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### BACKGROUND

Multidisciplinary support services for autism spectrum disorder are minimal in the public service and often inaccessible due to the high cost privately<sup>1</sup>. Repeated advocacy efforts have also failed to impact significantly the public service provisions.

The stark reality is that many families do not access basic services like speech therapy and occupational therapy<sup>1</sup>. Many children do not receive adequate access to school placements<sup>1</sup>.

Early detection and intervention is the way forward but in a developing country, impacting service provision is limited by resource challenges regarding funding, management, political will, infrastructure limitations, and limited human resources.

This project accessed funding from a NGO to train professionals within the public health system to provide parent training modules to parents in their service regions.

### OBJECTIVE

To study the impact of a NGO sponsored training in providing training to parents of children with ASD.

### METHODS

In March 2016, December 2016 and November 2017, a local Rotary Club, a Child Health Department of a tertiary institution, a Community Paediatric team in a Regional Health Authority (RHA) and a foreign university autism research and treatment centre came together to host autism parent training modules.

Selected professionals from all five Regional Health Authorities in the country were invited to be trained.

Parents from various public clinics were invited to attend. Eight modules were completed.

Professionals trained then offered training to parents in their respective regions.

### RESULTS

Within twenty four months subsequent to the initial training, sixty percent of the RHAs held some form of parent training for local families.

In one RHA, a child psychiatry team and a community paediatric team collaborated to provide parent training during afternoon sessions within working hours in a local health centre. Materials were provided through the RHA print centre. Light refreshments were sponsored by a drug company. Eight training sessions were carried out during the twenty four month period. On average thirty parents were invited for the training but the average attendance rate was 60% of parents invited. Initial feedback indicated that parents found the training beneficial. Data regarding the outcome after training is to be collected.

In another RHA, training was carried out in a local health centre for small groups of parents. A medical officer teamed up with nurses in the health centre to provide the training.

In another RHA, an initial large group parent training session was carried out. A further six parent training sessions were carried out over the next two years.

Training was also provided in the context of clinical consultations in paediatric follow up clinics.

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### CONCLUSION

In keeping with the United Nations mandate for upgrading services for Autism this Public/NGO partnership has improved capacity by training parents<sup>2</sup>. Given the constraints, financial and otherwise, this type of partnership is a way forward in developing countries. While the partnership has bolstered capacity, further supports and strategies beyond provision of initial training is necessary to achieve sustainable improvements in care.

### REFERENCES

1 THE MULTI-DISCIPLINARY NEEDS OF CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD): A PARENTS'/CAREGIVERS' PERSPECTIVE WITHIN TRINIDAD AND TOBAGO. BAHADURSINGH ET AL, CARIBBEAN MEDICAL JOURNAL

2 WHO RESOLUTION ON AUTISM SPECTRUM DISORDERS  
[https://www.who.int/mental\\_health/maternal-child/WHA67.8\\_resolution\\_autism.pdf?ua=1](https://www.who.int/mental_health/maternal-child/WHA67.8_resolution_autism.pdf?ua=1)