



Autism Spectrum (AS)

Assessment Pathway







+ Foreword

As the Minister for Health and Care, I am honoured to publish the Autism Spectrum (AS) pathway. This is the first dedicated and specific pathway we have published as part of the Government's wider neurodevelopmental framework. The Government is committed to expanding this, with pathways for other neurodevelopmental conditions, such as ADHD, planned for release in the coming months.

The development of this pathway has been a collaborative effort involving specialists from across the Gibraltar Health Authority, the Care Agency, the Department of Education and the Supported Needs & Disability Office. This multi-agency approach, in my view, is a recognition of the complexity and individuality of each child's needs and of the importance of getting this right.

I understand that a timely and accurate diagnosis, followed by appropriate support, can make a profound difference in the lives of children and their families. Therefore, this pathway is designed to ensure that from pre-assessment to post-diagnosis, our children receive the most comprehensive and compassionate care possible.

As a Government our aim is to create a more inclusive and supportive environment where every child can thrive. This strategy demonstrates that commitment, and I am confident it will pave the way for a brighter future for all those impacted by autism in our community.

I encourage all professionals and families to engage with this pathway, to provide feedback, and to continue working together as we continuously refine and improve our services.

Thank you.

A handwritten signature in black ink, consisting of several loops and a final flourish, representing Gemma Arias-Vasquez.

**The Hon Gemma Arias-Vasquez MP
Minister for Health and Care**

+ Pathway Overview

This document outlines the pre-assessment, assessment and post assessment pathways for Autism Spectrum (AS).

Term	Meaning
Pre-assessment:	Provide needs-based support before a formal diagnosis.
Assessment:	Carry out an assessment, where appropriate, based on the National Institute for Health and Care Excellence (NICE) guidelines.
Post assessment	Provide support according to assessed needs.

Objective

The aim is to provide a multi-agency approach to supporting children with a regulated and clear AS pathway.

Service Users

The pathway is categorised based on ages:

1. Under 5 years;
2. Children and young people aged 5 to under 19 years.

Summary

Needs are to be met through a consistent Multidisciplinary Team (MDT) approach, incorporating assessment, planning, review, and ongoing support based on best practice guidelines and interventions.

Core Principles

- Approaches will be person centred based on need;
- Multidisciplinary assessment and support strategies are identified and agreed;
- Screening and diagnostic tools will be evidence-based and approved;
- Consistency and equity will be maintained;
- Information will be accessible and securely stored;
- Professionals and families will work together collaboratively to optimise the child/young person's access to learning, intervention, community presence, overall well-being and quality of life.

Pre-Assessment Process

The child's / young person's needs may be identified by practitioners in either health or education settings. In order to ensure an accurate diagnosis, the pre-assessment work with under 5 year olds is different to the work done with 5 years – under 19 years, which involves combining a complex range of information, from different sources, into a pre-assessment pack:

In Health	In Education
<p>0 to 5 years Refer to diagram on page 8.</p>	<p>0 to 5 years Refer to diagram on page 8.</p>
<p>5 years – under 19 years: The GP or Health Professional will acknowledge any parental or carer concerns and will apply an evidence-based tool in order to assess the potential diagnosis of autism if this is suspected. Parental or carer and child/young person's consent where applicable, must be obtained and a referral will be made to the appropriate healthcare professional, who will complete the pre-assessment documentation and send this to the MDT team for consideration.</p>	<p>5 years – under 19 years: Special Educational Needs Coordinators (SENCOs) will collate and gather information from teachers, parents and other support staff within the school setting and make any referrals to the therapy team as appropriate. SENCOs will request a pre-assessment pack from the Multi-Agency Autism Panel (MAAP), with parents' / carers' and child's / young person's consent where applicable.</p> <p>SENCOs will complete the pre-assessment documentation, including the appropriate screening tool, in collaboration with the parents (and the child / young person where appropriate) and return this to the MDT for consideration.</p>

Referrals are reviewed at the MDT meetings and triaged to ascertain whether there is sufficient evidence for AS diagnostic assessment. Triage will result in one of the following decisions:

1. To proceed with the assessment as there are clear, clinically significant needs associated with the core features of autism.
2. That there is insufficient information provided and more information needs to be sought from multiple sources including the referrer, the family and the educational setting.
3. That there is insufficient/no evidence to support the referral. A letter will be sent to the referrer with notification that the referral has not reached the NICE guideline threshold for assessment. Family will be signposted to any related professional advice and/or referred to appropriate services, based on their profile if necessary.

Assessment (under 5 years & 5 years to under 19 years)

The assessment will follow NICE guidelines and include the following:

- A detailed case history including:
 - parent or carer concerns,
 - details of the child's experiences of home life, education, and social environments.
- A developmental history, focusing on developmental and behavioural features relevant to AS.
- A medical review including prenatal, perinatal and family history as well as past and current health conditions – this may include further medical investigations.
- The child's physical and mental health needs, including hearing loss and other conditions such as sleep/eating disorders, trauma, attachment disorders also need to be considered. Referrals should be made to the relevant departments to ensure a differential diagnosis of the child's holistic needs.
- A physical examination looking specifically for congenital anomalies and dysmorphic features that may /may not be associated with AS.
- Dynamic assessment through interaction with and observation of the child's social and communication skills and behaviours.
- Consideration of any further assessments (if appropriate/needed) to construct a more comprehensive profile of each child, these may include:
 - further AS-specific observations in different settings, such as the school, nursery or other social settings;
 - speech and language assessment;
 - fine and gross motor skills assessment, assessment of sensory sensitivities;
 - and /or a specific autism diagnostic observational assessment using a standardised and validated tool.

Information from all sources, together with clinical judgement will be used to formulate a diagnosis of AS based on ICD-11 or DSM-5 criteria.



Post Assessment (under 5 years & 5 years to under 19 years)

Following the diagnostic assessment, the MDT will discuss the findings in person with the parents or carers (and the young person where appropriate). The MDT will send a written summary of the assessment, together with the reasons for the conclusions drawn and recommendations for support to the family or carers (and the young person where appropriate).

If the symptoms fulfil the ICD-11 or DSM-5 criteria for a diagnosis of AS, the family will be provided with an AS Information Pack. The pack will provide information about the support available for parents, carers and the child.

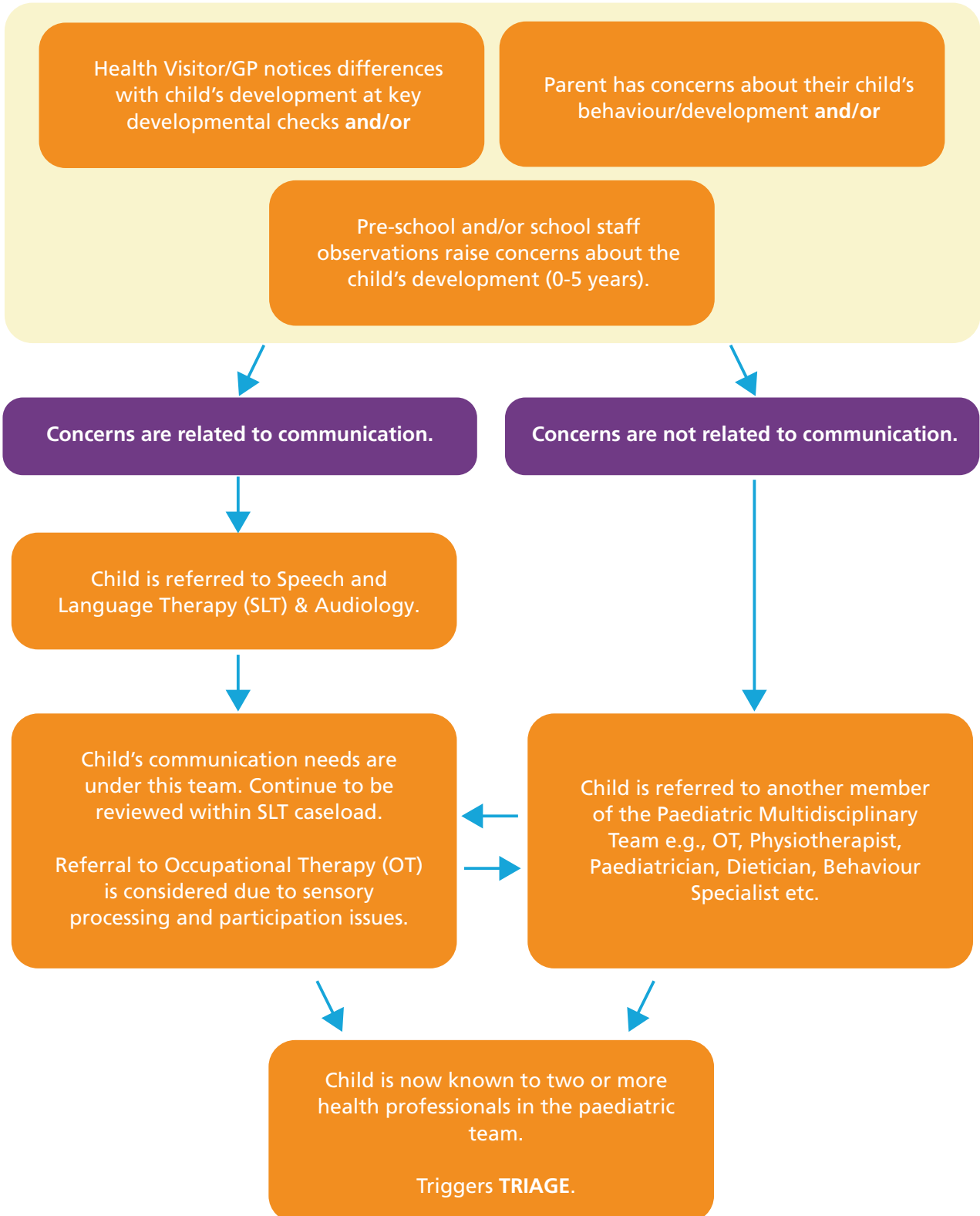
If the symptoms do not fulfil the ICD-11 or DSM-5 criteria for a diagnosis of AS, the conclusions (and the reasons behind it) will be explained both verbally and in writing. We will consider referring the child to other services as appropriate; this will be with the consent of the parents/carers, who will be offered the option to opt out.



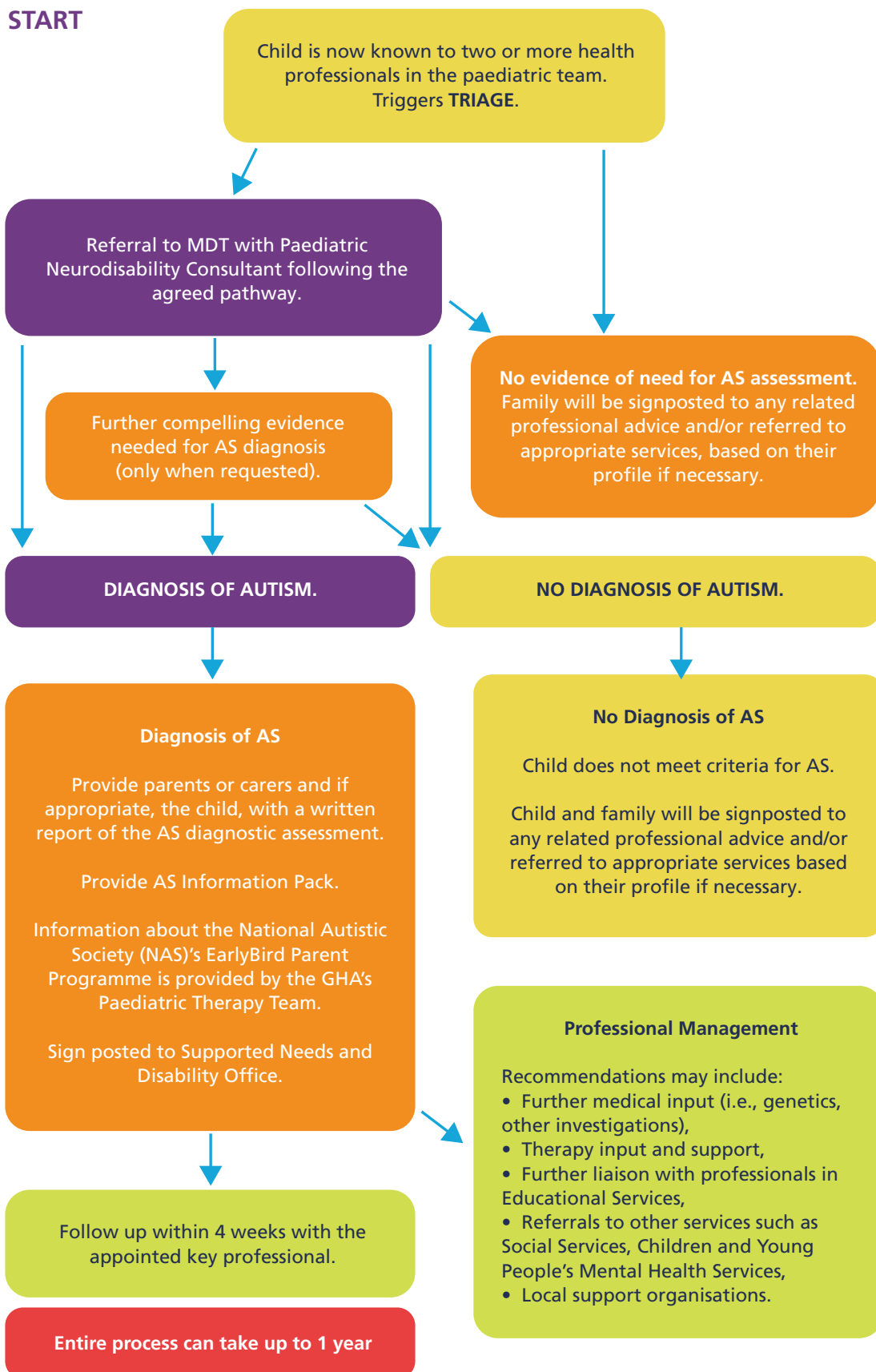
PROCESS: PATHWAY DIAGRAMS

AS Pre-Assessment Pathway: 0 to 5 years

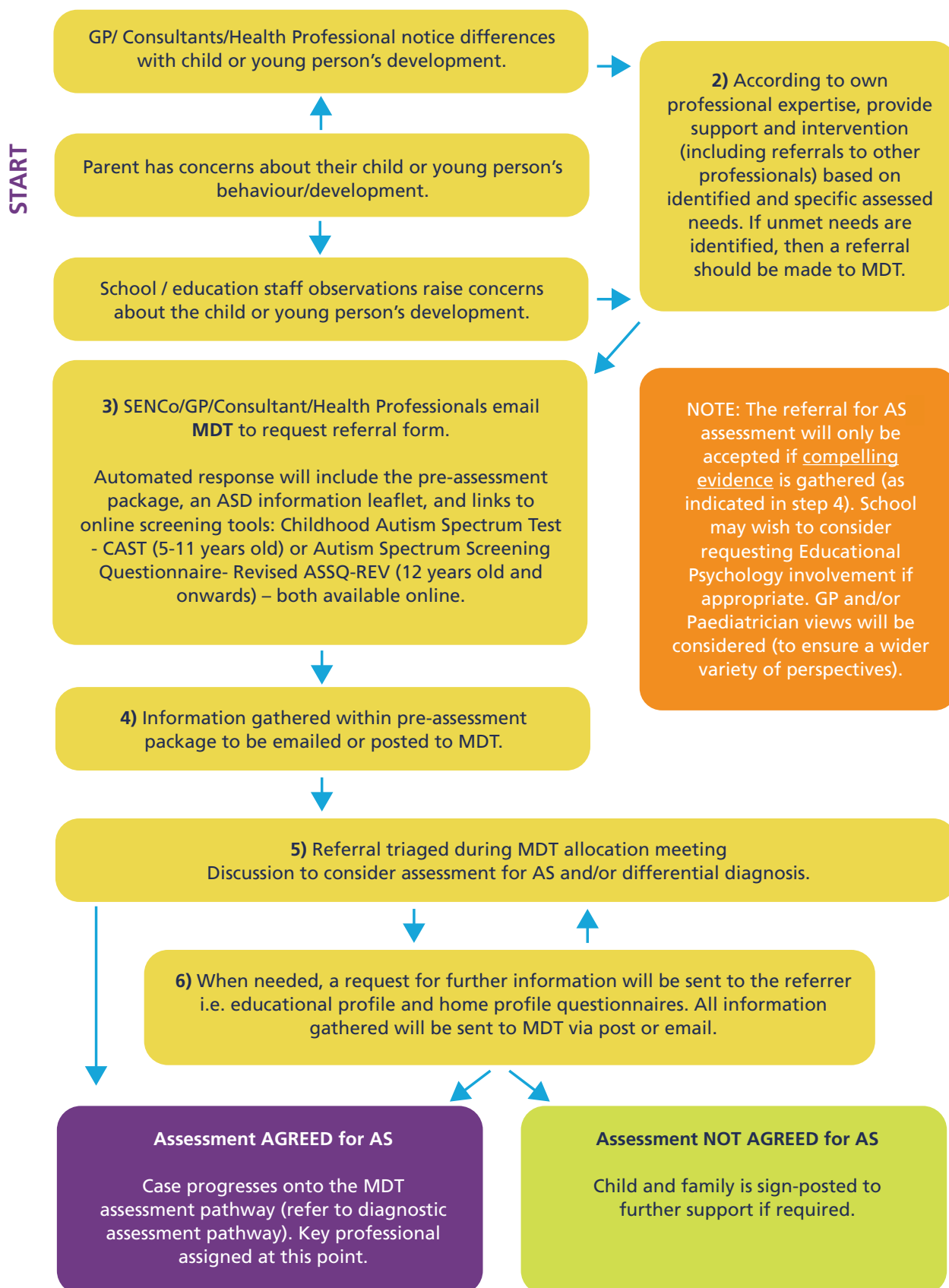
START



AS Diagnostic Assessment Pathway: 0 to 5 years

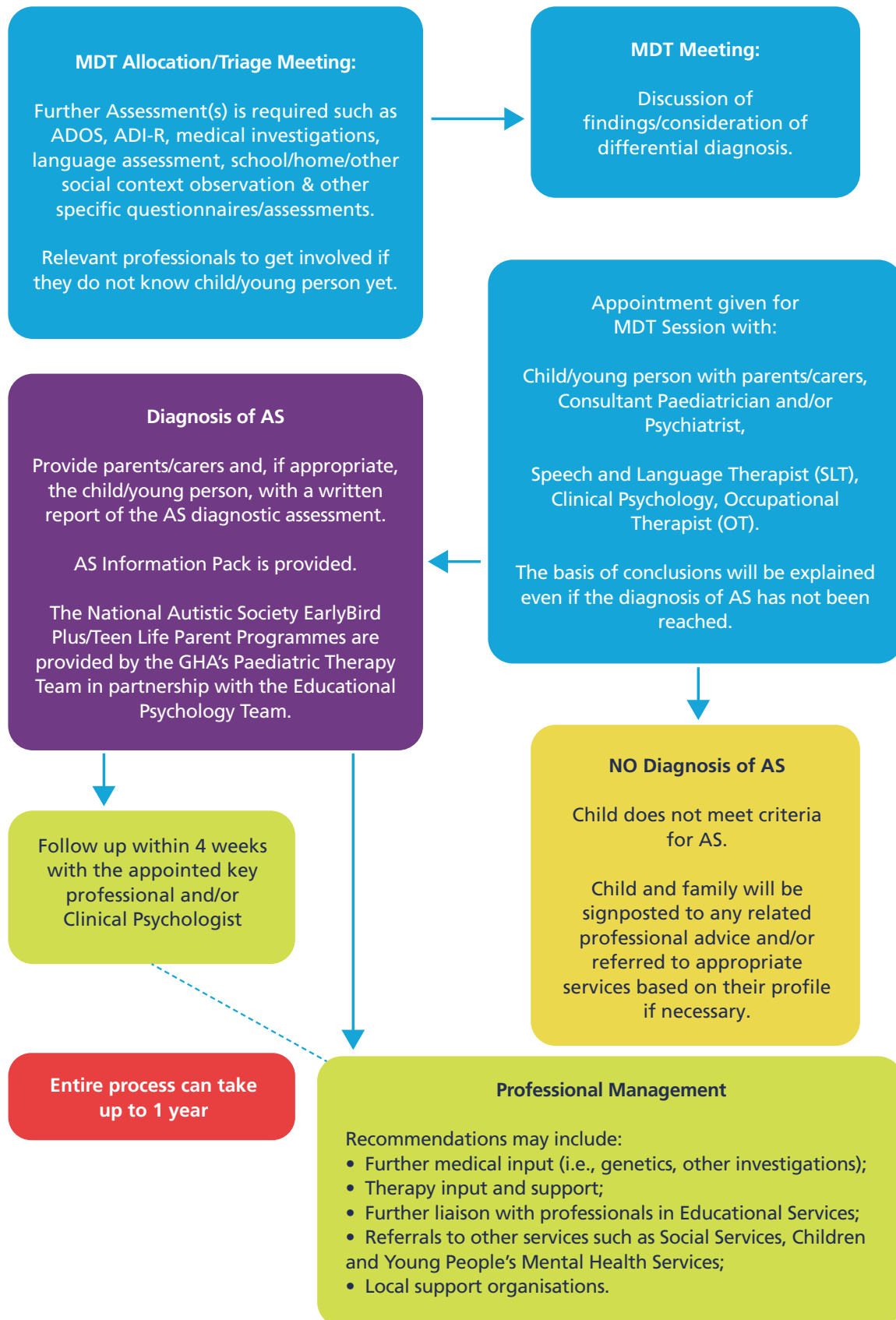


AS Pre-Assessment Pathway: 5 to under 19 years



AS Diagnostic Assessment Pathway: 5 to under 19 years

START



+ Resources

Table of resources referred to and used during assessment.

Resource	Purpose	Person
Autism Diagnostic Interview – Revised (ADI-R)	Standardised interview used to diagnose autism and distinguish it from other developmental disorders	Clinical Psychologist
Autism Diagnostic Observational Assessment – Second Edition (ADOS -2)	Semi- structured standardized assessment of communication, social interaction, play/ imaginative use of materials and restricted and repetitive behaviours. Age range 12 months and older	Completed by the Paediatric Team
Autism Spectrum Screening Questionnaire-Rev (ASSQ-Rev)	AS Screening tool for 6-16 year olds	GPs/ SENCO
Childhood Autism Spectrum Test (CAST)	AS screening tool for 5-11 year olds	GPs /SESCO
Clinical Evaluation of Language Fundamentals-5th edition (CELF-5)	Receptive and expressive speech and language assessment. Age range 5-21 years old	Completed by Paediatric SLT Team
Clinical Evaluation of Language Fundamentals Pre School-3rd Edition (CELF-3)	Receptive and expressive speech and language assessment, identifying children who are at-risk for a language disorder. Age range of 3-6 years old	Completed by Paediatric SLT Team
Diagnostic and Statistical Manual of Mental Disorders-5th Edition (DSM-5) criteria	Developmental history, behavioural features, assessment of social and communication skills	Completed by Paediatric Team
International Classification of Disease-11 Revision (ICD-11)	Developmental history, behavioural features, assessment of social and communication skills	Completed by Paediatric Team
The National Institute for Health and Care Excellence (NICE) Guidelines Autism spectrum in under 19s: recognition, referral and diagnosis and guidance	Guidelines for assessment of children and young people with possible AS	All
Sensory Profile-2nd Edition	Standardized tools to evaluate a child's sensory processing patterns in the context of home, school, and community-based activities. Age range birth-15 years old	Paediatric OT team

Resource	Purpose	Person
Sensory Processing Measure	Rating form assessing sensory processing, praxis and social participation at home, at school and in the community. Age range is 5-12 years old	Paediatric OT team
The Educational Profile	GHA document to be used in the Over 5s pathway as an information gathering tool	School staff/SENCO
The Parent Profile	GHA document to be used in Over 5 pathway as an information gathering tool	Parent/Carer/Guardian
School Observation checklist-Autism Education Trust	Autism Observation Checklist to be used in educational settings	Paediatric Therapy Team

+ Abbreviations

Abbreviation	
ADI-R	Autism Diagnostic Interview-Revised
ADOS-2	Autism Diagnostic Observation Schedule, 2nd Edition
AS	Autistic Spectrum
DSM-5	Diagnostic and Statistical Manual of Mental Disorders- 5th Edition
ICD-10	International Classification of Diseases
GHA	Gibraltar Health Authority
OT	Occupational Therapy/ Therapist
MDT	Multi-Disciplinary Team
NAS	National Autistic Society
NICE	National Institute for Health and Care Excellence
SENCo	Special Needs Co-Coordinator
SLT	Speech and Language Therapist

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+ Acknowledgements

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