



NAPC Guidance: A Summary

FACTSHEET

Obtaining a Diagnosis

The National Autism Plan for Children (NAPC) Produced by the National Initiative for Autism Screening and Assessment published in March 2003 gives clear guidance in relation to the identification, assessment diagnosis of pre school and primary aged children with autism spectrum disorders (ASD).

Although many parents are aware by 18 months that their child has a problem, the average age of diagnosis is much later. There are a number of barriers to early diagnosis, which can be quite frustrating for parents, including:

- Failure of professionals to recognise symptoms.
- Failure to get a timely referral
- Waiting times for appointments
- Separate waiting lists for each professional group

If parents have a concern they should be able to access information about whom they contact locally easily.

Parents are within their rights to resist advice to wait and see or wait for a routine check.

Any parent or professional concerned about a possible diagnosis of autism should lead to implementation of a local “referral pathway”. Normally the initial referral will be made by a member of the local primary care team. Usually a GP or health visitor. School age children may however be referred by the school nurse or doctor or SENCO or educational psychologist.

In the first instance, referral is usually to the community child paediatrician in the Child Development Service. This service might be based in primary care trusts or community health trusts. The Child Development Team will be a multi disciplinary team who work regularly together on assessments.

Children over 5 years may be referred to the Child and Adolescent Mental Health Team (CAMHT) or the Learning Disability Service (LDS) depending on local arrangements.

The recommendation in the National Autism Plan for Children is that the first professional contact with the parents following a referral is made within 6 weeks of referral.

The General Development Assessment is sometimes referred to as Stage 1 of the referral pathway.

The assessment should consider

- The concerns of the parents
- The concerns of any other referrer eg. Health visitor

It should document

- Child's development history (ante natal and post natal)
- Early health and developmental mile stones
- Any relevant family history including family history and information about family functioning

It should include a paediatric, physical and neurodevelopmental examination, including

- Child's current health
- Growth
- An assessment of neurological signs or factors
- A baseline profile of general development

Should ASD be suspected a referral will be made to Stage 2 of the referral pathway and a multi disciplinary agency team will undertake a more detailed assessment.

Key role personnel should include

- Psychological
- Educational
- Linguistics (IE. Speech and language)
- Child psychologist
- ASD family support worker
- Social Services may be involved in any case planning

A named professional who will act as key worker should be appointed within 4 weeks of completion of Stage 1 of the General Development Assessment.

The recommendation is that the period for the Stage 2 Multi Agency Assessment (MAA) to feedback to the family should be no more than 17 weeks.

The components of a Stage 2 Multi Agency Assessment (MAA) should include

- A diagnosis of possible ASD
- Exclude other recognised disorders
- Establish a base line skills assessment for both the child and family
- Identify any other conditions
- Produce an action plan for the family

The assessment should also include

- Review of existing information
- Focussed observations taken in more than one setting
- A cognitive assessment
- A communications, speech and language assessment
- Behaviour and mental assessment
- A family assessment
- Physical examination
- Any other medical investigations that are deemed necessary and appropriate

The report should be provided within 17 weeks of the start of the Stage 2 MAA.