

**Information collated by Orkney Islands Council & forwarded by NHS
Orkney – July 2012**

Orkney's Diagnostic Pathway for ASD was created by a multi-disciplinary working group in 2009. It established that a minimum requirement for identification of ASD is agreement between Educational Psychology and Speech and Language Therapy. Where possible and where appropriate a wider group of professionals are drawn in including paediatric occupational therapy and input from the community paediatrician from Aberdeen. Involvement from Studio III Clinical Services in Autism have fed into the diagnostic process and also on occasion input from Aberdeen clinical psychology and psychiatry services.

The multi-disciplinary working party formulated a diagnostic proforma which allows inter disciplinary findings to be collated in a readable and succinct format which is accessible to parents as well as useable by professionals. This proforma is used routinely

Orkney's Autism pathways and processes for identification and intervention have been scrutinised and approved by the National Autistic Society and Studio III..

During inspection of Orkney's Educational Psychology Service in 2009, HMIE noted the Educational Psychology input to the Orkney Autism Pathway and processes of identification as particularly good practice (see HMIE website).

An Autism Strategy Group has recently been established. It has a wide multi agency membership and is exploring the use of ADOS to enhance local good practice. Other aspects of the diagnostic process will be monitored and refined by the group and reference will be made to DSM5 when this is available. It is of note that the Forth Valley do not use any evidence based tools routinely and Shetland use a very similar range of approaches and tools to those used in Orkney. Along with Orkney, both of these authorities are recognised for their good services to children with Autism and to their families.

Information gleaned from the recent FOI exercise highlighted that in common with Orkney several other authorities have a flexible approach to the composition of the team involved in the process of identification of ASD. Similar to Orkney a number of authorities do not prescriptively involve a paediatrician or clinical psychologist but instead follow the principle of least intrusive approach and involve relevant professionals as and when required. For example, Tayside use "a multi-disciplinary team which **can** include a speech and language therapist, nurse, clinical psychologist and a consultant psychiatrist". In the Western Isles diagnosis is carried out in the following way "Educational Psychologist, Occupational Therapist and Speech and Language Therapist are usually involved in the process, though occasionally we have proceeded with 2 professionals"

The FOI exercise also revealed that encouragingly Orkney is in line with most authorities in that its diagnostic process draws from a range of evidenced based tools and evidence based approaches and selects them as appropriate

to the child or young person and the contexts they are in. The range of tools selected from includes:

- Speech and Language Assessment
 - CELF and CELF4 - for older children (Clinical Evaluation of Language Fundamentals)
 - ACE (Assessment of Comprehension and Expression)
 - SCQ (Social Communication Questionnaire)
 - The Autistic Continuum (An assessment and intervention schedule, Aarons and Gittens)
 - Pre-school Language Scales
 - Assessing Communication, Lathan and Miles
 - The Pragmatics Profile, Everyday Communication in Children, Dewart and Summers
 - CARS (The informal assessment of social communication and language skills)
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- Educational Psychology Assessment
 - WISC IV (Wechsler Intelligence Scales IV)
 - BAS (British Ability Scales)
 - ASD Specific Instruments (e.g. Attwood Asperger's Rating Scale)
 - Dynamic Assessment Approaches
 - Play based Assessment

In harmony with other authorities diagnosis is seen as based principally on clinical judgement and tools are selected to facilitate the assessment process and the exercise of clinical judgement. In addition close attention is paid to:

- developmental history taking including ASD specific history taking,
- observation in a range of settings,
- contextual and functional information gathering through discussion, interviews and use of questionnaires (parental, school based etc).

The guiding principles are the SIGN guidelines and Getting It Right For Every Child i.e. the creation of a holistic picture of a child's strengths and vulnerabilities in a number of settings and the confirmation of the triad of impairments associated with ASD as central to this vulnerability.