Increase the knowledge and skills of healthcare professionals on managing and treating patients with ASD.
- Increase the understanding of the specific needs and challenges people with ASD face in healthcare.

The general piloting objective is to get participants' reflection and feedback. Given the fact that participants were from different categories and with different backgrounds, the outcomes and reflexes were different.

❖ **The Target Groups:**

In all countries, all kinds of direct and indirect target groups were engaged. In France, the sessions were conducted with the participation of students and professionals from the medico-social and health sectors. The training course was also open to parents and carers of people with ASD who wished to attend. The training sessions were held for over 30 hours (for 1 week) in France with the participation of 19 participants.

In Greece 20 participants have participated from the following categories: healthcare professionals, social workers, nurses and doctors. Additionally, an occupational therapist that works with people with ASD and a mother of an autistic child have participated as speakers in the interactive discussions, by sharing their experiences about the general characteristics of autism and the communication strategies. The piloting was conducted in 3 sessions on Greece where also participants have spent extra hours of asynchronous reading of the material at home.





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Three sessions also were conducted in Spain where 28 participants have participated in the first sessions, 24 in the second and 21 in the last session. In total, 29 participants have participated where 26 were VET students. The age range was from 18 to 48 with an average of 24,57 years old.

For Sweden, the pilot was carried out with the participation of different categories from the direct and indirect target group: healthcare professionals, social workers, VET (health sector) teachers, students, people with autism and family member of an autistic person. The study 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). Participants had an age range between 18 and 63 years old.

All of the previously mentioned groups of participants have close relation with autism and they often need to communicate with and handle autistic people

Section 1: Methodology/Method Statement

To engage participants, partners have developed the required materials with the key information about the project and the sessions. For example, in France, an agenda of the week was shared widely to invite professionals, parents and students to register. A total of 25 registration forms was received from the google form and calls/emails from interested participants. 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). A total of 20 people have registered via Google Forms and have also participated in the sessions. This was also the case in Sweden where an invitation was sent to potential participants. The invitation included a link to the Google form where more than 20 participants have registered and 25 have then participated in the sessions.

In all partner countries the sessions started by a presentation of the Healthcare4ASD project and its results. Trainers and facilitators have first defined clearly the goals of the project Healthcare4ASD. Then, they explained the goal of the piloting and also briefly presented the points that will be tackled during the piloting.

The pilot activity for IO1 was combined with the one for IO2 in order for the participants to go through all the products and give holistic feedback and evaluation of the products.

To present the content of the curriculum, partners used the produced PowerPoint presentation, then, they used the toolkit for the interactive activities to engage participants.

In France, 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 and better manage the debates that started after the video. 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.





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In France also, a bonus Module was provided by Afeji that summed up all the resources, websites and organisations that can accompany people with ASD, their families/carers and professionals.

In Greece, to make the sessions more interactive and more engaging, there were open discussions with the speakers in the first day. Every session included interactive activities and open discussions, so participants had the chance to exchange knowledge, and experiences. This was of course in addition to the toolkit and the curriculum's PowerPoint presentations. This was the case also for Spain.

For Sweden, 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. Given the fact that participants came from different backgrounds and different cities, the trainer selected the materials to be presented based on participants' interests and backgrounds.

Before the sessions, participants had to go through a self-assessment to evaluate their level of knowledge regarding the topic. By the end, they went through the same self-assessment in order to track their progress.

Section 2: Results of the Pilots

To visualise and measure the effect and results of the piloting, participants were asked to respond to two questionnaires; one before and another one after piloting.

All in all, participants feedback in all countries was positive regarding the piloting sessions and the project's intellectual outputs. Then, their detailed feedback and view regarding the developed content differed depending on their profiles and backgrounds. For example, in all countries the presented outcomes and the content was full of new information to most of participants, except for France where many participants thought that the content could be more detailed. This is because in France there were professionals who are already working with ASD. However, for psychology students in France, they learned a lot about ASD via those sessions.

This section is summarising participants feedback and view regarding piloting in all partner countries.

For the events' organisation, most participants in all countries were satisfied with it. For instance, in France, 80% of the participants rated the "organisation" 4/5 or 5/5. In Greece, some participants put those statements: *"Excellent organisation and very interesting educational material"* and *"They were well-organised and structured"*. In Spain, 44.8% of participants thought that the organization in general seemed good to them; 51.7% found the logistics (the location of the sessions, transport, equipment, and meeting points) excellent. In Sweden, most participants (59%) thought that the sessions' organisation was good. In terms of logistics, all participants were satisfied about it with the following percentages: 31% found it excellent, 34.5% very good and 34.4% good.

Regarding the training materials and their usefulness, there were many participants provided positive comments in the evaluation:

- *"...a very instructive day with a warm welcome"*,
- *"Very good input..."*,
- *"The speakers were very detailed on the topic of autism in a very simple and understandable way"*,





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- *“I really liked the overall educational framework. The team that made up the training was full of science. They were friendly and supportive of the trainees. The educational material was comprehensive and nurtured with full respect for such a sensitive topic as autism.”*,
- *“I liked it a lot, it is useful, dynamic, and interesting.”*,
- *“I have learned new things.”*,
- *“All very useful and adequate.”*,
- *“Now I know how to treat a person with autism.”*

Those statements are retrieved from participants' evaluation from all partner countries.

In France, 80% of the participants agreed that the training provided information to help improve the way they care for and communicate with ASD patients. 87% of the French respondents said that the participants were motivated, interested and involved, and that the atmosphere of the forum was positive.

In Greece, All participants were very active during the training and appreciated the content. The feedback questionnaires were very positive and the answers to most of the questions were *“Agree”* or *“Completely Agree”*. Some participants have also mentioned that they will communicate and transfer the information and knowledge they gained to a wider community. They were also happy since they will be able to use the appropriate educational resources to help people on the spectrum. In addition, they saw this training as a first step for them to be more involved with non-neurotypical people. In Spain, 48.3% responded by *“excellent”* to the level and clarity of the information and explanations provided. 65.2% of the participants found the training interesting and 54.3% found it useful. For Sweden, all participants have a close relation with autism and they often need to communicate with and handle autistic people. This is why the content of the curriculum and the project's materials were useful for them to a large extent. For example, for the dental assistant, dealing with autistic patients is like an everyday challenge. So, the training met participants' expectations 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.

There were also comments on things that need to be improved. For example, there were *“errors”* in the French translation. Some terms were not really medically acceptable nor relevant or accurate. One of the French participants suggested that it will be more interesting to divide participants into smaller groups when the number of participants is high. Another French participant also suggested to have *more detailed explanation of the causes and characteristics of the disorder*.

In Greece, a participant suggested to *enrich the educational material based on the idea of the cooperation between educational and special health services*. They also suggested to include more experiential and practical issues.

For Spain, a participant thought that more examples can be provided. Given the fact that in Sweden participants were from different backgrounds (e.g. included social workers), some participants thought that it will be beneficial to develop a similar detailed content for social workers (especially social stories and role playing exercises).





Section 3: Conclusions and Recommendations

The piloting sessions were successfully implemented in all partner countries. It fulfilled its goals and helped the consortium get constructive feedback and comments from participants on the structure, form and content of the training. Within the framework of the conducted sessions, participants got a chance not only to get more information about autism and the HC4ASD project, it also enabled them to meet each other, have constructive discussions and exchange of experiences.

The training provided a comprehensive educational framework and had a positive impact on the participants' knowledge and professional practices. The interactive activities and open discussions allowed participants to exchange knowledge and experiences. This participatory approach enhanced the learning experience and facilitated a deeper understanding of the topics.

While the feedback was overwhelmingly positive in many countries, there were some suggestions for improvement.

In France, Sweden and Greece there was a sort of similarity in participants' suggestions. Since in the three countries there was a large variety of participants (in terms of background), it was recommended to split the content or make different versions for the different target groups. For France for instance, some participants suggested to choose the 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 experienced professionals who already work in the field of autism spectrum disorder and would like to improve their knowledge and especially meet other professionals from the field to share and discover new practices.

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

In Sweden, the trainer suggested to categorize the curriculum for the different target groups. This is because caregiving and nursing students in Sweden already know many of the provided information. However, for doctors and their assistants, many of the information was new to them. Also, because it will be beneficial for social workers in Sweden to have a similar curriculum developed for them; they benefited from the general sections of the curriculum and wanted to go through more details tailored to their needs.

This was also the case in Greece where it was seen as “crucial” to tailor the materials based on participants' needs and responsibilities. Participants in Greece highlighted also the importance of the collaboration and cooperation between different stakeholders and organisations, 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.

There were also a couple of minor comments like including video resources, adding more examples and make the training materials more dynamic.





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By implementing these recommendations, the pilot training can be refined and expanded, contributing to the development of more knowledgeable professionals who can effectively support individuals with ASD.

