**Autism Diagnostic Triage – Service Provision Statement**

**Purpose**

This document outlines the function and commissioned responsibility for the Autism Diagnostic Triage process for school age children and young people in Central and West Lancashire. It also clarifies the current commissioning status of diagnostic services, the responsibilities of referrers, and expectations for ongoing care.

**Triage Criteria and Referral Outcome**

Referrals to the triage service for possible autism are considered when the following criteria are met:

1. **Concerns from professionals and/or parents/carers** that the child or young person may present with traits consistent with Autism Spectrum Disorder (ASD).
2. **Clear evidence of impact** on functioning across more than one environment (e.g. home, school, community).
3. **Relevant developmental, behavioural, or social communication history** is provided by professionals familiar with the child or young person.
4. **Attempts to meet needs through reasonable adjustments or early intervention** (e.g., SEN support, differentiated teaching, or behavioural plans) have been tried and documented.
5. The referral clearly states why autism is being considered over other neurodevelopmental, behavioural or mental health conditions.

**Outcome of Triage:**  
Where the above criteria are met, the outcome of the triage process may indicate that an assessment for autism is appropriate. However, this is not confirmation of a diagnosis.

**Current Position on Autism Assessment Provision**

At present, **there is no commissioned provider in Central and West Lancashire** to carry out full autism diagnostic assessments. Commissioners are actively working to resolve this issue. In the meantime, this triage process ensures that only children and young people for whom assessment is indicated are listed as awaiting further diagnostic work.

* Patients will be seen **in the order in which they were triaged** once a provider is in place.
* **Clinical responsibility remains** with the referrer and other involved professionals (e.g., in health, education, and social care) for all presenting needs, including those possibly linked to autism or any other condition.

**Important Clarifications**

* **This triage process and referral acceptance relate only to the potential diagnosis of autism.**  
  No consideration will be given to other neurodevelopmental or mental health conditions, including:
  + ADHD
  + Learning Difficulties (including Specific Learning Difficulties)
  + Global Developmental Delay
  + Tics/Tourette Syndrome
  + Sensory Processing Issues
  + Mental Health or Wellbeing Concerns
* Research and local triage data show that **approximately two-thirds of individuals** assessed at school age **do not meet diagnostic criteria for autism**.

**Support and Needs-Based Provision**

There is **full agreement among Lancashire’s education, health, and mental health services** that **support for a child or young person should be based on identified need**, regardless of whether a formal autism diagnosis is present.

If **any service refuses support solely on the basis of no autism diagnosis**, families are advised to contact the **Lancashire and South Cumbria ICB** directly. They should provide:

* The name of the agency and individual who gave this information
* A description of what was said

This information will be acted on to ensure there are no barriers to access support.

**Urgent or Deteriorating Needs**

If a child or young person’s situation deteriorates or requires urgent support:

* **The professionals active within the child or young person’s care will escalate through standard urgent response pathways**, which may include:
  + Mental health crisis teams (e.g., CASHER)
  + Local hospital emergency departments
  + Urgent multi-professional meetings
  + Social care intervention

The triage team based at BTH will not maintain clinical oversight of children or young people on the pathway and will not offer additional clinical input above the Autism Triage.

If the triage process identifies any other clinical risks, these will be immediately referred back through local standard and urgent pathways within the local NHS services for the child or young person, this will be the responsibility of the referring professional.

**Final Notes**

It is important to note:

* A referral for triage does not guarantee a diagnosis.
* The child or young person’s needs remain the responsibility of all involved professionals.
* Support should not be withheld due to a lack of formal diagnosis.

For any queries or concerns related specifically to the triage process or experiences by families, please contact the Blackpool ND team. For any other queries or concerns please contact lscicb.cypsend@nhs.net