



Llywodraeth Cymru
Welsh Government



Neurodivergence Learning and Development Questionnaire Findings and Next Steps

Abstract

Integral to the success of the Neurodivergence Improvement Programme is a competent, confident and well-resourced workforce. To inform the programme regarding any change required in learning and development for staff working within the neurodivergence field, Welsh Government are working with Health Education Improvement Wales (HEIW), Social Care Wales (SCW), Head of Education, Welsh Local Government Association (WLGA), The Royal Colleges, People with Lived Experience and the Wales National Neurodivergence Team (NNT) (previously known as the National Autism Team) to deliver the learning and changes identified by the workforce.

Neurodivergence Learning and Development Questionnaire

Findings and Next Steps

Background

Over the last year Welsh Government policy has expanded its focus on autism to include other Neurodivergent (ND) conditions with the aim of improving awareness and achieving parity in service provision. An [independent review of the demand, capacity](#) and design of services for children, young people and adults has been undertaken, the outcomes of which forms the basis for the new [Neurodivergence Improvement Programme](#).

We acknowledge that improvement in ND services can only be achieved if there is cross sector involvement including government, statutory services, the third sector and the wider community.

The Need for a Neurodivergence Improvement Programme

The [demand and capacity review](#) and wider scoping for Autism, Attention-deficit/hyperactivity disorder (ADHD) and Tourette's Syndrome has highlighted significant and long-standing gaps in provision, across both children and adult assessment and support services. There are many complexities such as co-existing ND or mental health conditions and there are no quick fixes to many of the barriers to improvement, such as workforce challenges which will limit any rapid change.

However, lasting improvements can be achieved through an ambitious programme of reform. Responding to the recommendations in the demand and capacity review and [stakeholder feedback from the ND engagement events in November 2022](#), the Improvement Programme originally had three main work streams to deliver the outcomes we wanted to achieve. As the programme has matured with workshops task and finish groups, clinical advisory groups and stakeholder groups formed, the work streams have merged into two. These are set out in Annex 1.

Integral to the success of the Improvement [Programme](#) is a competent, confident and well-resourced workforce. To inform the programme regarding any change required in learning and development for staff working within the neurodivergence field we are working with Health Education Improvement Wales (HEIW), Social Care Wales (SCW), Head of Education, Welsh Local Government Association (WLGA) The Royal Colleges, People with Lived Experience and the (Wales) National Neurodivergent Team (NNT) (previously known as the National Autism Team (NAT)) to deliver the learning and changes identified by the workforce.

To this end we developed and circulated a short questionnaire. This report will explore the findings and make recommendations for next steps which will guide improvements to training provision and ensure staff feel appropriately equipped and are receiving the right learning to undertake the work expected of them.

We take this opportunity to thank everyone who took the time to complete and return the questionnaire.

Overview

This report provides a summary of the feedback received from the Neurodivergence Learning and Development Questionnaire circulated to the health, social care, education and third sector workforce in Wales over a five-week period, from 28 April 2023 to 2 June 2023.

The aims of the questionnaire were to:

- understand the current training / learning offered in neurodivergent conditions
- understand the further learning and development required by staff working in the field of Neurodivergence
- understand where, how and when this learning is best delivered
- inform the National Neurodivergence Improvement [Programme](#)
- give individuals the opportunity to feedback on current learning and development and share their experiences

In total (N=285) completed responses were received with the health sector having the highest response rate with (n=170), social care (n=67), education (n=45) and other (which included third sector) (n=3) as seen in Figure 1.

Understandably, pressures and prioritisation of work negatively affected the response rate and therefore collaboration with the NHS Executive (formerly the NHS Delivery unit) recent review of neurodevelopment services and the recommendations from the Review of the Code of Practice for Autism will assist with the correlation and validation of the outcomes of this questionnaire. It also became apparent that there was a difficulty in choosing more than one response, however most respondents clarified this in the open dialogue box.

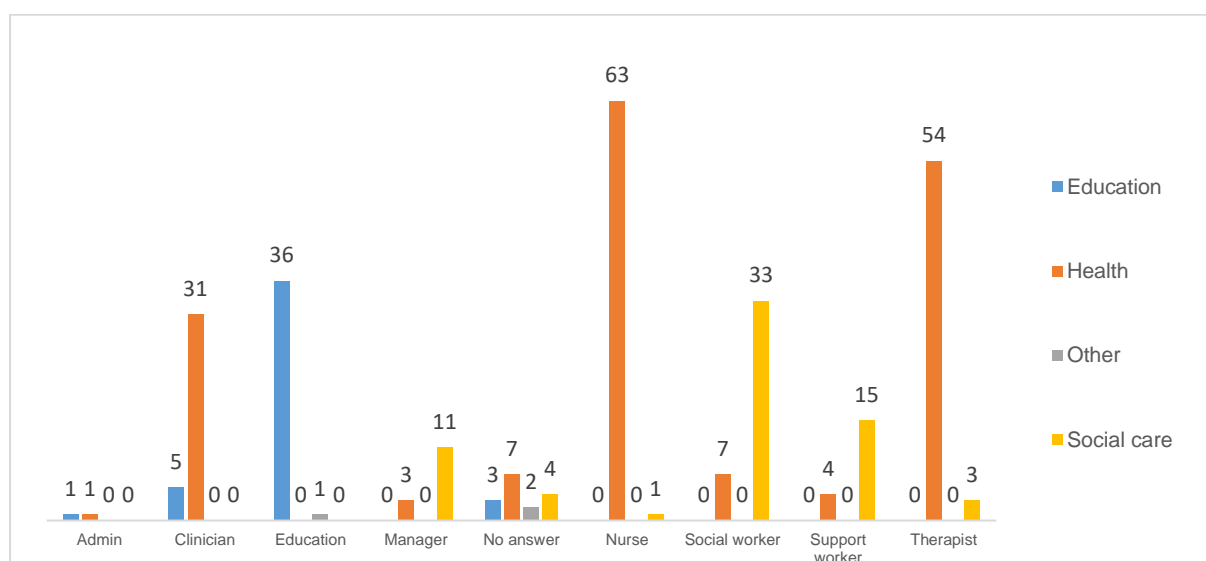


Figure 1. Q1 responses - Who are your current employers?

Responses were received from a broad range of staff from different backgrounds and disciplines which offered a diverse overview of the current learning undertaken across the workforce landscape.

For ease of data analysis we arranged some workforce groups together. For instance, clinicians included, Consultants, Doctors, Psychologists; therapists included Speech and Language, Occupational therapists, Counsellors and Psychotherapists; Education included Head Teachers, Additional learning needs co-ordinator (ALNCo's) and Teachers.

Nurses, Support Workers and Social Workers remained as independent groups. The remaining groups were respondents from higher education establishments including research, third sector, independent service managers and administrators.

Findings

1. What learning/training on Neurodivergent conditions have you received and at what level?

When asked about previous neurodivergence learning / training, (N=265) responded with (n=20) not responding. From the responses (n=21) stated that they had not received any training, (n=9) suggested that although they worked with neurodivergent people, they had sourced their own awareness training as seen in Figure 2.

The remaining respondents who had received training (N= 215) indicated this training had been on differing levels.

The highest amount had received generic awareness training (n=99), although some suggested this training was not in enough detail.

- 19 were in education
- 51 were in health
- one was from the other sector
- 28 were in social care

Approximately one third of respondents had received diagnosis specific training (n=85).

- 50 were from health; (i.e. 18 clinicians, 22 nurses, 9 therapists and one support worker)
- 22 were from social care, social workers and therapists
- 12 were from education, education inclusion services, head teachers and teachers
- one was from the 3rd sector

Whilst only a small number had received training on clinical presentation and treatment /support (n=26).

- 23 were from health
- two were from social care and
- one was from education

Further analysis of the respondent's role within the sector reflected post registration or graduate professions were the most prevalent in accessing both diagnostic specific and clinical presentation, treatment / support training.

Training specific, such as sensory, adapted interventions, Positive behaviour management/Positive behaviour support (PBM/PBS), Active Support, Communication, Avoidant Restrictive Food Intake Disorder, Diagnostic tools, Regulation, Interoception, Therapeutic Interventions, Female Presentation and Sensory Motor Integration had been undertaken by less than a quarter (N=55) and were in health services (n=35) education (n=10) and social care (n=10).

This means that across the sectors there is training available especially for specific roles. The respondents who had received diagnosis specific or clinical presentation and treatment /support training reflect the post registration or graduate professions where diagnosis, therapeutic or overseeing specialist interventions is an integral part of their role. The smaller numbers who had received training specific to their roles were from health or education with the dialogue boxes suggesting the training was diagnostic, therapeutic or for meeting environmental needs.

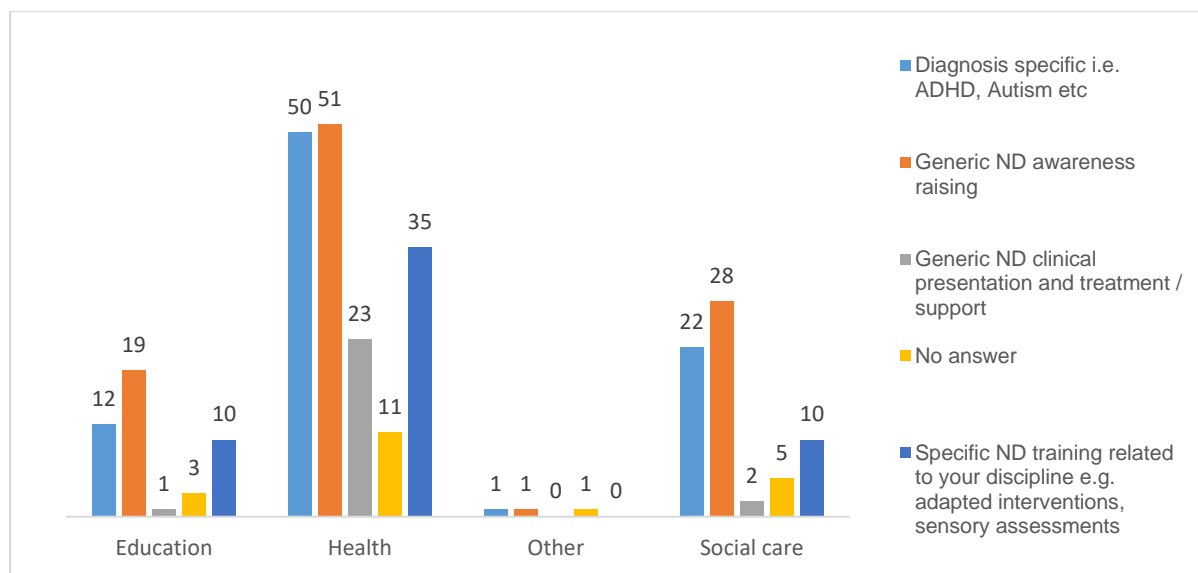


Figure 2. Q2 responses - What learning / training on Neurodivergent conditions have you received?

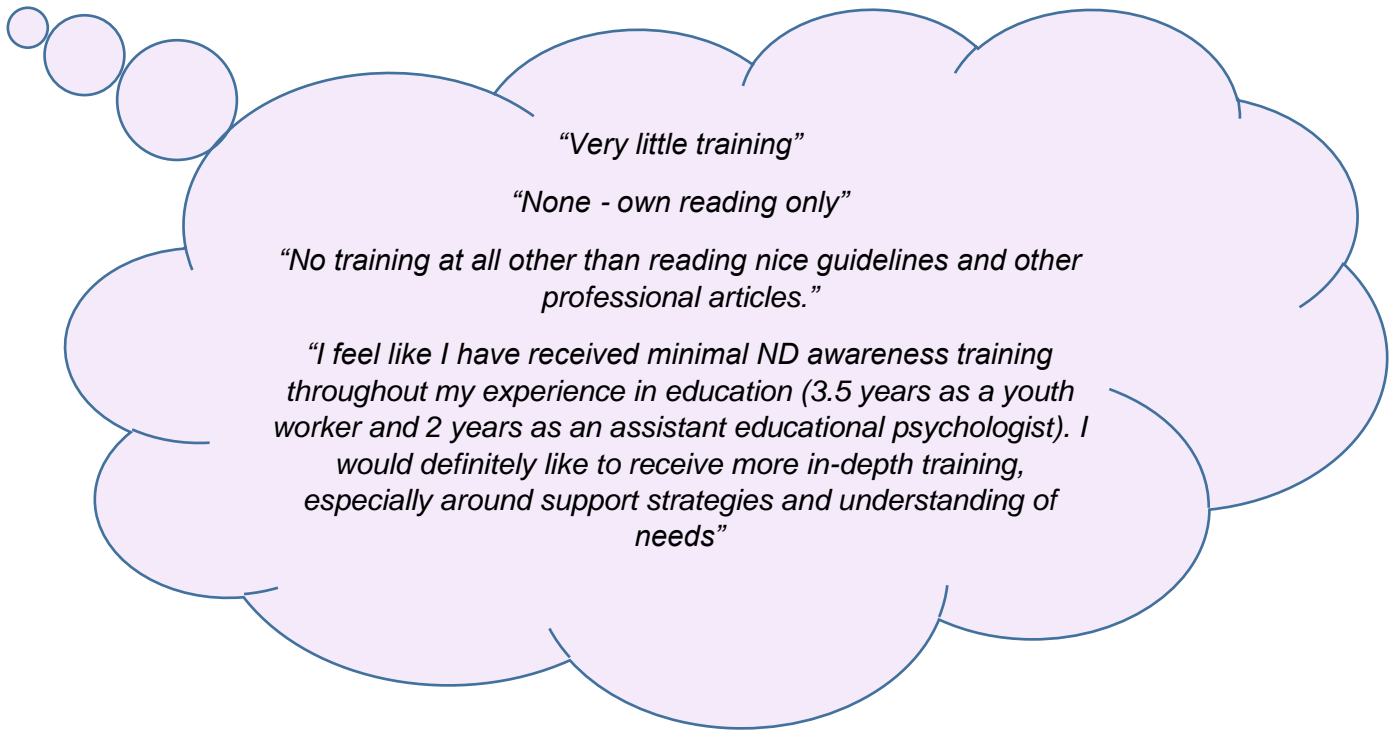


Figure 3. Q2 and 3 responses/comments - What learning / training on Neurodivergent conditions have you received?

Summary

There is a significant amount of work to be undertaken to ensure the whole workforce is adequately trained to carry out the work expected of them and to ensure neurodivergent people receive responsive care and support in a dignified and respectful manner.

Whilst some job specific roles receive training others who may still play a significant part in the care and support of an individual receive less training and of a lesser quality.

From the comments it is evident that the workforce is committed to undertake the training and individuals are actively searching it out to improve and understand the neurodivergent people they are caring for and supporting. Whilst this is commendable, employers have a responsibility to ensure their whole workforce are knowledgeable, confident and competent to undertake the work they are employed to do.

Next Steps

- Welsh Government will work with NNT, HEIW, SCW, The Royal Colleges, People with Lived Experience and Education to promote the development of training resources for specific sectors and the different workforce within those sectors

2. When was this training undertaken?

Analysis on when training had been accessed indicated the majority of training had been job specific and whilst this training is beneficial especially when tailoring care and support to individuals' needs, it must be evidence based and relevant to the work of the particular workforce group as seen in Figure 4.

When we looked specifically at the workforce who had a registrant qualification (graduate) we saw that almost a third had accessed training on neurodivergence post registration as postgraduates (n=82).

There was little evidence of training as part of pre-registration (undergraduate) professional training.

There were (n=12) who did not indicate when training had been undertaken health (n=8) education (n=2) social care (n=2) and (n=30) respondents specified other options of when their training was undertaken examples of which include online training through ESR and on the job learning.

The dialogue boxes suggest the need for more training within the undergraduate courses so that professionals are equipped to undertake the work expected of them when they enter the workforce. They also indicated that this training would be best tailored to the specific needs of the identified profession.

Whilst the majority of clinicians indicated there was undergraduate training, this was not universal and any exposure / experiential learning was not consistent throughout.

A small amount (n=39) indicated that their training was mandatory by their employers. This was within modules of Continuing Professional Development, Bristol City Council, Induction Training within Education and specific Local Authorities.

This means that within most sectors the level of training people receive depends on the role they undertake.

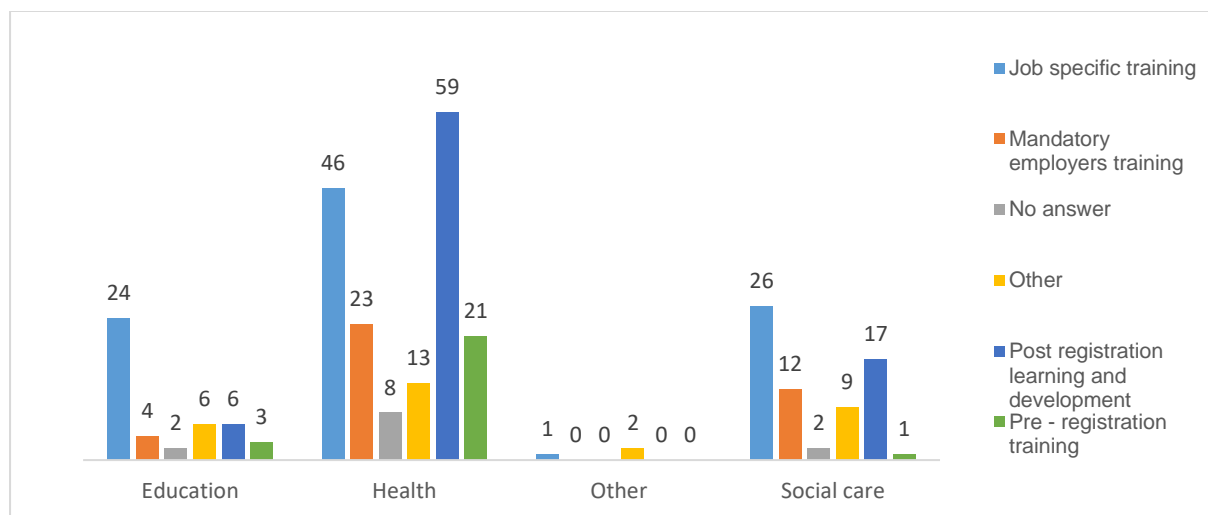


Figure 4. Q4 responses - When did you receive the learning /training?

Summary

Whilst some of the workforce receive some pre-registration or undergraduate training most seek further training post registration as a postgraduate. Ensuring training options in undergraduate courses could be beneficial. However, this training would be better suited if it were tailored to the specific sector and profession, building on any generic awareness training.

Upskilling the wider workforce with job specific training seems a viable option to ensure continuity and forward planning for the development of services going forward.

Next Steps

- There is a need to review current undergraduate training within Health, Social Care and Education to include Neurodivergence. This training should be tailored to the profession and the training needs of that learning group
- There needs to be a suite of training suitable for all the workforce which would enable a graduated approach, allowing all staff the opportunity to upskill and improve their knowledge on neurodivergence. This could be in the format of National Vocational Training, City and Guilds resources

3. How was this training / learning delivered, was this format beneficial and did it equip you to undertake the work expected of you?

How the training had been delivered and whether the format was beneficial had a very mixed response. From the respondents (N=267) most (n=98) received face-to-face training or on-line training (n=81). Many of the comments in the dialogue boxes indicated that throughout the course of their learning and development they had experienced various different types of training. Just over a quarter (n=78) indicated a blended approach to their training which included peer to peer learning, experiential and /or observational, lectures and own online research. Some indicated that they had received no training or that they had sourced their own training (n=9). Most (n=241) found the format in which they received the training helpful, 26 did not. Overall, the preferred form of delivery was face-to-face.

There were positive examples where the impact of lived experience improves learning with comments such as;

“I had a student with ADHD who signposted me to lots of useful info and gave me her perspective on issues some of the children on my caseload may be having.”

Whether the training / learning equipped the respondents to undertake the work expected of them was a positive or negative response with most respondents (N=268) completing the question. Some indicated that the training equipped them to undertake the work expected of them (n=150), however a considerable amount suggested that they still did not feel adequately equipped to fully undertake the work (n=118).

Further analysis of the free text dialogue boxes offered a much more in depth understanding of some of the issues contributing to feeling inadequately trained to undertake the work expected of them.

Within the field of general mental health nursing indication was training in neurodivergence was “basic and did not concentrate on co-occurring poor mental health or mental illness.” Additionally, respondents from areas such as mental health rehabilitation and primary mental health care indicated “number of ND patients coming through the wards is increasing year on year but the training that we’ve received is insufficient to support ND individuals with a mental illness....” and “ my role is in

Primary Mental Health and I don't feel confident in adapting mental health intervention for children with ADHD/ASD (Autism spectrum disorder) profiles.”

This means that neurodivergent patients with co-occurring mental health conditions are increasingly likely to receive care from staff who feel inadequately trained to support and implement therapeutic interventions which meet individual needs.

This was also apparent within Occupational Therapy with suggestions that “specific training for Occupational Therapists is required; focused on all related conditions.” Specific areas were highlighted “specific sensory assessments and home environment.” With training time at a premium some comments highlighted the importance of ensuring training is suitable and tailored to the needs of the specific clinical area “unfortunately the sensory integration course that I went on was more suited to OTs working with children with physical disability, rather than through a mental health lens.”

This means that neurodivergent patients / service users who may need support with daily living and / or sensory related issues may not receive support and appropriate therapeutic interventions from staff who feel adequately trained to undertake assessments for individual needs.

Education respondents suggested “the majority of learning regarding neurodivergence has been experiential even though working in specialist schools”, and “very little time is given to it amongst all the other training needs required as a secondary school teacher” With others indicating that “ the massively increased need in schools has meant that we often feel that we are drowning and reactive” suggesting this is because “ the learning at university regarding Autism was minimal, and almost everything is learned through researching and learning from others”. However, some respondents felt, although “ self-directed learning helped ... the education system that we work in is not equipped to allow the adaptations, in ways we should be able to.”

Importantly, the quality of training was raised with comments such as “Often training involves having an individual in the school with no relevant qualificationsvolunteering to give CPD training.”

Positive suggestions were “ADOS (The Autism Diagnostic Observation Schedule) training would be useful for education role as well as secondment with NDT.”

This means that there is considerable work to be undertaken to ensure education professionals receive; specific, quality, adaptive training to support them in undertaking their role. This will help ensure that neurodivergent children are understood, supported to learn and feel safe in the educational environment.

Family support services highlighted the need for “more specific and practical help with working with young people with comorbid mental health and neurodivergences (and sensory processing),” suggesting that the “training for ASD and ADHD was fine but the children we see present with many overlapping issues. We are not trained in supporting the children and their families when there is co-existing mental health issues. We are also generally not very skilled in differentiating between attachment disorders and ND conditions and the effects of alcohol and ND conditions.”

This means that neurodivergent individuals and their families may not receive appropriate individual support from staff who feel confident and competent to undertake the work.

Social workers' comments included "generic training around, e.g. autism, can be informative but no training has equipped me as a social worker to work with many people who have a diagnosis and have complex needs." There were also comments regarding the need to "train managers regarding the complexity of neurodivergence and the difficulties due to individual needs" suggesting that the complexities within neurodivergent conditions should be considered within caseload allocation – thus allowing social workers the time to undertake their work.

This means that within the social care environment there needs to be training on different levels. There needs to be an understanding of the complexities of individuals and families requiring individualised support alongside the crucial training in undertaking adapted assessments of needs and where appropriate understanding the standardised assessment tools to understand what is required in reports. This will ensure service users will receive adapted assessment from confident and competent staff able to identify individual support to meet their needs.

Although it was generally felt "clinical staff have had excellent training opportunities in Wales" it was felt it had to be on a "rolling programme to manage staff turnover."

Connecting with some of the responses from question 5, respondents suggested "more bespoke post graduate training is required" but this training needs to "understand that diagnosis specific also requires a unifying theme to reflect the current understanding of how ND presents, as interpretation and formulation is critical. Looking through a single diagnostic lens will inevitably compromise what can subsequently be delivered as it will not reflect real life scenarios."

Summary

It is evident that there are numerous formats for the delivery of ND training / learning and most respondents had experience of all types at some point in their learning.

Training provision needs to take a blended approach. Whilst online training is more accessible and reaches a wider population, an element of face-to-face where possible is beneficial. Including lived experiences into the developing and delivery of training programmes is essential.

However, ensuring this training is appropriate and equips the workforce to undertake the work expected of them remains an area which also needs to be addressed. Neurodivergent patients with co-occurring mental health conditions or require specialist allied therapists such as Occupational Therapy or Speech and Language are increasingly likely to receive care from staff who feel inadequately trained to support and implement therapeutic interventions which meet individual needs.

There is also considerable work to be undertaken to ensure education professionals are supported to confidently and competently adapt environments and learning opportunities to ensure neurodivergent children are understood, supported to learn and feel safe in the educational environment.

Within the social care environment, whether assessing need or delivering support, staff need to understand the complexities and individual differences and feel confident and competent to adapt their engagement and social interventions to meet the needs of the neurodivergent communities in which they work.

Next Steps

- Welsh Government in collaboration with the National Neurodivergence Team (NNDT), HEIW, SCW, The Royal Colleges, People with Lived Experience and Education need to develop resources that meet the requirements of the learners. This training needs to;
 - be tailored to meet the needs of specific services
 - be a blended approach to learning which has been developed and delivered co-productively with neurodivergent people
- Welsh Government will ensure that these resources are widely and easily available to the whole workforce
- Welsh Government in collaboration with NNT, HEIW, SCW and Education will promote and deliver training to workforce leads on the Workforce Training Toolkit.
- Welsh Government need to collaborate with teaching Universities and Registering Bodies to address the need for neurodivergence in the undergraduate curriculum.

4. Have you received specialist training in diagnostic tools? Do you use diagnostic tools regularly in your work and are there any barriers to using these tools?

There was a significant difference in the numbers who responded to the question regarding diagnostic tools (N=99) compared with the number who did not respond (N=186).

This reflected those who had received training in the diagnostic tools however more information was available in the dialogue text boxes.

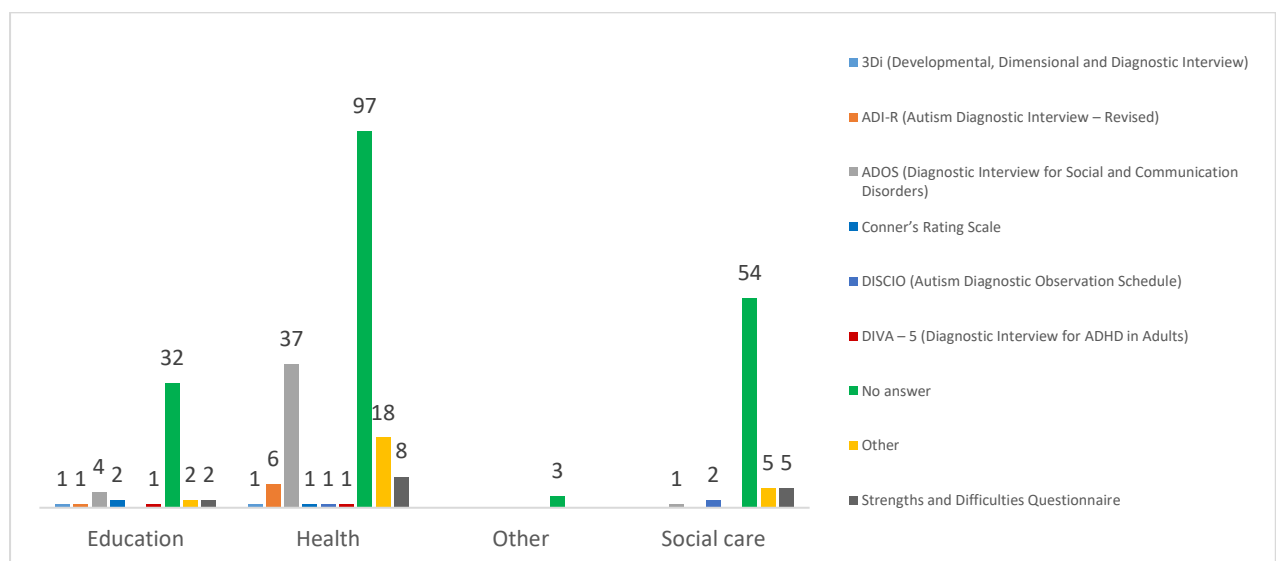


Figure 5. Q8 responses Have you received specialist training in any of the following (or other) diagnostic tools?

This means that only a small number of respondents are trained and able to undertake assessments / diagnosis using appropriate tools.

ADOS was the most utilised assessment tool (n=42), followed by the Strengths and Difficulties Questionnaire (n=15), ADI-R (n=7), DISCO and Conners were equally used (n=3), as were 3Di and DIVA (n=2).

Over 18 other assessment / diagnostic tools were recorded as being used. See annexe 2 for the full list.

This means that in Wales there are a mixture of 25 different tools currently being used to diagnose neurodivergent conditions.

When asked if these tools were used regularly in their work of the total respondents (N=242), more than half stated that they did not use the tools regularly (n=163) and less than a quarter stated that they did (n=60). This correlates with the small amount who have received the training (n=99).

Frequency of usage varied widely and ranged from daily to monthly or for research purposes only.

For those who had received the training but no longer use the tools some reason offered were; role has changed, no time, only accessed because it was a free resource from Autism Wales and no longer accepted in our health board from Primary Care unless completed by a GP.

When exploring the barriers to using the tools (n=31) stated it was the time it took to complete the tool, (n=19) said lacking in confidence, (n=14) expressed a lack of suitable space and (n=13) thought there was a lack of adapted material available. However, further information in the dialogue boxes identified a lack of capacity within teams, the tools are lengthy and, in some instances, tools have been adapted and shortened for use.

Interestingly, it was also indicated that “now, therapeutically the focus is on function and intervention rather than diagnosis, however sometimes the diagnosis is helpful in families to process and understand needs and engaging more fully with interventions.”

Observations offered by respondents from education included assessments undertaken by ALNCo's (Additional Learning Needs Co-ordinator) are 'basic and don't support many of the neurodivergent learners because they don't meet the threshold for support' even though they have different learning needs. Additionally, there was an appetite from ALNCo's to have an improved understanding of these tools “to help support schools when undertaking an ND consultation and have a better understanding of ND and referral processes.”

This means there are developments in approaches to neurodivergence and the education workforce are keen to understand and support learners.

Summary

Only a small number of respondents are trained and able to undertake assessments/ diagnosis using a wide range of appropriate tools. There are workforce and

environmental issues contributing to the lack of numbers able to use the tools. However, there are positive changes in approaches to neurodivergence especially within the education workforce.

Next Steps

- Services need to explore why and amend environmental barriers that prevent assessments and diagnostic processes from being undertaken in a timely manner
- Welsh Government in collaboration with the Royal Colleges, HEIW, SCW, Education and service providers need to develop innovative ways to expand the capacity of the workforce to allow for more timely assessments and diagnostic processes to be undertaken
- There needs to be improved collaboration between services, especially education, in the assessment and diagnostic process for children and young adults. This may include collaborative understanding of roles and expectations.

5. What further training / learning and development do you feel would be most beneficial for you to improve your practice?

Responses regarding the training that would be most beneficial generated a lot of written text in the dialogue boxes, which clarified and offered more depth to the responses. Overall, most respondents answered the question (N=264) with (n=21) non responders as seen in Figure 5.

Although the majority of respondents (n=113) felt that tailored interventions and how to adapt practice would be most beneficial, when cross reference with question two's responses, it can be deduced that the workforce are asking for training on interventions and how to adapt practice which is tailored to specific services.

This means that the workforce feel that there remain areas of learning which would improve their understanding of neurodivergence and their practice.

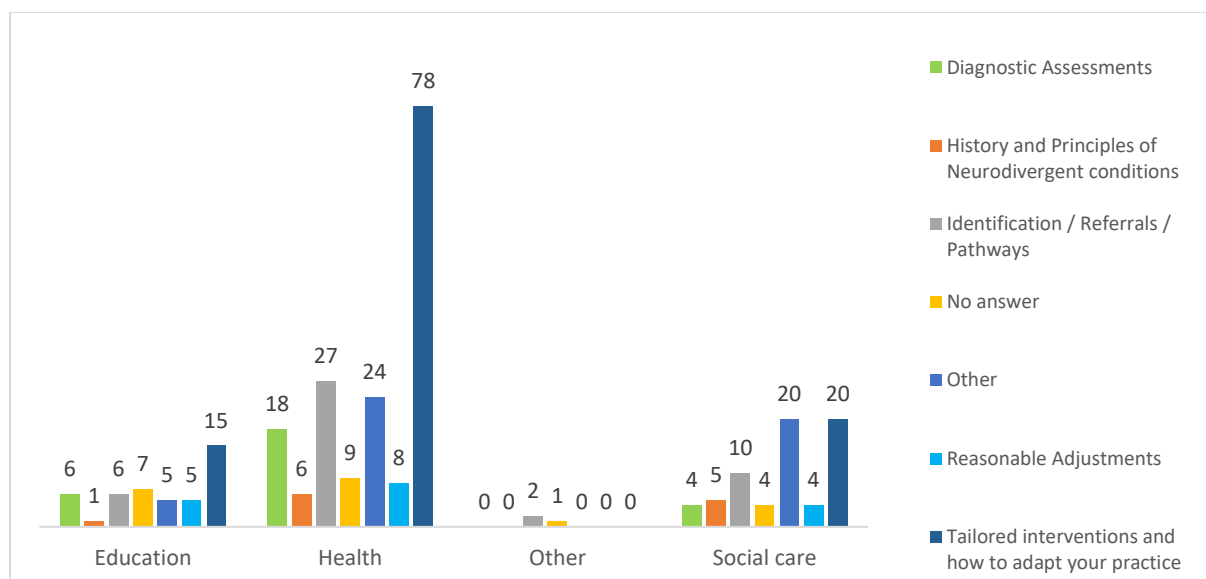


Figure 6. Q11 responses - What further training / learning and development do you feel would be most beneficial for you to improve your practice?

Understanding how to identify and refer on to relevant pathways was an important learning area with (n=28) suggesting that diagnostic training would be beneficial. Although only (n=17) stated that reasonable adjustments would be most beneficial, this number was increased from the comments in the dialogue boxes, with many stating that understanding the adjustments would improve their practice as well as the experience for the individual.

A significant number of comments (n=51) within the dialogue boxes identified all the suggested areas (History and Principles of Neurodivergent conditions, Diagnostic Assessments, Identification / Referrals / Pathways, Reasonable Adjustments, Tailored interventions and how to adapt your practice), delivered in modules where individuals could choose, would be beneficial.

There was considerable conversations in the dialogue boxes regarding co-occurring conditions especially between mental health and neurodivergence and how training for the mental health workforce regarding reasonable adjustments, understanding communication and sensory issues would improve practice and outcomes for individuals.

There was dialogue regarding identification/referrals and pathways (n=45) to understand the processes involved which could include an overview on diagnostic tools with information on the barriers encountered during the assessment process. It was felt that understanding the processes would enable improvements in referral information and practice. "as a social worker I don't use these tools for diagnostic purposes but I do understand them and they help make sense of things especially [when explaining] to those who will be undergoing the assessment." This correlates with the responses in question 4 where teachers suggest understanding the diagnostic tools would help towards referrals, writing reports and undertaking observations.

However, other equally important suggestions were for training in areas such as neurodivergence and the older person, supporting neurodivergent families, access to an update forum on new and innovative practices and refresher overview training.

Summary

From the responses and the comments in the dialogue boxes it is clear that although some staff have received training there remain areas that individuals feel would improve their understanding and practice. This would undoubtedly provide better experienced for individuals accessing services.

There were positive examples of how training could be provided, for example in modules where individuals can access those relevant to their own learning. However, again there was the need for service specific with areas such as social care and health expressing the need for specific training.

Next Steps

- Welsh Government in collaboration with NNT, HEIW, SCW, The Royal Colleges, People with Lived Experience and Education will develop resources

that will meet the needs of the workforce in specific areas and include refresher and updates into the programme of resources

6. Welsh Language

The Welsh Government are committed to developing a workforce that is able to meet the health, care and educational needs of people through the medium of Welsh. This can only be delivered through engagement and partnership with the workforce, through listening to them, and understanding what matters to them as they deliver services.

For many families, the ability to receive services through the medium of Welsh is important because they feel it is central to being dealt with respect and dignity and for some people it is also a matter of clinical and developmental need, because it can affect their assessment, treatment, safety and outcome.

From the questionnaire almost three quarters of respondents (n=203) were unable to speak Welsh. Of the remaining quarter there was a mixture of (n=40) Welsh speakers and (n=41) learners. One did not respond at all. Further scrutiny evidenced that of the (N=81) Welsh speakers / learners only (n=28) felt confident and competent enough to undertake their work through the medium of Welsh.

However, although there was some negativity regarding the use of the Welsh language (n=2) the majority of respondents (n=282) indicated they would appreciate the opportunity to learn, receive refresher courses to raise confidence or receive specific training in relevant vocabulary to supplement the English language during interventions. Some respondents indicated the benefits for their practice when dealing with first language Welsh individuals and families (n=78). Barriers that were seen to accessing the training were time, funding and commitment from employers.

This means that although there are only a small number of the workforce who feel confident and competent to speak Welsh in the workplace there is an appetite to learn.

The Workforce Strategy for Health and Social Care builds on the foundations of the Well-being of Future Generations (Wales) Act 2015, and Cymraeg 2050: A million Welsh speakers, to create an engaged, healthy, flexible, responsive and sustainable workforce for the future that is reflective of Wales's diverse population, the Welsh language and cultural identity. The legislative framework (mentioned above) relating to the use and delivery of services in the Welsh language includes the services provided to the neurodivergent population in Wales and should be the drivers to embedding the Welsh language into the care and support being provided.

There were some very interesting and valuable comments on new and different ways to deliver services collaboratively, to ensure that Welsh language services are made available to individuals and families.

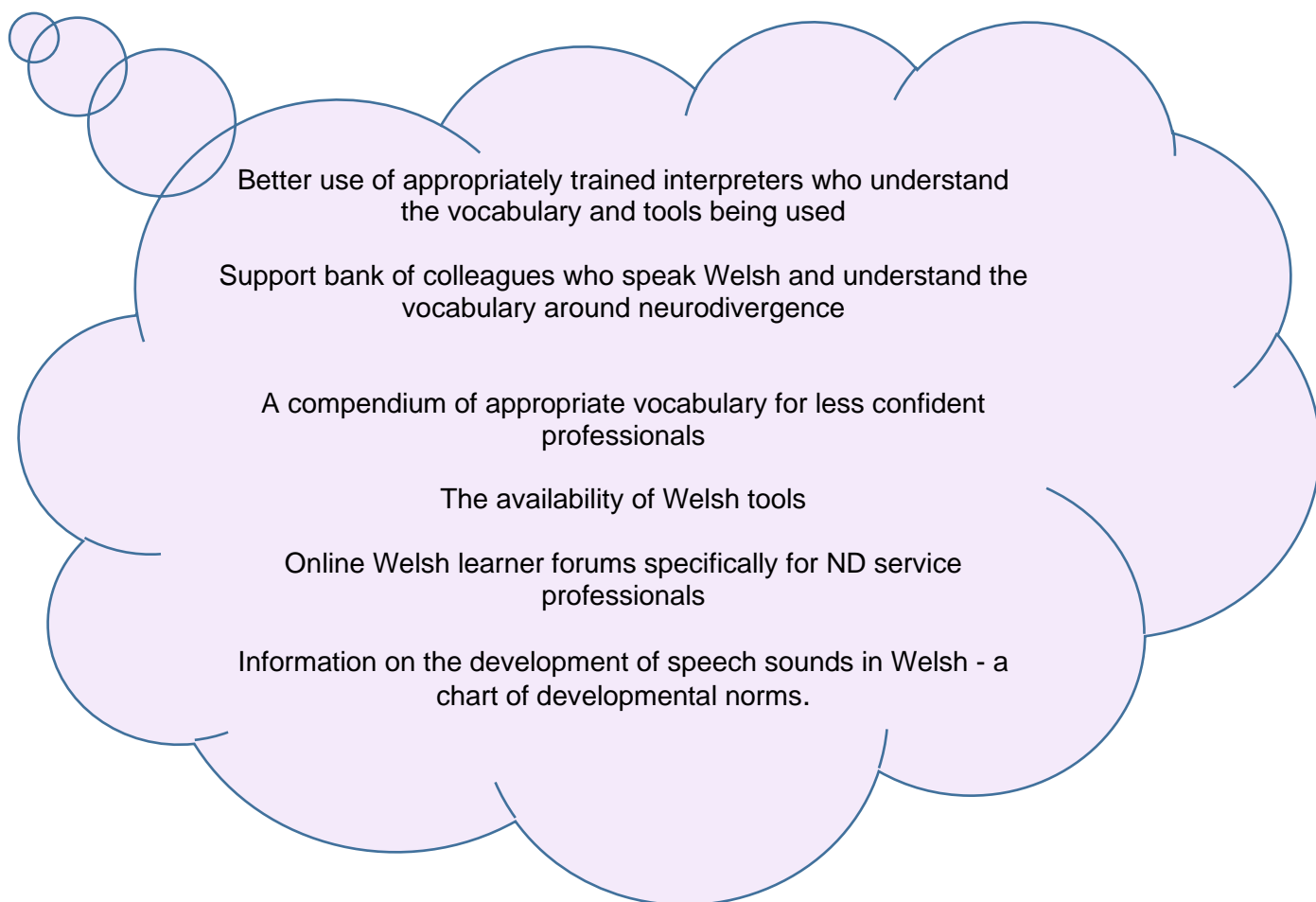


Figure 7. Q14 responses - If you do not feel comfortable/confident to use Welsh in your work what would you need in place to enable you to feel more confident?

Summary

Although there are only a small number of the workforce who feel confident and competent to speak Welsh in the workplace, most realise the benefits of using the language, to both their practice and to neurodivergent individuals especially when dealing with first language Welsh individuals.

There is an appetite to learn, with support from employers specifically in allocating guaranteed time.

There are also innovative and positive suggestions for supporting use of the language within the workforce.

Next Steps

- Welsh Government will collaborate with HEIW on the work being undertaken to encourage a Welsh speaking workforce and will facilitate cross sector lessons learned for SCW and Education
- Welsh Government will continue to work with outside agencies to promote the Welsh language in the development of resources
- Welsh Government will undertake a discovery stage to understand the need for development and use of Welsh Language diagnostic tools in line with delivery of prudent care.

Conclusion

Welsh Government are committed to improving service provision and outcomes for neurodivergent people in Wales. Whilst these services are currently mostly across health, social care, education and third sector, there is a need to develop an integrated approach; bringing together appropriately trained and skilled workforces to deliver a prudent, sustainable service that meets the needs of the neurodivergent population.

Integral to the success of this is a competent, confident and well-resourced workforce and we propose to work collaboratively with key stakeholders;

- To produce an extensive suite of learning resources tailored to the needs of a developing workforce
- To enable a neurodevelopmental workforce which will embrace change and can meet the needs of a transforming neurodevelopmental landscape.
- To drive the agenda forward and develop a diverse neurodevelopmental workforce with a strong allied professionals network.

The results of this questionnaire has helped inform the next steps in developing the knowledge, understanding and competence required for a resilient integrated workforce. We now know there is a need;

- To co-produce training programmes which will meet the needs of the new and current workforce
- To co-produce training programmes which are accessible, responsive and service specific
- To co-produce training programmes to meet the needs of the workforce in a changing landscape
- To look at alternative ways to train the workforce to deliver services in new and innovative ways
- Include lived experience in the delivery of training programmes
- To promote the use of the [Welsh language](#) in service provision
- To share good practice and encourage integrated, collaborative working

We acknowledge there is a significant amount of work to be undertaken however, workforces are committed, and willing to embrace new ways of working. What is required is for service providers to recognise their responsibility to ensure their whole workforce is knowledgeable, confident, competent and supported to undertake the work they are employed to do. Upskilling a wider workforce with specific training will ensure continuity and the development of prudent care going forward.

With collaboration between Welsh Government, The Royal Colleges, Health Education and Improvement Wales, Social Care Wales, Education, National Neurodivergence Team, Health, Social Care, Education, third sector services and people with lived experience; training provision and service development can be tailored to where it is most needed. This knowledgeable workforce will be the foundation on which to challenge current service provision, embrace change, deliver innovative care and build sustainable integrated services for the future.

Summary of Next Steps

| Next steps | Partners | Timeline |
|---|--|---------------|
| <u>Learning / training on Neurodivergent conditions</u> | | |
| Welsh Government will work with NNT, HEIW, SCW, Royal Colleges, people with lived experience and Education to promote the development of training resources for specific sectors and the different workforce within those sectors | NNT HEIW Social Care Wales Royal Colleges Education People with lived experience | December 2024 |
| <u>When training is undertaken</u> | | |
| There is a need to review current undergraduate training within Health, Social Care and Education to include Neurodivergence. This training should be tailored to the profession and the training needs of that learning group | HEIW Social Care Wales Royal Colleges Education | March 2025 |
| There needs to be a suite of accredited training suitable for all the workforce which would enable a graduated approach, allowing all staff the opportunity to upskill and improve their knowledge on neurodivergence. This could be in the format of National Vocational Training, City and Guilds resources | NNT Health Social Care Education 3 rd Sector | December 2024 |
| <u>How training/learning will be delivered</u> | | |
| Welsh Government in collaboration with the National Neurodivergence Team (NNT) HEIW, SCW, Royal Colleges, People with lived experience and Education need to develop resources that meet the requirements of the learners | NNT HEIW Social Care Wales Royal Colleges Education People with lived experience | December 2024 |
| Training needs to be developed which is tailored to meet the needs of specific services | NNT HEIW Social Care Wales Royal Colleges Education People with lived experience | December 2024 |
| There needs to be a blended approach to learning which has been developed and delivered co-productively with neurodivergent people | NNDT HEIW Social Care Wales Royal Colleges Education | December 2024 |

| | | |
|--|--|------------------------|
| | People with lived experience | |
| Next steps | Partners | Timeline |
| <u>How training/learning will be delivered cont.</u> | | |
| Welsh Government will ensure that these resources are widely and easily available to the whole workforce | WG | March 2025 |
| Welsh Government in collaboration with NNT, HEIW, SCW, Royal Colleges and Education will promote and deliver training to workforce leads on the Workforce Training Toolkit | NNT HEIW Social Care Wales Royal Colleges Education | September 2024 |
| Welsh Government need to collaborate with teaching Universities and Registering Bodies to address the need for neurodivergence in the undergraduate curriculum | WG | March 2025 |
| <u>Specialist training in diagnostic tools</u> | | |
| Services need to explore why and amend environmental barriers that prevent assessments and diagnostic processes from being undertaken in a timely manner | Health Social Care Education | September 2024 |
| Welsh Government in collaboration with HEIW, SCW, Royal Colleges, Education and service providers need to develop innovative ways to expand the capacity of the workforce to allow for more timely assessments and diagnostic processes to be undertaken | WG NNT HEIW Social Care Wales Royal Colleges Education | March 2025 and onwards |
| There needs to be improved collaboration between services, especially education, in the assessment and diagnostic process for children and young adults. This may include collaborative understanding of roles and expectations | Education Health Social Care | September 2024 |
| <u>Further training / learning and development to improve practice</u> | | |
| Welsh Government in collaboration with NNT, HEIW, SCW, Royal Colleges, Education and people with lived experience will develop resources that will meet the needs of the workforce in specific areas and include refresher and updates into the programme of resources | WG NNT HEIW Social Care Wales Royal Colleges Education People with lived experience | December 2024 |

| Next steps | Partners | Timeline |
|---|--------------------------------|------------------------------|
| <u>Welsh Language</u> | | |
| Welsh Government will collaborate with HEIW on the work being undertaken to encourage a Welsh speaking workforce and will facilitate cross sector lessons learned for SCW and Education | WG HEIW SCW Education | March 2025 and onwards |
| Welsh Government will continue to work with outside agencies to promote the Welsh language in the development of resources | WG | March 2025 and onwards |
| Welsh Government will undertake a discovery stage to understand the need for development and use of Welsh Language diagnostic tools in line with delivery of prudent care | WG | September 2024 |

Annexe 1

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|---|---|
| Welsh Government Project Management and Policy Development | |
| Stakeholder Involvement, Co-production and Communication | |
| Integration and whole system approach – Wellbeing of Future Generations Act (2015), A Healthier Wales | |
| Alignment with NEST/NYTH planning framework | |
| Review and Evaluation of new reform / Consultation on Developing a Neurodivergence Code of Practice | |
| Set out and communicate mandate for change. Bio-psychosocial model | |
| Workstream 1 Building Sustainable Services | Workstream 2 ND infrastructure and workforce |
| | <ul style="list-style-type: none"> • Workforce Development • Data Improvement • Digital Enablers • Enabling Innovative Practice |

Annexe 2 - List of specialist training and diagnostic tools received by workforce

- ADHD rating scales
- AQ test (The Autism-Spectrum Quotient Test)
- BBAT (The Brief Behavioural Assessment Tool)
- CARD
- CARS (Childhood Autism Rating Scale) observation checklist and questionnaire
- Complex developmental trauma DASH
- Functional impairment rating scale
- KBIT (Kaufman Brief Intelligence Test)
- Local Questionnaires
- MABC-2 (Movement assessment battery for children)
- Neurodevelopmental forms to support a referral for ASD assessment.
- PBM (Positive behaviour management)
- PBS (Positive behaviour support)
- QB Test
- SCQ (Social Communication Questionnaire)
- Sensory Integration Approach
- SNAP (The Special Needs Assessment Profile)
- WEISs symptom record