

A framework for commissioning support for autistic people and their families



Funded by



Department
of Health &
Social Care

In partnership with:



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.

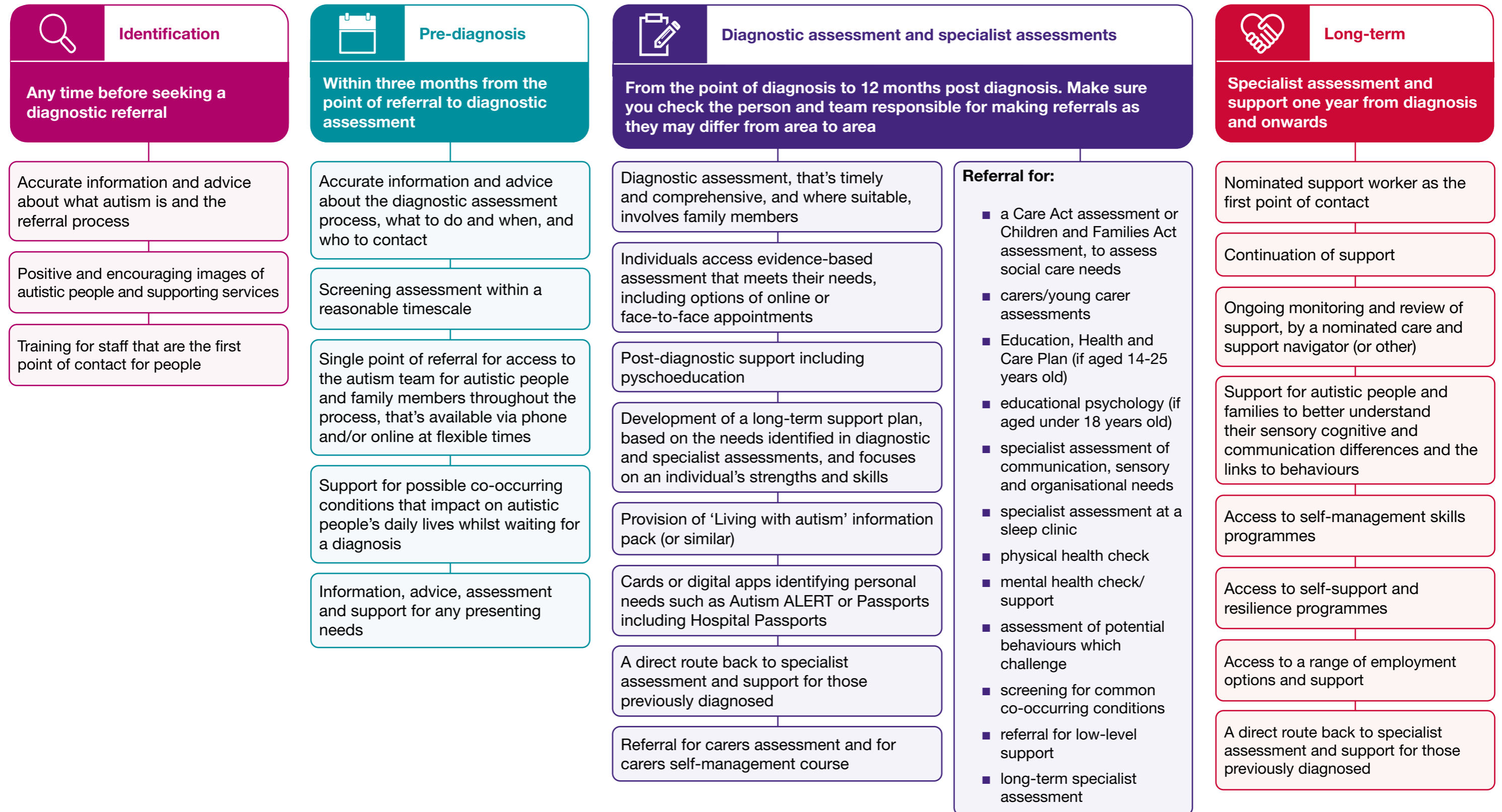
Autistic people and/or family members should have a single point of referral for access to autism services at every stage, that's available via phone and/or online at flexible times.

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.



Equal access to universal services

Access to reasonable adjustments under the Equalities Act



Public awareness and curiosity: any time before seeking a diagnostic referral

| Goal | Support and/or services | Lead provider(s) |
|--|--|---|
| Autistic people, other citizens, service providers and specialists hold a positive view of autism and autistic people. | Positive and encouraging images of autistic people and supporting services. | Everyone |
| Everyone can access information about what autism is, how it can impact on daily life and what support is available locally. | Accurate information and advice, for example, via an information pack. | Health trust Social care providers Voluntary sector providers |
| Individuals and families know how to get help before it escalates into a crisis. | Single point of access, competent to advise autistic people and their families at all points of their journey. Available as face-to face, phone or online support. | Everyone |
| Appropriately skilled help is available. | Training for staff that are the first point of access. | Health trust Social care providers Voluntary sector providers |



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. | Sufficient 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 identified early, and individuals can access timely support to stay well. | Referral for a physical health check. | Health trust GP |
| Mental ill-health is identified early, and individuals can access timely support to stay well. | Referral for a mental health check/support. | Health Trust GP |

| | | |
|---|---|---|
| Behaviours which challenge are identified early, and appropriate support put in place. | Referral for an assessment of potential behaviours which challenge. | Health trust GP |
| Co-occurring conditions are identified early, and individuals can access timely support to stay well. | Referral for a screening for common co-occurring conditions, such as, anxiety, ADHD and eating disorders. | Health trust GP |
| Individuals and families make a positive adjustment to receiving the diagnosis. | Post-diagnostic support including psychoeducation. | Health trust Voluntary sector providers |
| Individuals can access support for as long as they need and are supported to live well with their unique characteristics. | Development of a long-term support plan based on the needs identified in diagnostic and specialist assessments, which focuses on an individual's strengths and skills linking in with existing services or requesting the GP refers on. | Health trust Social care providers |
| Individuals carry an alert card to show to others when experiencing difficulties in work or a public space. | Cards or digital apps identifying personal needs such as Autism ALERT or Passports including Hospital Passports. | Health trust Social care providers Voluntary sector providers |
| If issues arise after diagnosis, individuals can get timely help rather than go to the bottom of the waiting list. | Depending on the nature of any issues that arise after diagnosis, individuals can get timely assessment and support after presenting needs via an appropriate referral loop rather than go to the bottom of the waiting list of the relevant service. | GP Health trust Voluntary sector providers |



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: <ul style="list-style-type: none">■ 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 |

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

Published by:

Skills for Care
West Gate
6 Grace Street
Leeds
LS1 2RP

T: 0113 245 1716

E: info@skillsforcare.org.uk

[skillsforcare.org.uk](https://www.skillsforcare.org.uk)