A framework for commissioning support for autistic people and their families

In partnership with:

National Development Team for Inclusion

autism alliance

National Autistic Society

Introduction

This framework outlines the range of support and/or services that commissioners may develop locally for autistic people and their families. It's for commissioners who work in social care, health, education and children's commissioning services for autistic people, and is intended as a useful tool to help you to make informed decisions about what to commission when meeting priority local needs.

You can use the framework to assess what your local offer is now and identify any gaps. You can use it alongside local consultation to identify what your local commissioning priorities are. Staff in the voluntary sector, autistic people and family members might also find the framework useful.

Please note: not every autistic person and/or family member will require input at each stage.

At each stage, people should have access to reasonable adjustments to ensure that they can participate in the support and/or services on offer.

All support and/or services should be led by the individual and their wishes and needs, and support them to access universal services, such as employment, housing, leisure and education.

Autistic people and/or family members should have a single point of referral for access to autism services at every stage, that's available via phone and/or online at flexible times.

In this framework we use the term 'autistic people' to include children and adults. At all times, we have developed this framework with a focus on the outcomes that autistic people want to achieve and the lives that they want to lead.

This guide provides an overview and recognises that at a local level each system will work differently.

A framework for commissioning support for autistic people and their families

This diagram sets out for commissioners the support and/or services that autistic people and/or family members should be able to access, and therefore the support and/or services that you need to commission, from pre-diagnosis to post diagnostic assessment and ongoing support. Autism diagnostic pathway requirements may be different for children, young people and adults.

- Accurate information and advice about what autism is and the referral process
- Positive and encouraging images of autistic people and supporting services
- Training for staff that are the first point of contact for people

Pre-diagnosis

Within three months from the point of referral to diagnostic assessment

- Accurate information and advice about the diagnostic assessment process, what to do and when, and who to contact
- Screening assessment within a reasonable timescale
- Single point of referral for access to the autism team for autistic people and family members throughout the process, that's available via phone and/or online at flexible times
- Support for possible co-occurring conditions that impact on autistic people's daily lives whilst waiting for a diagnosis
- Information, advice, assessment and support for any presenting needs

Diagnostic assessment and specialist assessments

From the point of diagnosis to 12 months post diagnosis. Make sure you check the person and team responsible for making referrals as they may differ from area to area

- Diagnostic assessment, that's timely and comprehensive, and where suitable, involves family members
- Post-diagnostic support including pyschoeducation
- Development of a long-term support plan, based on the needs identified in diagnostic and specialist assessments, and focuses on an individual's strengths and skills
- Provision of 'Living with autism' information pack (or similar)
- Cards or digital apps identifying personal needs such as Autism ALERT or Passports including Hospital Passports
- A direct route back to specialist assessment and support for those previously diagnosed
- Referral for carers assessment and for carers self-management course

Referral for:

- a Care Act assessment or Children and Families Act assessment, to assess social care needs
- carers/young carer assessments
- Education, Health and Care Plan (if aged 14-25 years old)
- educational psychology (if aged under 18 years old)
- specialist assessment of communication, sensory and organisational needs
- specialist assessment at a sleep clinic
- physical health check
- mental health check/ support
- assessment of potential behaviours which challenge
- screening for common co-occurring conditions
- referral for low-level support
- long-term specialist assessment

Long-term

Specialist assessment and support one year from diagnosis and onwards

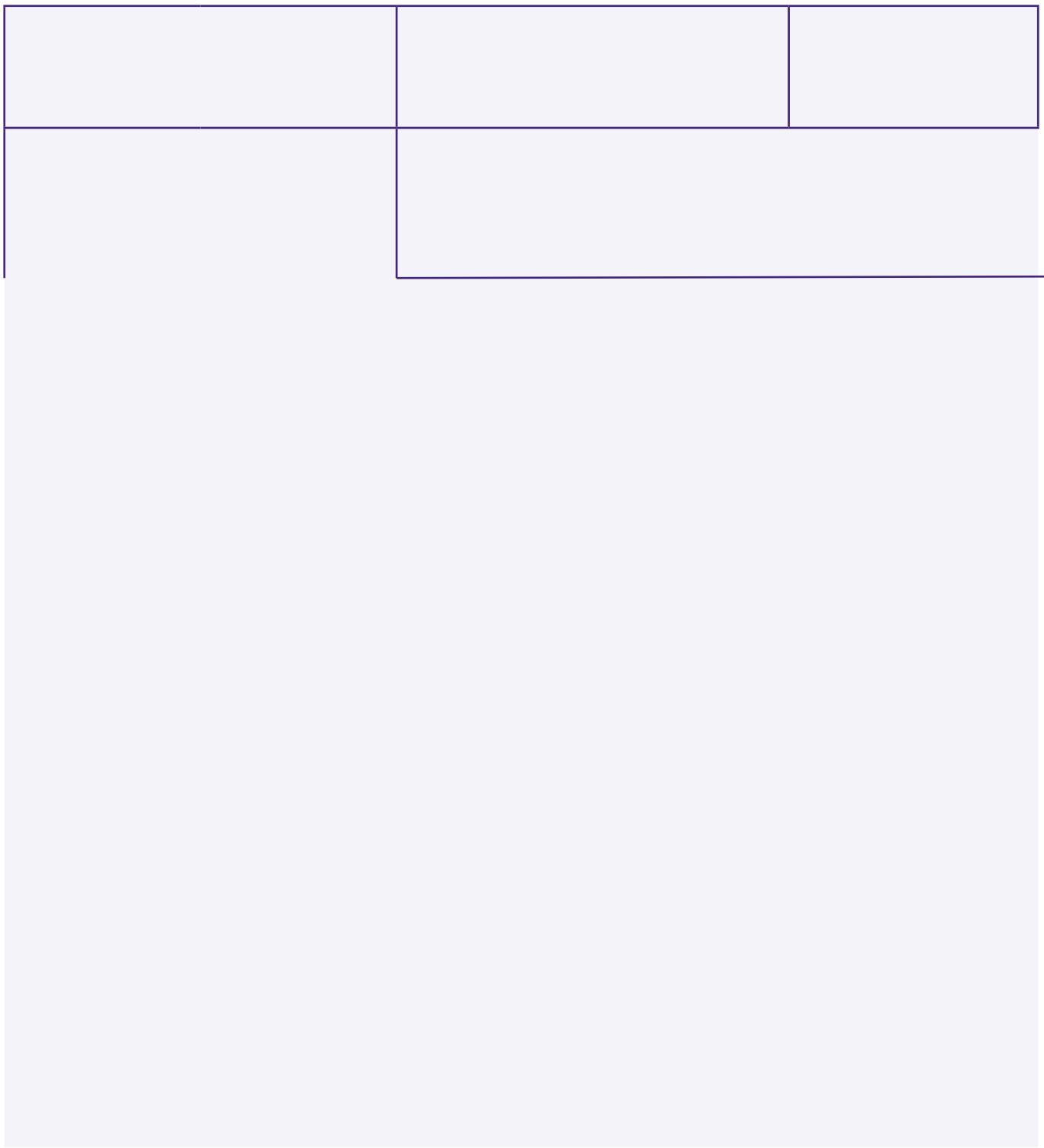
- Nominated support worker as the first point of contact
- Continuation of support
- Ongoing monitoring and review of support, by a nominated care and support navigator (or other)
- Support for autistic people and families to better understand their sensory cognitive and communication differences and the links to behaviours
- Access to self-management skills programmes
- Access to self-support and resilience programmes
- Access to a range of employment options and support
- A direct route back to specialist assessment and support for those previously diagnosed

Pre-diagnosis: within three months from the point of referral to diagnostic assessment

Goal	Support and/or services	Lead provider(s)
Individuals and families know how to obtain screening prior to full diagnostic assessment.	Screening assessment within reasonable timescale. It is clear, accurate and timely, and appropriately triggers referral for full assessment.	GP Health trust Self-referral
Individuals and families understand the assessment process to help them prepare, self-manage and review the local service offer.	Accurate information and advice about the diagnostic assessment process, what to do and when, and who to contact.	GP Health trust Voluntary sector providers
Minimum delay between screening and full diagnosis.	Suf□cient investment in diagnostic services.	Everyone
Individuals access early interventions for presenting needs.	Support for possible co-occurring conditions that impact on autistic people's daily lives whilst waiting for a diagnosis, such as, anxiety, ADHD, eating disorders, sleep issues or behaviours which challenge before a formal diagnosis.	GP Health trust

Diagnostic assessment and specialist assessments: from the point of diagnosis to 12 months post diagnosis

Goal	Support and/or services	Lead provider(s)
Individuals access a comprehensive diagnosis.	Diagnostic assessment that's timely and comprehensive, and, where suitable, involves family members. It includes all relevant tools and takes account of family history.	Health trust
Individuals exercise their right to an assessment of need.	Choice of referral for a Care Act assessment or an assessment for an Education, Health and Care Plan.	Health trust Local authority
Family members and other carers receive the right support.	Referral for carers/young carer assessments.	Health trust Local authority
People successfully navigate transition to adulthood and other life changes.	Referral for an assessment of an Education, Health and Care Plan (if aged 14-25 years old).	Local authority Education providers
School children and students learn well and parents help them with their studies.	Referral for an educational psychology assessment (if aged under 18 years old).	Education provider
Individuals understand what being autistic means to them and can access support with communication.	Referral for a specialist assessment of communication, sensory and organisational differences.	Health trust GP
Individuals can access support to sleep well.	Referral for a specialist assessment at a sleep clinic.	Health trust GP
Physical illnesses or concerns are identi□ed early, and individuals can access timely support to stay well.	Referral for a physical health check.	Health trust GP
Mental ill-health is identi□ed early, and individuals can access timely support to stay well.	Referral for a mental health check/support.	Health Trust GP



Long-term specialist assessment and support: one year from diagnosis and onwards

Goal	Support and/or services	Lead provider(s)
Individuals design and run their own support system.	Assessment for social care personal budgets and/or personal health budgets.	Local authority Clinical Commissioning Group
Individuals and families have access to support to navigate the health and care system and avert crisis.	Nominated support worker as the first point of contact for post diagnosis support.	Health organisation
Individuals can access support for as long as they need and are supported to live well with their unique characteristics.	Continuation of support identified in diagnostic and specialist assessments, including: - annual health check and action plan - sensory, organisational and communication support - community mental health - sleep clinic.	Health organisation
Individuals grow in their ability to understand and manage their life.	Skills development programmes in areas such as behaviour self-management, communication, sensory processing, personal organisation, self-support and resilience.	Health organisation (e.g. occupational therapy or speech and language therapy teams) Local authority
Individuals are successful in education, family life and social relationships.	Support and self-management programmes in areas such as interview skills, risk management, social and relationship skills.	Voluntary sector providers Department for Work and Pensions Local authority

Individuals are successful in employment.	A range of employment options and support.	Voluntary sector providers Department for Work and Pensions Local authority
People and their families have access to peers and opportunities to share strategies.	Access to local peer support group, sibling support group, or parent support group. Carers and siblings can access short breaks.	Voluntary sector providers
Everyone has a support plan that's accurate and previous commitments, have or are being met.	Ongoing monitoring and review of support identi□ed in support plan by a nominated care and support navigator (or other).	Health trust Local authority
Individuals and families have access to support to navigate the health and care system and avert crisis.	Nominated support worker is the □rst point of contact for those requiring support post diagnosis.	As agreed between the individual, their family and partner organisations

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