



Changes to the referral process for our Children and Young People's Autism and ADHD Services

From 1 November 2024 we are updating the referral process for our Children and Young People's Autism and ADHD services.

We have been working closely with our Integrated Care Boards who commission our local autism and ADHD assessment services. We agree that we need to identify and meet the needs of children and young people at the earliest opportunity, within a robust, needs-led system approach.

We are implementing changes to ensure that individualised needs-led support is provided as early as possible, regardless of whether there is a formal diagnosis. Over time, we also aim to reduce the waiting time for assessments when it is evident that a child or young person requires one to address their needs.

A child or young person's needs are the same before an assessment as they are after a diagnosis. What matters most is ensuring that the right support is provided, at the right time, in the right place.

Key points

- We are implementing an updated referral process for autism and ADHD services, from 1 November 2024.
- The aim is to help ensure needs-based support is provided early, without waiting for formal diagnosis, through integrated partnership working.
- This approach aligns with the SEND Code of Practice, promoting early identification, inclusive practice, and a child-centred approach.
- The changes are expected to reduce the wait for assessment over time, and help ensure timely, tailored support for children and young people.
- Referrals will be made jointly by families and early years settings, schools, or other professionals, making sure that those who know the child or young person best provide the information that we need.
- A support plan must have been put in place and evaluated over at least six months before a decision is made about whether a referral is needed.

Current challenges

Referrals for children and young people's ADHD and autism assessments are exceptionally high nationally, leading to unsustainable waiting times across the UK.

The [SEND Code of Practice](#) emphasises a needs-led, flexible approach which doesn't rely on a formal diagnosis. However:

- Some children and young people attend for an assessment with little or no evidence that they have a support plan in place to meet their needs.
- Some schools have told us they were waiting for an assessment/diagnosis before putting support in place for a child or young person.
- Some families come for an assessment because they believe this is the only way they can access support.
- Some young people and families attend assessments when it is not what they would have chosen to do themselves.

In addition to this:

- Referrals often do not give us the information we need to make prompt decisions about how best to help, which creates inefficiencies and delays while we try to obtain this information.
- Some children and young people may not receive a diagnosis after being assessed but will still require support.
- Adding children and young people to a long waiting list does not meet their needs, and they should not have to wait for or rely on referral/assessment/diagnosis to get support.

Finally, we know that a diagnosis often does not provide all the benefits that people expect. Having a diagnosis does not significantly change the situation for the child or young person, and it is not always necessary for understanding and addressing their needs.

What's changing?

We are making changes to who refers, how they refer, at what point they refer, and what needs to have happened before a decision is made about whether a referral is needed.

- **Who refers:** Referrals will now be made by families and the early years setting or school in partnership together. This means referrals are made by those who know the child or young person best, based on a shared understanding of their needs, with a focus on what support is or should be in place now.
- **How they refer:** Families and early years settings or schools will complete an additional information document together and upload this with the online referral form. This means that we will have all the information we need from the right people to decide how we can best help and can make effective and prompt triage decisions.

- **When they refer:** The right time to decide whether a referral is needed is after a robust support plan has been implemented and evaluated. The support plan must have been fully implemented and reviewed for at least six months/two terms (eg two Assess Plan Do Review cycles in school, following the SEND graduated response).
- **Helping where it is needed most:** Specialist autism and ADHD assessments and ADHD medication will be focused on those who will benefit most from a formal diagnosis, Children and young people should be referred for specialist assessment when it is clear this is required to meet their needs. This means that over time the wait for this will reduce. Assessment and diagnosis remain in place when it is clear that this is important to meet the needs of the child or young person.

We will be offering the opportunity for families, early years settings or schools and other referrers to provide feedback with every referral so that we can refine the updated process.

Why are we making these changes?

- **To make sure children and young people have support in place as early as possible** which is more beneficial than being added to a long waiting list.
- **To get the right information from those who know the child or young person best:** the process will enhance everyone's understanding of the child or young person's needs and promote necessary support that should be in place now.
- **To ensure faster assessments:** Over time, these changes will mean shorter waiting times for an assessment when it is clear one is needed.
- **To support choice:** We want to make sure that children/young people and families do not feel they have to attend an assessment for their needs to be met.

Without these changes, we risk delays to accessing early help. Waits for assessment will become longer.

We know that, in some areas, children and young people are already faced with waiting many years for assessment and we do not want this for our families. These changes are designed to help make sure timely support is in place, tailored to the individual needs of each child or young person. Needs should be met in inclusive environments with no delay in receiving support.

We believe this approach is crucial in providing the early help and support that can make a significant difference in the child or young person's development and wellbeing – and this is what matters most.

Why is needs-led support so important?

A needs-led approach for children and young people is crucial for early years settings and schools, aligning with the principles of the SEND Code of Practice (2015). The Code emphasises that support should be based on the **child or young person's individual needs** rather than waiting for a formal diagnosis. This includes the following:

- 1. Early identification and support:** Needs-led support emphasises early identification of needs, meaning that early years settings and schools can provide tailored interventions as soon as concerns arise, rather than waiting until a formal diagnosis is made.
- 2. Child-centred tailored approach:** A child-centred approach focusses on understanding and addressing the child's specific difficulties, while adapting to their changing needs. A needs-led strategy enables early years settings and schools to meet these unique challenges and adapt as needs change, without requiring a diagnosis to do so.
- 3. Graduated response:** This approach aligns with the graduated response (making full use of ordinarily available provision) through the 'Assess, Plan, Do, Review' cycle, adapting support based on the child or young person's progress. This allows early years settings and schools to address individual needs effectively, without waiting for a diagnosis.
- 4. Inclusive practice:** The SEND Code stresses the importance of inclusion and access to education. A needs-led approach ensures that all children and young people, regardless of diagnosis, receive the adaptations and support that they need. This helps to promote inclusion and reduce barriers to learning.

These changes are intended to strengthen and support what should already be happening. It will help ensure that needs-led support is put in place as early as possible and that when a referral is made, it is made by the people who know the child or young person best and provides all the information we need to know.

When are things changing?

The updated process will be in place on 1 November 2024. All the information and necessary documents will be available on [the referral page of our website](#) on this day.

The changes only apply to referrals received after this date.



How you can help

Given the key role you play for our local families, we ask for your support in sharing these messages with families to help them to understand these changes.

The key messages are:

- The changes to our referral process are to help ensure that needs-led support is put in place as early as possible; and that when a referral is made, it is made by the people who know the child the best (i.e. the parents/carers and usually the educational setting).
- In line with the SEND Code of Practice, support is available for the child or young person based on their needs and this does not rely on diagnosis, assessment or referral.
- We will be asking for feedback with every referral, so that there is opportunity for families to input as we implement and refine the process.
- This will not affect any referrals made before 1 November 2024.

We want to work together to ensure we keep the needs of children, young people and families at the heart of everything we all do.

Please visit our website to find out how to support a child or young person that may have autism or ADHD.

cypf.berkshirehealthcare.nhs.uk/neurodiversity