

The Centre for
Advancing Practice

Autism advanced practice area specific capability and curriculum framework

Children, young people and adults of all
ages.

Endorsed 2023



Endorsement by NHS England's Centre for Advancing Practice

This framework has met the Centre for Advancing Practice's criteria for endorsement as a multi-professional area specific capability and curriculum framework and is ready for delivery.

It will be kept under regular periodic review to ensure that it remains current and responsive to changing population, patient, service delivery and workforce needs.

Further information on the Centre's approach to area specific capabilities is available here: <https://advanced-practice.hee.nhs.uk/>

Note:

Minor edits to this document have been made to reflect changes in links.

This document has been rebranded in line with NHS England branding guidelines.

Minor amendment in language from Credential to area specific capability.

No other changes to this document have been made.



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Introduction

Developing and retaining the advanced practice workforce is a strategic priority for the NHS. The [NHS Long-Term Plan](#) recognises the potential contribution of advanced practitioners to meeting short-term and long-term workforce demands, while the [NHS People Plan](#) is heavily supportive of scaling up and delivering new roles and models of advanced level practice.

In July 2021, the UK government published its updated [National Strategy for Autistic Children, Young People and Adults: 2021 to 2026](#). The strategy sets out a clear vision for reducing the health and care inequalities that autistic people face, and for ensuring that autistic people are supported to live healthier lives. The development and implementation of this multi-professional advanced practice area specific capability framework in autism supports the national strategy. It also aligns with the [area specific capability framework relating to multi-professional advanced practice to support people with a learning disability, including people who have a learning disability who are autistic](#).

This area specific framework is suitable for practitioners who provide health and social care services to autistic children, young people and adults of all ages. It defines advanced practice core capabilities relevant to all those in the multi-professional team and underpins specialist areas of practice at advanced practice level. It aims to improve the lives of autistic people by co-producing a sustainable, robust and capable workforce to support autistic people to live a healthy, safe and rewarding life. NHS England is leading this agenda by working collaboratively across the health and care system. It is seeking to accelerate the development of advanced practice capability and capacity, including in specific areas of practice and in support of new models of care. This activity is being led by the Centre for Advancing Practice (the Centre) through developing multi-professional advanced practice area specific frameworks in response to areas of high-priority need.

Area specific frameworks are designed to be delivered by higher education institutions within their advanced practice education provision. This is primarily through area specific frameworks' integration within Centre-accredited advanced practice MSc programmes. However, they can also be delivered by higher education institutions (HEIs) on a standalone basis specifically for take-up by practitioners who have already successfully completed an advanced practice MSc

or who have demonstrated the equivalence of this by successfully completing the Centre's [ePortfolio \(supported\) route](#).

Area specific frameworks articulate the advanced practice capabilities required for the current and future workforce to deliver safe and effective services within particular areas of practice. By strengthening opportunities for career development in clinical roles, they should also support the retention of highly valued and skilled staff and facilitate workforce transformation.

Further information on the Centre for Advancing Practice area specific capability frameworks is available: [Centre website](#)

Multi-professional advanced practice area specific capability framework in autism (children, young people and adults of all ages)

Intended level of learning: Level 7

Aim

This area specific framework is for practitioners able to engage with the demands of advanced practice and who provide health and social care services for autistic children, young people and adults of all ages.

It sets out an advanced level of practice that requires a high degree of autonomy and complex decision-making and that meets the demands of level 7 (Master's level) learning.

Pre-requisites

To meet the demands of this area specific framework, health and social care practitioners must hold current registration with the UK regulatory body required for the practice of their profession.

In addition, practitioners need to fulfil the following requirements:

- Demonstrated that they have a good understanding and grounding in clinical diagnosis and decision-making skills so that they can engage fully with the demands of the learning outcomes and capabilities.
- A scope of practice, role and practice environment that enables them to engage fully with the demands of this area specific framework.
- Have access to the workplace-based learning and supervision arrangements, as set out in this document.
- Have the support of their employer to engage with the full requirements of advanced practice (across the four pillars), as set out in the [Multi-professional framework for advanced practice in England](#).

Co-requisites

Practitioners need to complete this framework either as an integral part of undertaking a full advanced practice MSc programme or either following their successful completion of an advanced practice MSc or their demonstration of the equivalence of this via the Centre's ePortfolio (supported) route. This is to ensure that they fully meet the capabilities across the four pillars of practice, as set out in the [Multi-professional framework for advanced practice in England](#).

Intended volume of learning

The framework has a notional volume of learning of circa 600 hours.

It is expected that practitioners will normally complete the framework within 12 months, based on being a full-time employee and their learning being integrated into their usual pattern of work.

Practitioners may have already developed and demonstrated some of the area specific capabilities through prior learning. Where the case, there may be flexibility to complete within a reduced timeframe.

However, this will be dependent on practitioners being able to evidence their learning, including its currency. It will also be subject to individual higher education institutions' academic regulations and processes for recognising prior learning.

Values and behaviours

The values and behaviours set out below underpin the capabilities in this framework. They express the minimum that autistic people of all ages, their families and their carers can expect of practitioners who provide them with support. They are not specific to advanced-level practice. They are derived from co-production workshops with autistic people that were conducted by NHS England and [Skills for Health during the development of the Core Capabilities Framework for Supporting Autistic People](#) (2019). As such, they are supplementary to legal, regulatory and ethical requirements and to specific professional body and employer codes that apply to individual practitioners.

The practitioner will:

- a) Demonstrate positivity, recognising the strengths and abilities of autistic people.
- b) Gain an understanding of each autistic person's individual perspective and personal preferences.
- c) Be patient, really listen and seek to understand what is being communicated by an autistic person.
- d) Recognise the presentation and identity of autistic people – and respond with respect and compassion, without judging them or labelling their behaviour in unhelpful ways.
- e) Value and acknowledge the individual experience and expertise of autistic people, their families and support networks, enabling choice and autonomy and protecting people's human rights.
- f) Act with integrity, honesty and openness, seeking to develop mutual trust in all interactions with autistic people, their families, carers and communities.
- g) Be committed to integrated current and future care and support through working in partnership with autistic people, cross-sector teams, communities and organisations.
- h) Value collaborative involvement and co-production with autistic people to improve person-centred design and quality of services.
- i) Recognise, respect and value autistic people's differences and challenge negative stereotyping.
- j) Take responsibility for one's own learning and continuing professional development and contributing to the learning of others.

Key learning outcomes

On successful completion of this framework, a practitioner should have demonstrated that they can do the following:

- 1) Critically appraise historical and current understanding of autism including cognitive, bio-psycho-social and neurodiversity theories, and their significance in engaging in and leading person-centred, evidence-based practice.
- 2) Lead collaborative assessment, formulation and diagnosis and demonstrate inclusive communication approaches.
- 3) Lead, evaluate and modify personalised support, working with autistic people to enable wellbeing, autonomy and navigation through life stages, advocating health promotion, health equality and wellbeing.
- 4) Critically appraise positive risk-taking, legislation and safeguarding and advocate for reasonable adjustments to meet the needs and wishes of autistic people, ensuring equality and inclusion.
- 5) Critically evaluate theoretical perspectives of leadership and management and demonstrate their effective application to own practice, and to the development and delivery of services for autistic people.
- 6) Critically assess the capabilities and learning needs of self and others, engage in a range of learning and development approaches that extend and broaden practice in meeting the needs of autistic people, and foster a culture of continuous improvement based on evidence-based practice.

Demonstrate a critical understanding of research and the ability to evaluate, synthesise, undertake, generate and disseminate the findings of research into practice for themselves, others and the wider system, in meeting the needs of autistic people.

Capabilities

The area-specific capabilities set out in this document are mapped to the [Multi-professional framework for advanced clinical practice in England](#). The mapping is indicated in the righthand column of the tables below.

Domains and capabilities	MPF
Domain A. Personalised and collaborative working	
<p>Capability 1. The advanced practitioner will coordinate and undertake complex collaborative assessment, formulation and diagnosis.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Gather and synthesise information from individual autistic people and other appropriate sources (including previous histories and assessments) to facilitate a person-centred, holistic assessment. b) Critically appraise different factors that may impact on the experiences of autistic people such as gender, age and/or other protected characteristics to facilitate the delivery of high-quality care. c) Critically appraise complex, incomplete, ambiguous and conflicting information, synthesising key factors from the appraisal to ensure care is tailored to meet the needs of individual autistic people. d) Identify where further specialist assessment is required and request and/or interpret relevant diagnostic tests. e) Critically appraise information obtained, taking account of potentially associated conditions, for example, sensory impairments, epilepsy; physical ill-health and disabilities; learning disabilities and mental health problems to ensure a correct care plan is identified. f) Conduct a comprehensive assessment with the ability to recognise whether or not to make a referral to specialist psychological services such as psychiatry, psychology or psychotherapies for complex mental health issues, or a need to make a referral to a therapeutic community group. g) Contribute to developing a differential diagnosis recognising key biases and common errors (including diagnostic overshadowing) and the issues relating to diagnosis in the face of ambiguity and incomplete data. h) Effectively communicate highly sensitive information and plan for post- diagnostic follow-up, recognising the needs of families and carers providing support for autistic people, including what it means for people diagnosed as children, young people or adults of any age. 	1.4, 1.6

Domains and capabilities	MPF
<p>Capability 2. The advanced practitioner will lead inclusive communication approaches to maximise communication with autistic people, their families and professional colleagues.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Demonstrate a critical understanding of inclusive communication approaches and act on professional judgement in applying the most appropriate approaches according to the different preferences, needs and abilities of autistic people, their families and carers. b) Act on professional judgement about when and how to seek help with communication, demonstrating critical reflection on own practice. c) Appraise the connection between the communication needs of autistic people and their observable behaviours. d) Facilitate and support the effective communication of highly sensitive information and utilise appropriate communication approaches to support shared decision-making. e) Proactively advocate for inclusive communication strategies and practices to reduce health inequalities, risks and diagnostic overshadowing and improve both physical and mental health through enabling reasonable adjustments. f) Role model co-production and use clinical expertise to meaningfully involve a diverse range of autistic people to have a voice in service design and delivery in accordance with national agendas and policies. 	1.5, 1.9

Domains and capabilities	MPF
<p>Capability 3. The advanced practitioner will lead personalised care and partnership working to enhance the care and support for autistic people.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Critically appraise historical and current understanding and explanations of autism, including bio-psycho-social and neurodiversity theories to inform their evidence-based practice. b) Evaluate the impact of historical and current understanding of autism on current service provision. c) Synthesise the theory and principles that underpin personalised care and support for autistic people, including principles of shared decision-making, health literacy and activation, and apply these principles in their practice⁶. d) Critically evaluate the role of positive risk-taking and duty of care in enabling personalised care and support. e) Lead the development and implementation of systems for goal-based personalised outcome planning, implementing plans, and monitoring their impact. f) Proactively initiate person-centred thinking, planning and co-production in the management and development of services, enabling autistic people to maximise empowerment within their capability in complex systems and with changing support. g) Critically apply specialist knowledge and expertise in order to facilitate and enable autism-friendly environments by giving support and providing advice to autistic people and their families and carers, based on the strengths and needs of individuals. h) Explore and appraise the impact that supporting autistic people in their family may have on relationships and family members' own wellbeing (including any psychological and/or socio-economic impact). i) Evaluate how family and carer relationships and support needs may change over the autistic people's life course and during periods of transition, working with autistic people and others to identify positive and other aspects of change to facilitate optimal health and wellbeing outcomes. j) Educate others and develop their understanding of legislation relevant to individuals', families' and carers' rights and act as a source of further information around legal issues (e.g. the Equality Act 2010, lasting power of attorney, mental capacity and liberty protection safeguards). k) Utilise and support the implementation of relevant legislation and guidance for consent and shared decision-making (e.g. NICE guidance). 	1.7

Domains and capabilities	MPF
Domain B. Health and wellbeing	
<p>Capability 4. The advanced practitioner will advocate to ensure health equality and reasonable adjustments are made across the health and social care system to meet the needs of autistic people, reduce health and social care inequalities and maximise their health and wellbeing.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Demonstrate a critical understanding of the biological, psychological and social impacts of common health conditions and lead an appropriate response, including for: <ul style="list-style-type: none"> i. Life-limiting conditions ii. Long-term conditions iii. Sensory impairment. b) Critically appraise the wider determinants of health and conditions that affect mortality and cause premature death within the context of a changing demography. c) Demonstrate a critical understanding of the importance of ongoing health checks and person-centred planning to monitor individuals' health and wellbeing needs on a regular basis. d) Demonstrate a critical understanding of the signs, symptoms, prevalence and potential impact on the lives of autistic people of mental health conditions and concurrent presentations, including the following: <ul style="list-style-type: none"> i. Psychosis ii. Mood disorder (including suicidality) iii. Obsessive compulsive disorder iv. Eating disorders v. Issues relating to sexual and gender identity. e) Critically understand the importance of activity (e.g. education, paid and unpaid work, leisure) that has meaning and purpose to individual autistic people and that may provide social engagement as a 'protective factor' in order to maintain positive mental health. f) Critically understand the impact of autism, both positive and negative, on autistic people's functioning, in order to facilitate the activities in which they need and want to engage. g) Critically appraise how the physical and social environment impacts autistic people's physical, psychological and social wellbeing and participation, including home, housing, community, education and work settings, and advocate for reasonable adjustments and processes to support autistic people's access to health and social care services. h) Support and facilitate autistic people to access opportunities for appropriate activities that have interest for them, including through social prescribing, where appropriate. 	1.7

Domains and capabilities	MPF
<ul style="list-style-type: none"> i) Promote to others (e.g. family members, care/support staff, other members of the multidisciplinary team and those in health and social care services) the value and importance of therapeutic activities, positive risk-taking and decision-making and the reflection of these within people's care plans. j) Apply advanced communication and negotiating skills to be responsive to and work in partnership with autistic people and others (including family members, carers, other members of the multidisciplinary team and those in health, education and social care services) to maximise the outcomes of interventions. k) Work collaboratively to ensure Education, Health and Care Plans (EHCPs) are in place for children and young people, where required. l) Recognise why mental or physical health conditions may be overlooked in autistic people or why autism may be overlooked in people with mental or physical health conditions (e.g. due to complex or atypical presentations and/or diagnostic overshadowing). m) Critically appraise and apply current guidelines and principles aimed at stopping the inappropriate use of medication and/or restrictive practices with autistic people. n) Influence strategic commissioning decisions to improve care for autistic people across organisations and pathways. 	

Domains and capabilities	MPF
Domain B. Health and wellbeing	
<p>Capability 5. The advanced practitioner will critically apply an understanding and promotion of sensory processing within the environment⁷ to ensure optimal health and wellbeing outcomes for autistic people.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Critically appraise the evidence base underpinning theories relating to the processing and integration of sensory stimuli impacting on the lives of autistic people. b) Apply and utilise the specialist knowledge and expertise of autistic people to identify sensory issues and develop proactive approaches to the environment (e.g. ensuring that any adjustments are planned for). c) Promote understanding across the system of the possible sensory processing differences of autistic people and the impact that appropriate/inappropriate environments have on their ability to participate in daily activities. d) Lead the development of organisational policies and plans that prioritise autistic people's sensory needs and address environmental challenges, including by advocating for regular sensory reviews of environments where autistic people spend time and utilising the expertise of autistic people to identify sensory challenges. e) Advocate for the provision of appropriate sensory adaptation equipment (e.g. noise-cancelling headphones, suitable lighting and accessibility settings on technology) to promote reasonable adjustments and adhere to the legal requirement for organisations to ensure equality of access for people with special requirements. 	1.7

Domains and capabilities	MPF
Domain B. Health and wellbeing	
<p>Capability 6. The advanced practitioner will lead personalised support and facilitate enabling environments.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Co-produce with autistic people (and where appropriate their families, carers, or members of the multi-disciplinary team) the least restrictive approaches to individuals experiencing distress, seeking to identify unmet needs and environmental factors, rather than focusing narrowly on eliminating behaviours perceived as problematic. b) Formulate and advocate for appropriate anticipatory and responsive strategies that are person-centred and evidence-based, seeking to develop and promote preventative strategies that work with autistic people to minimise the need for reactive strategies. c) Actively support and co-produce strategies to enable appropriate and person-centred risk assessments with regard to the current context. d) Promote and teach skills to support the facilitation of person-centred approaches to individuals experiencing distress, questioning assumptions that some 'behaviours' that autistic people show may need to be modified. e) Provide opportunities for debriefing or reflection for those impacted by events that occur when supporting autistic people, including taking into account the impact of dealing with distress. 	1.8

Domains and capabilities	MPF
Domain B. Health and wellbeing	
<p>Capability 7. The advanced practitioner will understand the importance of promoting the wellbeing and autonomy of autistic people.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Advocate for the development and personalisation of ‘asset-based’ approaches that take account of the strengths and potential of autistic people, their families and communities. b) Work across services to actively assist autistic people to develop plans that are appropriate to meet their identified individual needs, interests and right to make choices, enabling them to realise and implement these plans, explore potential challenges and barriers, and work with them and organisations to find solutions; e.g. support for the following: <ul style="list-style-type: none"> i. Access to services and facilities including healthcare, housing, transport, community and leisure services. ii. Access to education, training, voluntary opportunities and employment. iii. Decision-making, self-advocacy and the rights of citizenship (including voting). c) Actively support autistic people, where required, to manage their personal finances and maximise their capacity to make their own financial decisions, enabling them to live well and take part in meaningful activities. d) Demonstrate a comprehensive understanding of how to signpost and refer autistic people to professional advice services, including services to support them and/or their family to question, where required, the decisions of professionals. e) Evaluate the value of a broad range of assistive living technologies (new and emerging) in developing a support plan for autistic people, taking account of their suitability for addressing individuals’ needs. f) Promote and contribute to the development of practices and services that meet the individual needs of autistic people and their families. 	1.7

Domains and capabilities	MPF
Domain B. Health and wellbeing	
<p>Capability 8. The advanced practitioner will understand the impact of relationships, sexuality and sexual health for autistic people and how these impact on individual autistic people's health and well-being.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Evaluate factors that can influence the process of a relationship and work with autistic people to review and evaluate the support they need to maintain and develop friendships and relationships if they wish to do so. b) Appraise the impact of friendships, relationships and social networks on wellbeing and self-esteem and support autistic people who wish to participate in their local community or social network. c) Identify and evaluate issues of sexual expression, gender identity and sexual health for autistic people and how these can be supported. d) Evaluate the impact of social and family contextual factors on the sexual and sexual health needs of autistic people. e) Synthesise relevant legislation influencing the support of sexuality, gender identity and sexual health for autistic people. f) Undertake or contribute to risk formulation and complex risk assessments, recognising the potential of abuse and exploitation of autistic people, working with autistic people and their networks to reduce risk. g) Undertake or contribute to complex risk assessments identifying the potential for autistic people to be at risk of entering the criminal justice system due to perceived inappropriate sexual behaviour. 	1.7

Domains and capabilities	MPF
Domain B. Health and wellbeing	
<p>Capability 9. The advanced practitioner will have expert knowledge and understanding of life transitions for the health and wellbeing of autistic people as they navigate through life stages.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Appraise types of change that may occur in the life stages of autistic people and how their needs and abilities may change over time. b) Analyse factors that may make change a positive or a negative experience and explore, develop and apply approaches likely to enhance autistic people's capacity to manage change and experience change positively. c) Support autistic people to express preferences and anxieties when going through change and adapt support methods to take account of their preferences or anxieties. d) Recognise and promote the value of early intervention on the lives of autistic children and young people and their families and lead a coordinated approach across a range of services (e.g. health, education and social services). e) Support young autistic people and their family and carers to navigate practically the transition from child to adult services, if required, and to reflect on the transition into adulthood. f) Evaluate the impact of age-related changes, including dementia, frailty and falls, and how these affect autistic people. g) Evaluate the support provided during periods of change, working with autistic people and others to identify positive and negative aspects of a change and to seek additional advice if required. h) Work with autistic people to agree advance decisions and personalised advance support plans and check their understanding of these. i) Critically understand referral criteria and initiate processes for referral to palliative and/or end of life services to meet the needs of autistic people and those important to them. 	1.7

Domains and capabilities	MPF
Domain C. Risk, legislation and safeguarding	
<p>Capability 10. The advanced practitioner will lead service provision, ensuring high-quality and best practice standards are met in the application of law, ethics and safeguarding for autistic people.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Appraise the legislation, regulations and policies that underpin the protection of autistic people and critically analyse their implications for practice. b) Evaluate the options available when informed consent may be compromised, taking account of legal frameworks around mental capacity. c) Demonstrate a comprehensive understanding of the roles and responsibilities of the different agencies involved in investigating allegations of harm or abuse. d) Manage inter-agency, joint or integrated working in order to protect autistic people at risk of harm or abuse, including the appropriate sharing of safeguarding information with relevant agencies⁸. e) Critically evaluate the role of self and others when supporting autistic people who have experienced harm or abuse. f) Promote and enact anti-discriminatory practice, including by actively challenging unethical practice and taking appropriate action. 	1.1, 1.2
<p>Capability 11. The advanced practitioner will promote equity, equality, diversity and inclusion within the delivery of services for autistic people.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Critically appraise data on the prevalence of autism and promote equal access to autism assessment for people from diverse communities and recognise that some autistic people will require more or different levels of support to meet their needs. b) Recognise that autism usually co-occurs with other neurodevelopmental conditions and critically evaluate the implications of this in the design and implementation of services to meet the needs of a neurodiverse society. c) Analyse the impact that discrimination, stigma and unconscious bias may have on the life of autistic people, their family and carers, including those for whom a number of protected characteristics may be applicable. d) Lead practice and an organisational culture that recognises intersectionality and values and respects equality, inclusion and the diversity of autistic people. e) Develop, promote and co-produce systems and processes that promote diversity, equality and inclusion. 	1.1, 1.2

Domains and capabilities	MPF
Domain C. Risk, legislation and safeguarding	
<p>Capability 12. The advanced practitioner will lead on the provision of high-quality risk assessment to promote the empowerment of autistic people in taking positive risks to maximise their health and well-being.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Appraise ways in which risk is an integral part of everyday life. b) Evaluate the links between risk-taking and responsibility, empowerment and social inclusion, considering the individual needs and abilities of autistic people. c) Promote the importance of a positive, person-centred approach to risk assessment and how to apply the principles and methods of a person-centred approach to the process of risk assessment. d) Evaluate how a service-focused approach to risk assessment would differ from a person-centred approach. e) Synthesise and explain the legal and policy framework underpinning autistic people's individual's right to make decisions and take risks. f) Ensure autistic people are provided with information relevant to decisions that they are being asked to make and are facilitated to balance their choices with their own and others' health, safety and wellbeing, including the right to take decisions that others may view as unwise. g) Demonstrate a critical self-awareness of how one's values, belief systems and experiences may affect working practice when supporting people to take risks and challenge seemingly inappropriate paternalistic or risk-averse approaches. 	1.8

Domains and capabilities	MPF
Domain D. Leadership and management, education and research <p>This domain outlines the advanced practice capabilities specific to supporting autistic people that relate to leadership and management, education and research. They reflect and build on the generic capabilities for these three pillars within the Multi-professional framework for advanced practice in England.</p>	
<p>Capability 13. The advanced practitioner will lead and facilitate multi- agency teams and services to ensure that that high-quality effective care and services are delivered for autistic people.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Actively seek to work collaboratively across multi-disciplinary teams and systems, engaging in and sharing best practice in delivering high-quality services for autistic people. b) Evaluate key drivers and policies that influence national autism strategy and service development and analyse how these can be used to improve service delivery across systems. c) Promote a culture in which needs and risks are balanced with health and safety practice in autism care and support. d) Utilise reflection to evaluate own practice, modelling the role of self- reflection as a key component within leadership and delivering high- quality care for autistic people. e) Actively seek feedback and involvement from autistic people, families, communities and colleagues in co-producing services and service improvements. f) Develop relationships with service commissioners and work in partnership with autistic people and their families to develop the capacity and capability for an integrated care system to deliver appropriate person-centred care and support. g) Demonstrate receptiveness to challenge and preparedness to challenge others constructively, escalating concerns that affect autistic people, families, communities and colleagues' safety and well-being when necessary. 	<p>Pillar 2. Leadership and Management 2.1 to 2.11</p>

Domains and capabilities	MPF
Domain D. Leadership and management, education and research	
<p>Capability 14. The advanced practitioner will engage in and facilitate the education and personal development of themselves and others to ensure provision of evidence-based practice.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Promote the roles and professions of people who work with autistic people to build the future workforce. b) Support and enable the development of others, including junior members of staff, students, parents and carers, to meet the needs of autistic people and their families. c) Facilitate the co-production (design, delivery and evaluation) of education and training in partnership with autistic people. d) Evaluate the effectiveness of co-produced teaching and learning interventions to improve service outcomes for autistic people. 	<p>Pillar 3. Education 3.1 to 3.8</p>
<p>Capability 15. The advanced practitioner will understand, develop and deploy research methodologies, analysis and governance approaches to support research activity with autistic people.</p> <p>To achieve this, the advanced practitioner will:</p> <ul style="list-style-type: none"> a) Co-produce approaches to evaluating services and measuring impact, including the use of outcomes reported by autistic people, their families and carers. b) Advocate for reasonable adaptations to enable autistic people to participate in audit, quality improvement, evaluation and research. c) Ensure research materials and processes are accessible to autistic people, where appropriate. d) Critically appraise the ethical issues and influence processes related to conducting research with autistic people and autistic people who lack capacity to make a decision to participate, underpinned by engagement and compliance with the Mental Capacity Act, 2005. 	<p>Pillar 4. Research 4.1 to 4.8</p>

Learning, supervision and support

Introduction

Practitioners undertaking this area specific capability framework need to have a scope of practice, role and practice environment that provides them with structured, supportive opportunities for relevant, safe and effective workplace-based supervision and learning that enables them to engage fully with the demands of both the specific capabilities set out in this specification and those of advanced practice more broadly.

They also need to commit to engage with the required learning arrangements and assessment requirements to do the following:

- Meet the learning outcomes.
- Develop and demonstrate the defined area-specific and generic capabilities.
- Integrate all components of learning in their progression and development.
- Engage in learning and development activities that reflect the demands of advanced/level 7 learning (e.g. in terms of engaging with complexity, ambiguity and risk and critically engaging with the evidence base).

At all times, practitioners must place the wellbeing and safety of people above all other considerations and take responsibility for recognising and working within the limits of their personal scope of practice and competence.

Emphasis is on the further development and refinement of practitioners' decision-making to manage increasing levels of complexity, ambiguity and risk, including on when to seek assistance and advice from others. Practitioners are expected to take responsibility for their own learning and to be proactive in initiating appointments with their supervisors (see below) to plan, undertake and receive feedback on their learning and development.

Formal teaching and learning

Education providers and those providing workplace-based supervision and learning are expected to use this area specific capability framework to plan learning, teaching and assessment strategies to maximise the quality and integration of educational opportunities in academic and workplace settings.

Practitioners can develop their professional knowledge, skills, and behaviours to achieve the capabilities set out in this specification through engaging with a variety of learning and teaching activities and critically reflecting on their own development and feedback from others.

Learning and teaching activities can include, but are not limited to, the following:

- Teaching sessions including lectures and small group teaching.
- Case presentations.
- Engagement in research and quality improvement projects.
- Skills simulation.
- Joint specialty meetings.
- Independent learning, including the critical appraisal of research and other evidence-based practice resources.
- Structured reflection on learning.
- Participation in management and multidisciplinary meetings.
- Recommended online resources.

Other learning activities can support practitioners' engagement with the area specific capability framework, providing that they clearly align with the learning outcomes and area-specific and generic capabilities set out in this framework.

Delivery of all components requires collaboration between education providers, local service providers and practitioners. Whether practitioners are employed or on placement, local service providers retain full responsibility for all aspects of clinical governance in the workplace, in line with the specific responsibilities set out in locally made collaborative agreements.

Self-directed learning

Practitioners are expected to take a proactive approach to their own learning and development as part of engaging with the area specific capability framework and including through engaging with multi-professional team-working, learning and collaboration.

Practitioners are responsible for:

- Engaging with opportunities for learning.
- Initiating assessments and appraisal meetings with their supervisors.
- Undertaking self- and peer-assessment.

Practitioners are encouraged to take the opportunity to learn with their peers (including at a local level) through engaging in peer-to-peer learning, review and discussion.

Practitioners are also expected to undertake self-directed learning in line with personal learning needs to meet the learning outcomes and capabilities. This includes through engaging critically with learning and development materials and evidence-based publications, and their critical reflection on their own learning progression and practice.

Practitioners must maintain a portfolio of evidence of their learning and development as they progress through the area specific capability framework. They should use their portfolio as a

medium for critical reflection on their learning and practice in ways that are in keeping with the demands of level 7/advanced practice learning and development.

Reflective practice is an important part of self-directed learning and of continuing professional development. It is an educational exercise that enables practitioners to explore, with rigour, the complexities, and underpinning elements of their actions to refine and improve them. Verbal reflection is a useful activity for practitioners to engage in to aid their learning and development.

Writing reflectively also adds to the oral process by deepening practitioners' critical understanding of their practice and their learning from this. Written reflection offers different benefits from verbal reflection. These a record for later review; a reference point to demonstrate development; and a starting point for shared discussion. Whatever the mode of reflection, it is important that it takes place and that there is a record of it having taken place, whether or not the specific subject or content of the reflection is recorded.

Practitioners are expected to use feedback from their supervisor to inform their on-going focuses for their further professional development, across the four pillars of advanced practice.

Workplace-based learning

Workplace-based learning should provide the majority of practitioners' experiential learning opportunities, working with their supervisors and/or other experienced clinicians. These settings should provide learning opportunities relating to liaising with other practitioners, working closely with the multidisciplinary team, making referrals (as appropriate), and discharge planning and follow-up.

Continuous systematic feedback and reflection are integral to learning from practice and should be assisted by workplace-based supervision and assessments. The practitioner should be required to keep evidence of their workplace-based learning activity and further development in their portfolio.

The following arrangements should be in place to support practitioners' workplace-based learning:

- Access to online learning facilities and libraries, including e-resources.
- Induction to local policies, procedures, and arrangements comparable to senior decisionmakers.
- Access to electronic patient records consistent with their level of training and in line with all data security requirements and protocols.
- Use of resources to enable safe and effective learning.
- Access to storage for confidential training records.
- Access to appropriate local training.

Workplace-based supervision

Workplace-based supervision is fundamental to the delivery of safe and effective training. It takes advantage of the experience, knowledge and skills of expert practitioners and ensures practitioners' interaction with experienced practitioners.

Supervision is designed to ensure safety by encouraging safe and effective practice and professional conduct. Learning must be supervised appropriately, depending on practitioners' experience and learning and development needs, case mix and workload to ensure the delivery of high-quality, safe patient care. As practitioners progress, their level of supervision should be tailored to facilitate their increasing independence, as is consistent with safe and effective personalised care.

Those involved in the workplace-based education supervision of practitioners must have the relevant qualifications, experience, and training to undertake the role. Specialist skills and knowledge are usually taught by senior or advanced level practitioners, whereas the more generic aspects of practice can also be taught by the wider multidisciplinary team.

Workplace-based supervisors must have a good knowledge of the capabilities and learning outcomes in this framework. They must use them as the basis for overseeing practitioners' learning and development. This includes to inform the identification of practitioners' learning needs, the formulation of their learning development plans, and the review of their learning progression.

Coordinating education supervisors

Co-ordinating education supervisors provide a consistent supervisory relationship throughout practitioners' advanced practice development and learning progression. They are required to demonstrate the following:

- An in-depth understanding of advanced practice roles in the specialty, pathway or setting, including factors that may differentiate advanced practice roles from traditional uni- professional roles in the same setting.
- High levels of awareness of the range of professions that can practise at advanced practice level within the specialty and the practice of each profession.
- An understanding of the demands of the learning outcomes and capabilities set out in this area specific capability framework and the broader demands of advanced practice and level 7 learning.
- Support for practitioners'/trainees' engagement with the socio-professional aspects of professional development.
- Support for practitioners/trainees to balance competing workplace and development demands as employed, registered professionals, including by signposting them to more specialist professional or personal support when indicated.

- Have completed personal professional development that includes a focus on multi-professional workplace-based supervision and practice-based education.
- Support for practitioners/trainees to identify associate workplace supervisors who can support them on a speciality pathway and/or develop setting-specific knowledge and skills.
- Support for practitioners/trainees to access sufficient, structured, practice-based learning opportunities to develop the advanced practice capabilities set out in this framework.

In addition, co-ordinating education supervisors are required to do the following:

- Ensure that competency and capability verification is conducted by a suitably authorised or approved registered professional.
- Act as a link with the higher education institution with which practitioners are enrolled (for both apprenticeship and non-apprenticeship advanced practice development routes).
- Maintain an overview of practitioners' progress against their agreed individual learning plan/contract and the local curriculum (that delivers this framework).
- Maintain an overview of and address issues of professional and public safety.

Associate workplace supervisor

Associate workplace supervisors are practice-based practitioners who are experienced in practice-based education and the supervision of experienced registered professionals.

Practitioners engaging with this framework should expect to work with a variety of associate workplace supervisors, each matched to support their development of specific, identified capabilities within this specification. Associate workplace supervisors should be appraised of the multi-professional considerations associated with advanced practice development and supervision, including to support practitioners undertaking this capability framework.

Associate workplace supervisors are required to do the following:

- Work collaboratively with coordinating education supervisors and trainees to support a specified aspect of advanced clinical practice development in a specialty, pathway or setting.
- Guide practitioners' development in specified aspects of advanced practice.
- Demonstrate an in-depth understanding of the specified aspect (clinical, education, leadership/management or research) of advanced practice relating to practitioners' practice and role.

- Demonstrate awareness of the range of professions that will engage with this framework, including in terms of their practice, practice environments and advanced practice development.
- Have completed professional development with a focus on supervision and practice-based education.

Further information

NHS England has published guidance for Workplace Supervision for Advanced Clinical Practice (2021)¹. This sets out detailed guidance for the workplace supervision of registered health professionals undertaking advanced practice education. This includes on the following:

- Identifying the specific advanced practice demands (including competence and capability) in the context of the different regulated professions and practitioners' individual scope of practice.
- Approaches to learning and development, including developing and agreeing and individual learning plans.
- An integrated multi-professional approach to workplace-based supervision, including the recommended roles of coordinating education supervisors and associate workplace supervisors, as well as employer responsibilities.

Equality, diversity and inclusion

Delivery of this framework must ensure compliance with the requirements of equality and diversity legislation, as set out in the Equality Act, 2010. This includes from recruitment through to completion. Equality, diversity and inclusion should be actively monitored.

This includes in terms of learner progression and differential attainment in assessment, with attention paid to potential differences arising from professional background, practice environment and work pattern.

Quality management

This framework will be kept under review to ensure that it remains current, responsive to changing needs and fit for purpose. This will be done in line with the arrangements set and enacted by Centre for Advancing Practice arrangements for all endorsed frameworks.

¹ Health Education England (2021) *The Centre for Advancing Practice, Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development.*
Supervision - Advanced Practice (hee.nhs.uk)

Indicative assessment strategy

Introduction

A key element of practitioners' preparation for advanced level practice in community rehabilitation for working with people with long-term conditions is the formal assessment of their fulfilment of the outcomes and capabilities set out in this document. The purpose of the assessment strategy outlined here is to define the principles for a proportionate, robust, and consistent approach to practitioner assessment. This includes the following:

- The integration of academic and workplace-based learning in how the capabilities are assessed.
- Formative assessment leading to summative assessment.
- The integration of practitioners' critical reflection on their learning and development within the assessment approach.
- Evidence of practitioners' critical engagement in evidence-based practice.
- Practitioners' development of a portfolio of evidence.
- A proportionate approach to assessment and avoidance of over-assessment.
- Consistency in assessment, including in the quality of feedback and 'feed forward' received by practitioners.

It is recognised that employers and education providers may already have established assessment processes in place that achieve an integrated approach to workplace-based and academic assessment. It is not the intention for this area specific capability framework to add another 'layer' of assessment if this is not needed. Rather, it is to support education providers and employers ensure that their approach to assessment aligns with and fulfils this strategy and that the assessment load remains proportionate for all parties.

The assessment strategy is designed to allow practitioners to demonstrate their fulfilment of the learning outcomes and capabilities set out in this area specific capability framework. This is with a focus on practitioners' delivery of high-quality care to meet population/patient needs within the specific service delivery model in which they have a role and within their individual scope of practice.

The assessment approach must have both formative and summative aspects. Workplace based assessment elements must be carried out by workplace-based supervisors in the clinical setting. They should ensure the safe ongoing progression of practitioners' learning to meet the requirements of advanced level practice and assess practitioners' integration of learning to demonstrate their fulfilment of the multi-faceted nature of advanced practice capabilities.

Approaches to assessment

The achievement of each capability must be demonstrated through sufficient, valid, proportionate evidence. that is in line with the demands of level 7 learning and practice. The reliability of the assessment process can be increased through triangulating and integrating written, observational, and oral evidence. The evidence should also integrate workplace-based and academic assessment.

The emphasis within evidence of practitioners' fulfilment of the learning outcomes and capabilities must be on quality and not quantity. However, it is acknowledged that assessment drives learning, and practitioners should be encouraged to seek assessment and feedback on their performance and 'feed forward' to inform their on-going learning and development.

The number of formative assessments undertaken prior to a summative assessment is not stipulated. All elements of assessment should contribute to practitioners' learning and development.

Types of assessment

Examples of types of assessment evidence that can be used either formatively or summatively include, but are not limited to, the following:

Supervisor report

This is designed to help capture the opinions of experienced practitioners who have supervised practitioners. Supervisors are asked to comment on practitioners' knowledge, skills and behaviours and various important aspects of their performance in support of their learning progression.

Self-assessment

As part of the multi-clinician report, practitioners undertake self-assessment that encourages the analysis of their existing knowledge, level of ability and preferred learning style. Within this analysis, reflection on self, performance, task, and suitability is encouraged to explore, develop, and evaluate practitioners' capability, including their interpersonal skills.

Multisource feedback

This is used to gather feedback on generic skills, such as communication, leadership and teamworking, alongside assessing practitioners' behaviours. Feedback is sought both from people who practitioners care for and colleagues with whom they work, including their manager, peers, junior staff, administrators, and other health and care professionals.

Case-based discussion

A case-based discussion is an interview conducted by workplace-based supervisors that is designed to assess practitioners' knowledge, reasoning and decision-making that is focused

on written case records. It enables either formative or summative assessment and feedback to be documented to support practitioners' learning.

Direct observation of procedural skills

The direct observation of procedural skills is used to assess practitioners' clinical and professional skills in performing a range of diagnostic and interventional procedures. Assessors do not have to be practitioners' workplace-based supervisors. Assessors provide written feedback for the practitioners' portfolio and verbal developmental feedback. Practitioners may already be proficient in the capability being observed. This must be recorded in their portfolio and approved by a suitably qualified/competent assessor.

Service-user survey

Service-user surveys are aimed at triangulating feedback that practitioners receive in undertaking an episode of care. They cover interpersonal and professional skills, behaviours and attitudes, including to ensure any episode of care is person-centred.

Practitioners' record of progress in their portfolio

Practitioners are expected to keep and develop a portfolio of evidence to demonstrate their achievement of the capabilities set out in this area specific capability framework.

Practitioners should use their portfolio to gather evidence on their progress, assessments, and appraisals. This includes through the following:

- Recording their learning activities and feedback from others.
- Capturing their own critical reflection on their learning progression.
- Articulating their critical engagement with, and use of, the evidence base in their learning and practice.

Practitioners are expected to add self-assessment ratings to record their view of their own progress. The aims of this self-assessment are as follows:

- To provide the means for reflection and evaluation of current practice.
- To inform discussions with supervisors to help both gain insight and assist in developing personal development plans.
- To identify shortcomings between practitioners' experience and capabilities and the areas defined in this area specific capability framework to guide and plan their future clinical exposure and learning and development focuses.

Assessors

Assessors involved in the academic and workplace-based assessment of practitioners' learning against this area specific capability framework should fulfil the following requirements:

- Be an advanced practitioner or other senior health or social care professional.
- Be appropriately qualified and skilled in assessment.
- Be competent in the specific areas in which they undertake assessment.
- Be familiar with the required standard and demands of assessment at level 7 and advanced practice level.
- Be familiar with the specific approaches to assessment used in the framework, including in terms of formative and summative assessment.
- Have a good knowledge and understanding of the intended learning outcomes and capabilities set out in this framework.
- Have delegated authority to perform each assessment.

Appendix 1: How this framework was developed

Development of this area specific capability framework was guided by an expert reference group to provide specialist autism expertise and experience. Membership of the expert reference group included people with lived experience and multi-professional representation from key stakeholder organisations (see Appendix 2. Acknowledgements).

The capabilities in this area specific capability framework were particularly derived from two previously developed capabilities frameworks:

- Core Capabilities Framework for Supporting Autistic People (HEE and Skills for Health, 2019).

This capabilities framework was developed in collaboration with Skills for Care, National Autistic Society and Opening Minds Training & Consultancy. A project steering group comprised representatives of key stakeholder organisations and included autistic people and people with autistic family members. Development work included a series of ten co-production workshops at locations across England, followed by further workshops specifically for autistic children and young people. Over 700 individuals downloaded a final draft of the framework from the project web page and 353 people responded to an online consultation.

- Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism (HEE and Skills for Health, 2020).

This framework was developed in collaboration with a range of multi-professional stakeholders including NHS England, Royal Colleges, NHS Trusts, allied health professionals, voluntary sector organisations and professional bodies, with over 220 individual respondents to an online consultation survey.

Building on this previous development work, further desk research identified more recent references, resources and policy documents (see Appendix 3. Bibliography and resources).

Several iterations of this area specific capability framework were developed and refined, based on the findings of the research and in consultation with the expert reference group (January to June 2022). Through engagement with the expert group any differences of view were moderated and addressed through enacting a consensus-building approach.

Information and updates were provided on a project web page. In addition, workshops were facilitated in March 2022 to consult further with autistic people, service providers and representatives of higher education institutions.

Based on analysis of the engagement and consultation processes, further amendments and refinements were undertaken, leading to a final meeting of the expert reference group and submission of the framework to the Centre for Advancing Practice for review and endorsement.

Parallel workstreams were established with cross membership of the expert reference groups for the autism area specific capability framework and the area specific capability framework for supporting people with a learning disability, including people with a learning disability who are autistic. Planned, structured discussions took place to ensure that the two appropriately align.

Appendix 2: Acknowledgements

This framework was commissioned by NHS England.

The project expert group was chaired by Professor Ashok Roy, Consultant Psychiatrist (Health Education England). Project management was provided by Colin Wright and Rosemarie Simpson, senior consultants at Skills for Health.

Representation on the expert group included the following individuals/organisations:

Name	Title / Organisation
Anne Addison	Occupational Therapist, Regional Advancing Practice Supervision and Assessment Lead – London, HEE
Sarah Appleby	Programme Manager, NHSE/I
Carly Atkinson	Clinical Fellow for Mental Health, Learning Disabilities and Autism and Dietitian, HEE South West
Dr Julian Barratt	Regional Faculty Lead for Advancing Practice, HEE
Jonathan Beebee	Professional lead for learning disability, Royal College of Nursing
Dr Jill Bradshaw	National Adviser for Learning Disabilities, Royal College of Speech and Language Therapists/Senior Lecturer in Intellectual and Developmental Disabilities, University of Kent
Rebecca Chester	Consultant Nurse for people with learning disabilities BHFT, Chair United Kingdom Learning Disability Consultant Nurse Network
Jonathan Cousins-Booth	Director of Education and Professional Affairs, British Association for Music Therapy
Tim Devanney	National Learning Disability and Autism Programme Lead, HEE
Lisa Donaldson	Head of Eye Care and Vision, SeeAbility
Kevin Elliott	Clinical Lead for learning disability programme, NHSE/I
Ian Ensum	Clinical Lead - Bristol Autism Spectrum Service, Avon & Wiltshire Partnership Mental Health NHS Trust
Adrienne Freeman	Chair of Training and Education Committee, British Association for Music Therapy
Ellie Gordon	Senior Nurse Learning Disability and Mental Health, National Nursing and Midwifery Directorate, HEE
Dr Sally Gosling	HEE Centre for Advancing Practice
Clair Haydon	Consultant AHP for Neurodevelopmental services, Cheshire and Wirral Partnership NHS Foundation Trust and Royal College of Occupational Therapists
Liz Howard	Professional Officer, BASW England
Michelle Humphrey	Head of Professional Development Programmes, Royal College of Speech and Language Therapists

Appendix 3: References and bibliography

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