

# Autism Assessment Pathway

Community Paediatric Service



## Who do we see?

We see children if there are concerns with their social communication and for possible Autism.

## Who can refer?

We accept referrals from any professional – if you are concerned about a child, please discuss your worries with your GP, health visitor or other professional who is working with you and the child, as they can make a referral.

While we do not accept referrals directly from families but the referral must include acknowledgement that you have consented to it.

## Referral triage

All referrals are triaged by a Consultant Paediatrician or Associate Specialist - if accepted, the child will be seen in a paediatric clinic well within the national requirement of 18 weeks for the initial assessment. To undertake a holistic assessment, we may request additional information from other professionals who know the child eg school reports and questionnaires. When the child is accepted by the service, you will receive a letter to informing you.

Depending on the complexity of the child's and the information available, additional referrals can be made, at this time, to therapy services to help reduce your time waiting for services.

If the referral does not meet criteria we will sign-post to other services.



### PLEASE NOTE:

- We use an electronic patient record to hold our clinical notes and documents. This is also accessible to other professionals who work for Provide CIC and helps greatly with our information sharing.
- At the end of each appointment, we will write a report that is sent to you with an agreed plan and a copy of the list of all relevant professionals.



## Initial Assessment

The child will be seen by a Paediatrician for a holistic initial assessment that will include:

- Developmental assessment.
- Review of the child's physical health.
- Consideration of comorbidities in the child's presentation.
- Consideration of investigations including some baseline bloods tests.

When we receive the results of the investigation, we will write to you summarising them with the results. If there are any abnormal results we will contact you directly and arrange an appointment to discuss these further.

Following this assessment, some children will be referred for the autism assessment and others may need further reviews before it becomes more apparent that their difficulties indicate that autism may be a probable diagnosis.





## MDT Assessment

The autism assessment is multi-disciplinary and is completed by Consultant Paediatrician, Specialist Speech and Language Therapist (SLT) and Specialist Occupational Therapist (OT).

A conclusion is made based on information gathered from school, clinical history, clinical judgement, observations in clinic and outcome of autism-specific diagnostic tool. A diagnosis of autism spectrum disorder is based on the ICD-10 or DSM-5 criteria.

If there are discrepancies during the autism diagnostic assessment, between reported signs or symptoms and the findings of the autism observation in the clinical setting, then we consider carrying out further autism-specific observations in different settings such as school, nursery, other social settings or at home.

- Consideration is given again as to the presence of any comorbidities.
- A management plan is agreed between the family and clinicians. If the diagnosis is autism, then the family will be given our comprehensive information pack on autism.

## Not a Diagnosis of Autism

For some children the diagnosis of autism is not given. We will have a discussion with you about the profile of the child's difficulties and a review of the supports in place. Additional referrals may be made at the end of this depending on your needs and views.

For some, the individual child's history and profile are complex, there may be additional co-morbidities and the total picture is difficult to fully understand. The numbers of these children are few and one option will be for a joint assessment with the Emotional Wellbeing and Mental Health Services (EWMHS) Team. If this is the case, we will fully discuss this with you and help you to understand your options.

## Post Diagnosis

If a diagnosis of autism is made the following support will be available and this will be set out in the child's management plan that you receive at the time of the diagnosis:

- Your child will continue to receive input from your local SLT if the child is already under SLT for language delay.
- If your child is under 5 years of age, you will be offered The Good Beginnings course – this is a course designed for parents and carers of children under 5 who have had a new diagnosis of autism.
- You will also be offered a place on our Post Diagnosis Group – this too is a group for parents and carers where you get to meet a range of professionals, who can give advice in their area of expertise, and also other families in a similar situation.
- We will offer you paediatric follow-up if there are any medical issues.
- Any additional referrals are made to relevant services, eg community dentist, the NHS Child and Adolescent Mental Health Service (CAMHS), Occupational Therapy, depending on the child's needs.
- A Key Worker for the child who is usually the SENCO in the Nursery or the School – this is someone who will be able to help you understand the complex world of disability and the range of services available.







## Discharge or Transition to Adult Services

When our work is complete, then we will discharge the child for follow up in Community Paediatrics. However we may need to see them again if problems emerge over time. It could be that the child will remain under therapy services and your therapist can flag up any concerns that you have with the paediatrician. Alternately someone, such as your GP, can refer you back to be seen again.

If the child is under follow-up with the Community Paediatric Service coming into their adult years, then we will participate in the transition process to adult services and make any relevant referrals to adult medical services and/or the Adult disability service.

