Schedule 2 – The Services
A. Service Specifications

Service Specification No.	
Service	Autism Diagnostic Assessment Service – Children and Young People 2 - 18 years (Up to 18th Birthday)
Commissioner Lead	Siobhan Grady, Senior Commissioning Manager for Women and Children Jo Hooper Children's Commissioning Manager
Provider Lead	Right to Choose Provider
Period	From 01.04.2026
Date of Review	January 2027
Allocated funding	£0

1. Population Needs

1.1 Condition Overview

ICD-11 sets out ASD as the following - autism spectrum disorder is characterised by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

Autism is believed to affect around one in every hundred people (Brugha et al, 2009), this has subsequently been revised to excess of 1.3% people. Many autistic people experience unemployment, mental and physical ill-health, discrimination and social exclusion.

Approximately 1 in 3 autistic people also have an intellectual disability, and there is a high overlap of autism with other neurodevelopmental disorders such as attention-deficit hyperactivity disorder (ADHD), tic disorders, dyspraxia as well as metabolic disorders and sensory issues. There is also an increased chance of epilepsy, genetic conditions and mental health problems (Berney, 2004).

A lack of diagnosis is potentially distressing for the individual and their family, and can lead to attributional errors, relationship difficulties and inappropriate treatments. The diagnosis of autism can be complex particularly in adults, and therefore individuals may be misdiagnosed as having a variety of conditions requiring contradictory treatments. Misdiagnosis can also occur because of the overlap of mental health symptoms with autistic features, e.g. as schizophrenia, obsessive compulsive disorder or depression, and this can lead to the unnecessary prescription of medication or the provision of unhelpful therapies that can lead to deterioration in mood, cognition and

behaviour. Whilst it is true that many individuals will have additional mental health symptoms that may benefit from treatment, it is also important not to overlook autism where mental health symptoms are prominent or to decline intervention for mental health symptoms where autism is identified as a core condition.

Autism is more common in males, by a factor of 2-3, although there is increasing evidence regarding the risk of misdiagnosis or under diagnosis in females due to differences in presentation and design of diagnostic tools. Autistic people can experience poorer health outcomes, have a lower-than-average life expectancy and higher suicide rates compared to the general population. Co-existence with other neurodevelopmental conditions such as attention deficit hyperactivity disorder (ADHD), and Tourette's syndrome is common. Autistic people also often meet criteria for other mental or physical health conditions, with higher incidence of anxiety, depression, obsessive compulsive disorder (OCD), eating disorders, sleep problems, gastrointestinal disorders, and epilepsy. The diagnosis of autism is a clinical judgement which considers the degree of distress, difference and impacts associated with the symptoms across the lifespan. Diagnostic decisions are informed by both the ICD 11 and DSM-5 diagnostic classification systems.

1.2 National and international context

The National Institute for Health and Care Excellence (NICE) has produced guidance for recognising and diagnosing autism in children and young people from birth until their 19th birthday (CG128, 2017). NICE has also produced a Quality Standard to help improve the quality of care for autistic children and young adults up to the age of 1 (QS51, 2014). In 2024 the NICE Prioritisation board agreed to update the current autism guidelines for children and young people and adults. As of Autumn 2025, the work and its scope are still due to commence. The NICE guidelines remain valid but should be read in conjunction with NHSE Operational guidance to deliver improved outcomes in all-age autism assessment pathways which provides further information and support around best practice.

Following the introduction of the Autism Act in 2009, the Government published the first strategy for adults who are autistic (2010), accompanied by statutory guidance for local authorities and NHS bodies. The Autism Act applied only to adults, as did the accompanying strategy. This has now progressed to include children and young people, and a new all-age strategy is expected. This statutory guidance required local councils and NHS bodies to:

- Provide autism awareness training for all staff that come into contact with autistic people.
- Provide specialist training for key staff, such as GPs and community care assessors.
- Undertake community care assessments (now Care Act assessments) for autistic adults irrespective of their IQ and perceived ability.
- Appoint an Autism lead in their area.
- Develop a clear pathway to diagnosis and assessment for autistic adults.
- Commission services based on adequate population data and needs assessment.

The government reviewed the strategy after feedback from all stakeholders including autistic people and their carers and a new strategy, 'Think Autism', was subsequently

published in April 2014. 'Think Autism' related to adults with autism and includes commitments to significant developments in addition to those in the original strategy including:

- That local authorities will need to use new guidance on the use of national data agreed by National Autistic Society to inform their commissioning and delivery strategies.
- Autism will be a priority for the training and awareness of GPs over the next three years.
- Autism training will be rolled out to all Disability Employment Advisors at Jobcentres.

More recently, the Government has published a National Strategy for Autistic Children, Young People and Adults for 2021 to 2026. This document is the government's refreshed national strategy for improving the lives of autistic people and their families and carers in England. It builds on and replaces the preceding autistic adult strategy, 'Think Autism'.

The National Strategy for 2021 to 2026 depicts changes across six areas that would have a significant impact on autistic people's lives. The six areas are:

1. improving understanding and acceptance of autism within society
2. improving autistic children and young people's access to education, and supporting positive transitions into adulthood
3. supporting more autistic people into employment
4. tackling health and care inequalities for autistic people
5. building the right support in the community and supporting people in inpatient care
6. improving support within the criminal and youth justice systems

1.3 Local Context

There are 223,736 people aged 0-17 years in Devon, making up a total of 18.2% of the population.

Referrals for autism and diagnosis has increased significantly among children and adults which has led to long waiting times. The number of referrals has more than doubled since 2019 and is continuing to increase each year. Currently there are over 7,000 children waiting for an autism assessment either within community autism assessment services or community paediatrics.

- Children and young people with neurodevelopmental conditions account for the biggest group of disabled children in England.
- The South-West as a region, has the highest prevalence of children and young people with Special Educational Needs in England.
- In this context, the level of need in Devon is, overall, greater than the average prevalence in the South-West.
- Around 8.3% of children and young people with SEN have a diagnosis of autism.
- Speech, language and communication needs is often a primary need of many neurodevelopmental conditions. Taking the prevalence rates of language

disorders and the risk factors associated with social disadvantage, the predicted level of SLCN in 0-18-year-olds is 59,919 (25.3%) across Devon ICB.

Local NHS pathways for children and young people in Devon, Torbay and Plymouth are not able to meet the demand for autism assessment.

The NHS Choice Framework gives patients in England the legal right to choose the service or hospital that provides their physical and mental health care.

The aim of the Provider Framework is to ensure the Devon healthcare system can offer a choice of pre-approved providers for children and young people autism assessment. This is to support children, young people and families who want to use their legal right to access choice in the NHS.

2. Outcomes

Health outcomes for children, young people and parent carers in Devon are maximised through the timely assessments and management of interventions.

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**X**
Domain 2	**Enhancing quality of life for people with long-term conditions**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2 Service Outcomes

- Addressing inequalities in access
- Offering Choice and responsive service
- Managed transitions to adult services if appropriate
- Increased awareness, clear pathways and joint working with other services who work with children and young people with ASD needs to address barriers/ share learning.
- The service will work with children, young people, families, and partner agencies to support individual users to engage with services. This may include, where appropriate, contact in collaboration with other professionals, seeing children in an alternative setting, and flexibility about timing of appointments.
- Increased flexibility and perseverance in engaging creatively with children and families who find services difficult to access.
- The service contributes to reducing the stigma of autism.
- Increasing integrated delivery to ensure everybody has a shared vision of improving ASD support.
- Proactive engagement as appropriate in Education, Health and Care Assessment and Plan development.

2.3 Locally defined outcomes for the ICB

Outcome Evidence that the ICB:	**Key processes to support outcome** To enable the achievement of the outcome, the provider must:
1. Is kept aware of volumes and service levels	• Complete management information is provided on an aggregate and anonymous basis to ensure the ICB is able to track and monitor progress and spend. • KPIs and SLAs are agreed with the Service provider in advance and service levels are reviewed regularly with the Provider against these targets. The Provider will commit to alerting the commissioners as soon as information becomes available that indicates an upward trend. • Triage referrals within 10 working days • Carry out ASD assessment within 18 weeks of acceptance of referral (or in accordance with Activity Planning Assumptions)
2. Can access feedback on the service from service users	• Anonymised qualitative and quantitative feedback is available to the commissioners and reported 10 days after the end of the last month of the quarter: April – June July – September October – December January – March • Complaints escalation protocols are established and enacted. Evidence and engagement in Learning from Patient Safety Events system (LFPSE).
3. Can reconcile all assessments and treatments to GP referrals.	• All invoices are traceable to referral data without breaching client confidence and data requirements. • The provider is subject to ad hoc audit of records to support the probity requirements of the ICB

3. Scope

3.1 Aim

To provide an ASD Diagnostic pathway that is accessible, high quality and timely.

3.2 Objectives

The Provider must:

- Provide a service which accounts for individuals' preferences
- Ensure that children, young people, and their parents / carers are treated with compassion, respect and dignity, without stigma or judgment
- Incorporate family/representative views appropriately in then individual's developmental history and context.
- Provide accessible, assessments and diagnosis in person face to face in the NHS Devon ICB footprint (preferred) or virtually. (See service description for age categories)

- Ensure that children and young people's physical health, mental health, learning and social needs are considered alongside their social communication needs.
- Ensure the impact of trauma, abuse or neglect in the lives of children and young people is properly considered when identifying need and making diagnostic decisions and formulations.
- Ensure that any additional vulnerability or inequality suffered by children and young people (e.g. learning disability, victim of child sexual exploitation, homelessness, social deprivation/poverty, parental mental health) is properly considered when identifying need and making diagnostic decisions and formulations.
- Provide a timely response from referral to assessment in accordance with NICE CG128
- Keep service users and their representatives informed of the process, including what it involves and an approximate timescale.
- Provide a diagnostic opinion with clear reasoning behind decision reached.
- Provide written assessments that are easy to understand and jargon free; any technical terms in these assessments should be defined.
- Ensure that children and young people completing the assessment have information that supports self-management and information about services available through their local offer.
- Provide a seamless transition from referral through to diagnosis and support, including appropriate signposting or onward referral where a diagnosis of autism is not given
- Participate as required to the contribution of SEND Education, Health, and Care plans.
- Collect data in accordance with patient consent and fulfil commissioner reporting requirements.
- Ensure patient experience, feedback including complaints are handled in accordance with established procedures, which is conveyed to the patient at the outset.

3.3 Service description

3.3.1 The Provider is required to:

- Maintain communication and provide information, advice, guidance to families awaiting assessment and signposting to stakeholders working with Autistic children and young people.
- Offer a full assessment and diagnostic service to children and young people (age appropriate) with suspected Autism.
- Consistent with NICE Guidelines, Autism assessments must be conducted in the context of a multidisciplinary team of appropriately trained and qualified clinicians with substantial collective experience and expertise in assessing both autism and the range of neurodevelopmental and mental health conditions that can commonly be differential or co-occur with autism. As per NHSE Operational Guidance, this, in practice means that two **experienced** clinicians from **different** professional backgrounds **must** be directly involved in the assessment where the referral is deemed to require a standard assessment.
- NHS Devon ICB requires a **paediatrician to be part of the MDT in assessing and diagnosing children aged between 2 years and 5 years**. This will be the responsibility of the provider.
- If, following triage, the referral is deemed more complex (regardless of age), an enhanced assessment may be required, involving paediatrician or

psychiatrist and MDT consensus meetings. This will be the responsibility of the provider.

- Consistent with NICE guidelines the provider should ensure that the multidisciplinary group (the autism team) core membership should include:
    - paediatrician and/or child and adolescent psychiatrist
    - speech and language therapist
    - psychologist with training and experience in working with autistic children and young people
- The autism team should either include or have regular access to the following professionals if they are not already in the team:
    - paediatrician or paediatric neurologist
    - child and adolescent psychiatrist
    - psychologist with training and experience complementary to the psychologist in the core team
    - occupational therapist

- Consistent with NICE guidelines enhanced assessment should include, at a minimum, a clinical interview, behavioural observation, integration of developmental and corroborative information, use of validated assessment tools (and/or such assessment tools adapted for online use), a broader assessment of clinical presentation (such as estimated intellectual functioning or sensory processing) and additional liaison with referrers and other involved service(s). Siblings, partners, or friends may provide corroborative information.
- Autism assessments must gather a comprehensive history of general development. This must have included gathering information about biological, social, environmental and psychological factors that might have impacted the young person's development.
- The information should be gathered from multiple sources about a young person, for example, parents, school, college, youth club, social services, health professionals.
- A full developmental history, focusing on developmental and behavioural features consistent with ICD-10 or DSM-5 criteria (an autism-specific tool may be used to gather this information)
- Details of the child's or young person's experiences of home life, education and social care.
- Assessment (through interaction with and observation of the child or young person) of social and communication skills and behaviours, focusing on features consistent with ICD-10 or DSM-5 criteria (an autism-specific tool can be used to gather this information, e.g ADOS). We recognise that in some circumstances this can be via online video assessment, however, information from other sources must be sufficient to compensate for this.
- Autism diagnostic assessments for children aged 2 years up to their 8th birthday **must** be completed in person face to face in Devon, Torbay or Plymouth. Children and young people from their 8th birthday to 18years may be completed virtually (note in person face to face is still preferred and would be required where there is complexity that can be managed).
- A medical history, including prenatal, perinatal and family history, and past and current health conditions.
- Ensure that the patient has had a general physical examination during the assessment process.
- Considers differential (alternative) diagnoses for autism and whether specific assessments are needed to help interpret the autism history and observations.

This might include considering whether a young person's needs are better understood in terms of other diagnoses including a Learning Disability, Autism Developmental Language Disorder, or Foetal Alcohol Spectrum Disorder, Developmental Trauma, Attachment difficulties or mental health conditions. If there are concerns around other developmental issues / syndromes, then referral to a community paediatrician may be more appropriate.

- Ensure that informed consent issues around both sharing of information within the family and with other agencies are clearly explained and documented.
- Keep service users and their representatives informed of the process, including what it involves and an approximate timescale.
- Ensure the patient/ family has a clear understanding of their diagnosis.
- Ensure that the rationale for diagnosis, evidence considered, and decisions made will be fully documented. This will be shared with the child / young person and parent / carer in writing as appropriate.
- Provide access to advice and guidance during the assessment.
- Ensure effective multi-disciplinary working with other health and care services supporting seamless pathways and appropriate levels of information sharing.
- Refer to GP where further assessment and/or treatment is recommended.
- Offer a post diagnostic follow up meeting within 12 weeks of the assessment.

3.3.2 Information Sharing:

In all assessment instances, the family/ carers or young person should be made aware of local support offers and resources including the Special Educational Needs and Disabilities, (SEND), Local Offer and SEND Information Advice and Support Service applicable to their local authority.

In all assessment instances, (both complete and uncompleted), with parental consent, the provider must share an electronic, detailed, and complete version of any assessment and outcomes including diagnosis/ formulation. This will incorporate a full set of scoring against each section of the DSM-5 criteria for any standardised and non-standardised assessments including school, college or homebased observations, ADOS, 3Di or equivalent, cognitive assessments, Conners/ QB and be shared with the child or young person's:

- Education provider
- Local authority upon request.
- GP
- Community Care Provider/ Paediatrician.
- Any reasonable request from another other health, social care or education professional supporting the patient, made within a reasonable time frame of the services engagement with the patient.

The Provider will provide a point of contact who can address questions for clarity regarding a SEND need/ Education, Health and Care Plan enquiry within 6 weeks of an enquiry being made and thereby meet statutory deadlines for response.

Where the patient has been seen by the service for either assessment, or follow up, within the previous 12 months, the provider will engage positively with any request in relation to an Education, Health and Care Plan for the individual, both new and review, contributing information in a format which will clearly identify needs and

outcomes. Responses will meet the timescales determined by the local authority. They should liaise with the Devon Designated Clinical Officer for SEND (DCOs) team based within the ICB to discuss any queries or concerns before providing statutory advice for statutory assessments, EHCP reviews, mediation or Tribunals.

3.4 Population Covered

The service will focus on the needs of the children and young people aged 2 years old up to their 18th Birthday) where NHS Devon Integrated Care Board is the responsible commissioner. It will include Children and young people who have suspected autism. If there are concerns around other developmental issues / syndromes for example, then referral to a community paediatrician may be more appropriate and the Right to Choose referral would end.

3.5 **Any acceptance and exclusion criteria**

For assessment, diagnosis and treatment in children and young people:

Acceptance Criteria:
The Provider will:

- Accept referrals for children and young people aged from 2 years old to 18th birthday registered with a GP in NHS Devon ICB footprint - Devon, Torbay or Plymouth.
- From 2 years to 5 years (5th birthday) – assessment must be in person face to face in Devon, Torbay or Plymouth and completed by a Paediatrician joint/ linked with qualified / competent Early Years practitioner individualised to the child's needs including a play-based assessment.
- From 5 years 8 years (8th birthday) – assessment must be in person face to face in Devon, Torbay or Plymouth and include a play-based assessment.
- Children aged 8 years up to 18th birthday – virtual assessment can be offered or in person face to face in Devon, Torbay or Plymouth or hybrid if requested by the family or clinically appropriate.
- Accept referrals made by GP in NHS Devon ICB where parent has requested Right to Choose. GP should be able to provide a reasonable description that suggests that the child / young person may have an ASD.
- Provide locally available, age and developmentally appropriate, co-produced information for children / young people, parents / carers and referrers about the services provided and how they are accessed.
- Support and ensure inter-agency working.
- Gather the agreed range of information at the point of referral noting information sharing protocols.

Exclusion Criteria:
Children aged 0 up to their 2nd birthday.

- Children and young people with high risk or complex mental health comorbidity where the needs of the individual might be better supported by the specialist services within Devon mental health provision. Further discussion between the Referrer and the Provider (in which case exclusion criteria may be exempted). Where this is the case, the service will support partner agencies to hold and manage risk around the individual, through collaborative approaches whilst the

diagnostic process is being completed. The following is not an exhaustive list of high risk, complex considerations:

- Acute Mental Health Crisis: Individuals with active suicidal intent, severe self-harm, or severe unmanaged mental health disorders requiring urgent intervention. Urgent intervention or involvement from: Crisis/Home Based Treatment, Assertive Outreach
- Active Addiction: Ongoing substance misuse that significantly impacts the reliability of the assessment. Active or recent involvement with Drug and Alcohol Services
- Active or recent admission to Acute Mental Health inpatients or 136 suite
- Active or recent admission to Psychiatric Intensive Care Unit
- Active Legal/Safeguarding Issues: Individuals involved in ongoing legal cases, police investigations, or child protection plans.
- Diagnosis of Learning Disability/impaired cognitive functioning
- Severe Learning Disability/Developmental Delay: Individuals with a significant intellectual disability (e.g., IQ below 50-70) or profound developmental delay
- Severe Comorbidities: Untreated, severe, or complex conditions such as schizophrenia, or severe PTSD, psychosis or treatment for psychotic episode
- Age if over 18 years. If the young person will be 18 before the assessment is likely to take place the provider is requested to ask the referrer to redirect their referral to the appropriate adult's service.
- Children in court proceedings where intervention is not advised under Home Office guidelines.
- Court assessments, unless specifically contracted.

Recent defined as within the last 12 months

3.6 Discharge Protocols

The provider will

- Support discharge following assessment which may include transition to adult services.
- Ensure that the referrer is clear as to whether the service has accepted the referral and, if not, in line with agreed information-sharing protocols, provide the rationale for this and refer to the referrer.
- When a service user is not brough a risk assessment should be made and acted upon. A service should not close a case without informing the referrer that the service user has not attended.
- Provide individual information on support available locally for parents, carers and autistic children and young people, according to the family's needs. Including post diagnostic support and psychosocial interventions

3.7 Governance and Accountability

The Provider will

- Comply with all relevant legislation and guidance to record information, to comply with Data Protection acts, and comply with requirements to keep records for an appropriate period.
- Be registered with the Care Quality Commission if appropriate.
- Ensure that all professionals are educated, trained, sufficient experience and have assessed capability to conduct autism assessments with the required knowledge and skills and remain compliant with their relevant professional standards and bodies and be revalidated as required. Appropriate training should be checked through the accreditation process.

- Have an indemnity scheme.
- Have robust clinical and corporate governance systems to manage and learn from complaints and incidents and to meet the training and supervision needs of its staff.
- Ensure the workforce is educated to be responsive to changing service models, innovation and new technologies, with knowledge about effective and evidenced based practice.

3.8 Interdependence with other services / providers

Providers should ensure they have excellent links with services regularly used by young people providing a joined up accessible service supporting shared outcomes including improving access to education and healthy behaviours.

- Devon ICB
- General Practice.
- Education Providers
- Public Health Nursing
- Voluntary sector providers.
- Local authorities
- Children in Care services (including Forster carers)
- Acute sector hospitals.
- CAMHS and mental health providers
- Community health providers.
- Criminal justice system – including young offenders services.

4. Applicable Service standards

NICE have produced Clinical Guidelines 142, 128 and 170 (listed below) and a Quality Standard (QS51) which set out evidence for good practice in autism assessments. This includes which professionals may be involved and the recommended autism assessment tools and processes employed.

- NICE CG128: Autism spectrum disorder in under 19s: recognition, referral and diagnosis
- NICE CG142: Autism spectrum disorder in adults: diagnosis and management
- NICE CG170: Autism spectrum disorder un under 19s: support and management

- National Framework and operational guidance for autism assessment services (2023)
- Recommendations from the NHS England Guidance to deliver improved outcomes in all age autism assessment pathways https://www.england.nhs.uk/long-read/operational-guidance-to-deliver-improved-outcomes-in-all-age-autism-assessment-pathways-guidance-for-integrated-care-boards/.
- Autism Act (2009)
- National strategy for autistic children, young people and adults 2021 to 2026 (2021)
- Implementing Fulfilling and rewarding lives – statutory guidance for local authorities and NHS organisations to support implementation of the Autism Strategy (2010)

4.1 Applicable local standards

- The full range of service provision will operate during reasonably accessible hours excluding bank holidays with videoconferencing and e-consult formats being available (in person Face to face assessment in Devon, Torbay or Plymouth is preferrable, however virtual where clinically and age appropriate and in line with inclusion criteria).
- The need and input of general services will be identified, and requested, at the earliest opportunity, and referrals made as appropriate.
- Copy of report to be provided to parent / carer and discharge letter to be sent to services users and copied to GPs/referrers.
- Core components of an autism assessment report:
  - ❖ reason and background to referral
  - ❖ dates seen and format (face-to-face, telehealth or hybrid)
  - ❖ report author and those professional undertaking the assessment
  - ❖ documents seen before and during assessment (sources of information, including parents, teachers, partners, employers etc.)
  - ❖ screening tools used and results.
  - ❖ autism diagnostic tools used, purpose and respective contributors
  - ❖ assessment system, for example, ICD-11 or DSM-5
  - ❖ summary of current presentation, functioning
  - ❖ summary of health and wellbeing, including risk
  - ❖ summary of developmental and personal history
  - ❖ assessment formulation
  - ❖ consideration of the impact of strengths and needs.
  - ❖ recommendations and next steps.
  - ❖ Sign off and assessor declaration
- Information will be shared safely and in accordance with the preferences expressed by the service user.
- The Devon Joint Formulary.
- NHS Devon ICB clinical commissioning policies
- One Devon Children's Integrated Neurodevelopmental Assessment Pathway (INAP) Framework
- Provider engagement in National and Local peer networks/community of practice if available to peer review, share learning and ensure continuous improvement in quality of the offer and diagnostic assessments.'

5. Monitoring and Evaluation

The provider will need to play a full and active part in the evaluation of the service and attend Contract Monitoring Meetings. Prior to the meeting a report will be shared with the commissioner that provides a summary of quantitative activity levels and outcomes

data. These are set out in schedule 6 of the contract as well as the Local Quality Requirements which are set out in Schedule 4 of the contract.

The provider will also need to demonstrate how qualitative data from patients is used to inform service development, including any evidence of co-production. Therefore, all families and young people will need to be asked to complete a pre- assessment and immediate post-intervention questionnaire. The questionnaires should use a combination of validated quantitative rating scales and qualitative free text questions.

In addition to this report, the provider is to provide the following monthly statistics:

- Referrals received
- Referrals accepted and not accepted
- Referrals by gender
- Referrals by age
- Referrals received by GP practice
- Number of assessments carried out
- Number and percentage of patients diagnosed with Autism
- Number of DNAs
- Average (and longest) length of time a patient waits between referral to their first appointment

6. Location of Provider Premises

6.1 The Provider's premises are located at:
XXX

6.2 The provider of this service must ensure that all communications are in accessible formats that appropriately engage families, carers and young people as appropriate. The provider will comply with relevant equalities legislation and best practice guidance. We will expect the service to make reasonable adjustments to ensure the service is open and accessible to the whole of our population.

Where in person assessments are part of the assessment process we expect locations to be within the NHS Devon ICB footprint. And expect provision and location to be accessible and comply with all health and Safety compliance, with clear communications on access and directions to venue.

For virtual assessments we would expect clear communication on process and how assessment and outcomes are delivered. Providers should track progression of assessments where a patient is identified as having additional complexities and may benefit from in-person observation to reach a conclusion.