

**2026-2029**



**The National Autistic Society's**  
**Autism Specialist Award**  
Educational, social care and health provisions  
**Guidance and Assessment Manual**





**Name of the service**

**Lead contact**

**Customer number**

**Date of assessment**

**Lead assessor**

**Moderator**

**Committee outcome**

**Date of committee outcome**

# Foreword

## Welcome to the Autism Accreditation Manual

Since 1992, the National Autistic Society's Autism Accreditation team has been setting the standard for best autism practice across social care, health, and education services. In 2024-25, we worked with over 650 organisations and businesses to embed high-quality autism practice through our Accreditation and Inclusion Awards.

Our frameworks are contemporary and dynamic, shaped by the latest research and approaches in autism support. We work closely with autistic people, families and professionals to ensure our standards reflect current thinking and real-world needs.

We are proud to be informed by lived experience. Autistic people are involved in all areas of our work, helping to ensure that our frameworks are authentic, relevant and impactful.

Collaboration is at the heart of our approach. We actively encourage partnership working with our members to ensure our frameworks are practical and effective, while also promoting the sharing of best practice across our network.

Our programme is designed to be sustainable, offering development opportunities and resources that can be maintained and built upon year after year. Whether you are new to accreditation or working towards re-accreditation, this manual will guide you through your journey. Once you have completed the self-audit, action plan and case studies, you can submit them to your consultant, who will carry out the assessment and forward the report to the Accreditation Awards Committee. The committee's decision will be included in the report and returned to you.

Our awards and frameworks are tailored to different organisation types to ensure reach across all sectors, enabling best practice to be embedded consistently and effectively. Our Autism Specialist Award kitemark is recognised by autistic people, families and professionals as a symbol of best autism practice. This award provides assurance that your organisation delivers services of the highest quality.

Throughout this manual, you'll find advice and information to support you every step of the way. The Accreditation team looks forward to continuing our work with you to achieve the highest standards of good practice in supporting autistic and other neurodivergent people.

**Christine Flintoft-Smith**

**Head of Accreditation**

# Foreword

## Our mission

We work to ensure that society works for autistic people.

We set the standard for best practice and provide frameworks across all sectors to develop supportive environments and cultures that produce positive quality of life outcomes for autistic people.

With over 60 years supporting autistic people, we are trusted experts on autism practice, and our kitemark acts to reassure autistic people and families of the standard of support they should expect to receive from providers.

## Our aims

**Set the standard for best practice:** Working with individuals, their families and professionals, we use the latest understanding and research to inform the standards we set.

**Sustainable support:** We provide a programme of development and resources that can be maintained and built upon year after year.

**International kitemark:** Our kitemark is recognised as a sign of best practice by autistic people, families and professionals. It offers assurance that the services provided by the organisation are of the highest quality.

**Reaching critical sectors:** To ensure that all sectors are targeted to provide best practice across the board, our awards and frameworks are tailored to different organisation types and size.

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Sections to be completed by the service



Sections to be completed by the assessor or committee

## Section one

Your journey

Our framework of best practice

Our award criteria



# Section one

## Your journey



### Pre-assessment

- Carry out a detailed review of your current practice using our self-audit tool.
- Develop and begin implementing an Accreditation action plan based on your self-assessment.
- You can book optional sessions with your consultant for support with the self audit, action plan, documentation review, or observation and reflection on practice.

### Assessment

- Assessment days include observation of practice, review of key person-centred documentation and discussions with key people within the provision (including, where possible, autistic people).
- Observations may also be carried out by an independent moderator.
- An online accreditation survey is sent to parents/carers or advocates where appropriate to do so.
- The consultant produces a summary report outlining assessment findings, strengths and areas for development, which is then submitted to the Accreditation Awarding Committee.

### Committee decision

- The Accreditation Awarding Committee reviews the assessment report and decides whether an award can be given, and at which level: Aspiring, Accredited or Advanced.
- Provisions that achieve an Advanced Award may apply for Beacon Status, which recognises exceptional work that has had a significant impact within the local community and across the wider field of autism practice.

### Maintaining and progression

- Provisions are offered a new assessment plan if they wish to remain in the programme.
- They can continue to access consultant support and work on development areas identified in their assessment. They may also request a further assessment to demonstrate that they are maintaining standards or progressing to the next level.
- We recommend reassessment within three years to ensure the award remains a meaningful reflection of current practice.

# Section one

## Your Autism Accreditation journey



### How long does each step take?

This depends on:

- what level of good autism practice is already in place and consistent across the provision at the point of registration
- how much time and resources can be committed to carrying out the self-audit, implementing the action plan and preparing for the assessment.

However, we recommend that you set your own dates as targets to work towards right from the start of this process. This will help maintain a focus and direction. You can always review these dates if the progress you make is greater or less than you expected. For example:



\*Remember, assessments should be booked at least six months in advance.

### Your assessment plan

On registering with Accreditation, you should receive a copy of your finalised assessment plan. The assessment plan outlines the work that our Accreditation team considers necessary to assess a provision, together with associated costs. You can find out more by reading our **terms and conditions**.

The assessment plan will tell you how many consultant visits are included in the plan. If you are not intending for your whole service to be assessed, your plan should list what will be included. For example, there may be specific care homes that you want to be included in the assessment, specific departments or classes in a school. This should be listed accurately in the plan.

During the pre-assessment phase, you may wish to add to, expand or reduce your registration. You will need to seek the agreement of the Head of Accreditation to do so, by completing an amendment proposal form. This can be downloaded from the Accreditation members' section of the **National Autistic Society website**.

# Section one

## Our framework of best practice

This framework sets out how we define best practice in the schools and services we assess. It underpins our awards criteria and assessment processes. It is based on human rights, current evidence and neuro-affirmative values.

It was developed with autistic people and focuses on dignity, wellbeing, autonomy and meaningful participation.

### Core principles on which our awards criteria are based

1. Support recognises neurological differences as natural and valid, respects multiple identities and removes barriers to participation and wellbeing.
2. Support builds upon and expands each person's strengths, skills, identity and interests – who they are and who they want to be.
3. Support helps people feel safe, good about themselves and confident to engage, explore and grow, placing emotional wellbeing at the centre.
4. Individuals are regarded as equal partners in decisions affecting their lives, with their rights, preferences and freedoms respected at every stage.
5. Staff adapt responsively so support remains effective, meaningful and aligned with what matters to the individual.
6. Individuals are supported to understand, express and regulate emotions safely, without pressure to mask or conform.
7. Support focuses on understanding the meaning behind behaviours, prioritises emotional wellbeing, reduces factors that contribute to distress or trauma and promotes control and autonomy.
8. Approaches draw on lived experience, co-produced research and real-world insight, with staff reflecting critically on their practice.
9. Communication is meaningful, accessible and two-way.
10. Individuals are supported to build safe, respectful and fulfilling relationships.
11. Individuals are included in their communities and supported to connect, contribute and experience belonging, while developing lifelong functional skills through inclusive, step-by-step support.
12. Individuals are empowered to live the lives they want, supported to build the skills, knowledge and confidence they need to make choices, pursue goals and shape their own future.

# Section one

## Award criteria - Aspiring

The following tables provides an overview of the criteria used by the committee when determining an award. A more detailed, domain-specific breakdown is included in the appendix and is also available on our members' page. These criteria are intended as guidance.

The committee always considers context and impact when making decisions. For example, the criteria will be interpreted differently for a small care home with a limited number of residents compared with a larger specialist school with many autistic students and access to greater resources for staff development and materials.

Where a gap or inconsistency in practice is judged to have a significant impact on autistic individuals, it is given greater weighting and may result in a lower award, even if other criteria are met at a higher level.

### Aspiring

- Staff have an emerging awareness of key considerations when supporting autistic people.
- Support is informed by an understanding of each person's presenting needs, though practice still focuses mainly on helping people adapt to existing routines and expectations.
- Goals and strategies are in place but often broad or long term, limiting progress tracking and opportunities for independence, social connection and varied participation.
- Approaches vary between staff and settings, with clear scope for support to become more consistent, personalised and strengths based.
- Individuals mainly engage in familiar activities with limited opportunities to build confidence, autonomy, social relationships or community inclusion.
- Staff respond sensitively to distress, while proactive planning and preventative strategies are still developing.
- Physical restraint is used only within safeguarding principles to prevent immediate harm, and never in a punitive or abusive way. Monitoring and evaluation require further development to ensure restraint remains exceptional, proportionate and not inadvertently normalised.
- Consultation occurs but is informal, inconsistently inclusive and not yet reliably influencing practice; advocates report limited involvement.

# Section one

## Award criteria - Accredited

### Accredited

- Staff are confident in a broad range of specialist approaches and apply them with growing consistency.
- Support is informed by each person's sensory, communication, functional and emotional profile and delivered through personalised approaches that reduce environmental and systemic barriers.
- Goals and strategies are increasingly specific and regularly reviewed, enabling clearer tracking and expanding opportunities for autonomy, skill development, social engagement and interest-led participation.
- Practice increasingly builds on each person's strengths, skills and interests, with a more consistent focus on enabling participation, relationships and autonomy.
- Individuals engage in familiar and new activities with growing confidence, autonomy and access to varied, interest-led community experiences, supported by emerging use of structured approaches to build skills and social connections.
- Staff are attuned to early signs that someone may become distressed and use proactive planning, environmental analysis and early intervention approaches with increasing consistency to prevent escalation.
- Physical restraint is minimal, safeguarded and monitored to ensure it remains a genuine last resort. Individuals are supported after any incident to restore emotional safety and wellbeing, and emerging learning begins to inform future planning, with incidents increasingly no longer viewed solely in isolation.
- Consultation processes are increasingly established and inclusive, with differentiated approaches supporting meaningful involvement. Where appropriate, advocates report being routinely consulted and involved in individuals' support, and feedback can be shown to inform improvements.

# Section one

## Award criteria - Advanced

### Advanced

- Staff are confident in a wide range of specialist approaches and use methods that are highly tailored to what works best for each individual.
- Support is grounded in a deep understanding of each person's sensory, communication, functional and emotional profile, shaped by their lived experience, identity and what matters to them.
- Goals are specific, measurable and co-produced, aligned with structured support programmes and quality of life outcomes, enabling precise tracking and confident, independent engagement in varied, interest-led and socially meaningful activities.
- Strategies are anchored in each person's strengths and identity, using proactive, barrier reducing approaches that empower individuals with lifelong tools, relationships and opportunities to thrive. High levels of consistency and quality are evident across staff and settings, enabling predictable, coherent and enabling support.
- Individuals engage confidently in a wide range of familiar and new activities, with autonomy, self-reliance and social inclusion embedded throughout routines. Staff use a clearly defined, structured and progressive framework, intentionally fading prompts to support self-initiation, meaningful choice and sustained participation.
- Staff skilfully employ highly bespoke, proactive, evidence-informed planning to sustain robust emotional regulation and wellbeing, drawing on detailed environmental analysis, ongoing consultation and reflective practice so that distress is rare, anticipated early and prevented from escalating.
- Restrictive intervention is not used or is exceptionally rare, occurring only in genuine emergencies and followed by immediate, management-led reflective review. Incidents are explored through trauma-informed, rights-respecting analysis that considers patterns, environmental factors, staff practice and training needs. Clear preventative actions, meaningful support for the individual and systematic learning strengthen a whole service culture of safety, dignity and prevention.
- Consultation is fully embedded and multi-layered, using robust, tailored methods to ensure every voice is heard. Advocates are active partners, involved in line with individuals' wishes and capacity, and their insights are valued and integrated. Feedback is systematically evaluated and acted upon through a strong co-production model that shapes, reviews and continually improves provision.

# Section one

## Award criteria - Beacon Status

A provision that has already achieved the Advanced Award can apply for Beacon Status. To achieve the award, the provision must submit case studies that clearly demonstrate exceptional work and significant impact in the following areas:

### 1. Impact on the local community and public understanding

The case study should showcase exceptional work that has significantly improved how the local community:

- understands autism and neurodiversity
- interacts with and supports autistic people
- creates inclusive, accessible and welcoming environments
- promotes social inclusion, belonging and participation
- challenges stigma, misunderstanding or exclusion.

### 2. Contribution to the wider field and development of good practice

The case study should demonstrate exceptional work that contributes to the wider understanding of autism and good practice, for example through:

- involvement in action research or co-produced research
- developing innovative resources, tools or models of practice
- sharing learning regionally, nationally or internationally
- contributing to professional networks, conferences or publications
- influencing policy, guidance or sector-wide improvement.

The emphasis is on **originality, influence and measurable impact**.

### Evidence of significant impact

Across both areas, the application must provide clear, specific evidence of impact, which may include:

- outcomes data (attendance, reach, uptake, progression, engagement)
- evaluation data (feedback, surveys, ratings, testimonials)
- impact data (changes in understanding, behaviour, inclusion or opportunity)
- sustainability (how work has been maintained, expanded or embedded over time)
- external validation (awards, funding, recognition, partnerships)
- co-production with autistic people.

## Section two

Self-audit

Action plan



# Section two

## Completing your self-audit and action plan

Our standards are developed using an evidence-informed approach that blends research findings, practitioner expertise and the lived experience of neurodivergent people. We draw on current research, with particular emphasis on studies that use participatory methods. To shape our standards, we consult both internal experts and external professionals registered with the accreditation programme, making a conscious effort to include neurodivergent voices wherever possible.

The standards are built around what we call the quartet of difference - four core areas where autistic people commonly experience differences compared to the majority of the population. These differences may be experienced as strengths, challenge or a blend of both. Challenges are more likely to arise when environments, expectations or systems are not designed to accommodate or value these differences.

Each standard is broken down into a series of indicators. For each indicator, you'll be asked to describe what you do to meet it and to provide a rating score.



### Guidance on using this document

The self-audit within this document is editable, with word limits included for each box. This is intentional and you are encouraged to keep your points concise.

You are encouraged to download this document and open it in Adobe Acrobat Reader, using an offline copy rather than a web browser. Adobe Acrobat Reader is a free PDF viewer, and using it is the most reliable way to ensure the document works as intended.

# Section two

## Completing your self-audit and action plan

### Rating criteria

<b>Fully met</b>	The service/school can provide clear evidence that this question is fully addressed consistently and to a high standard. There is no identified scope for improvement.
<b>Partially met</b>	The service/school can provide clear evidence that this question is addressed but there are clearly identified areas for improvement.
<b>Not met</b>	The service/school cannot provide sufficient evidence to demonstrate that this question is addressed and there is considerable scope for improvement.
<b>N/A</b>	The service/school does not feel that this question is of relevance to them. NB: you will need to be able to explain why this is the case.

### Key points

- The self-audit is based on the same framework that we use during your assessment. It is therefore a good indicator of what areas will be considered when you are assessed.
- Feedback tells us that provisions find the self-audit provides an effective framework for development and that the process of completing it encourages reflection and discussion.
- We believe that the self-audit process will only be useful to you if you complete it with honesty and self-reflection. Getting accredited will not depend on how well you complete the self-audit and there is no pass mark you need to achieve or any 'correct' responses.
- Some questions may be very challenging. This is intentional, as we want the self-audit to be aspirational and thought-provoking even for very good provisions.

# Section two

## Completing your self-audit and action plan

### Involving others

Try to think of ways you can engage your whole staff in the process. For example, you may run a staff workshop where people are put in small groups to address specific areas using an appreciative feedback approach. This will provide insight into whether there is a shared understanding and where there may be gaps and inconsistencies.

Staff may also come up with examples of things that are happening in the provision that you may have overlooked or are unaware of.

When engaging autistic people and, where appropriate, their families, it may be best to think of key questions that relate to the self-audit and how you think these could be presented in a clear and accessible way.

For example:

- What activities do you like doing at the day centre? Are there other activities you would like us to offer? (For some autistic people, this could be asked using augmentative or alternative communication).
- Do you think staff do enough to support your child's emotional wellbeing? Are there other things you would like them to do?



### Setting up a Quality Action Group

We recommend that you ask other staff members to join a Quality Action Group (QAG) to meet regularly to work on the self-audit and action plan. The QAG should ideally include representation from different departments, levels of management and neurodivergent people or other stakeholders.

You may have a core of regular members as well as those you ask to join you to discuss specific topics or issues.

In some provisions, it may not be possible to set up a QAG and you may find yourself doing most of the work alone.

However, it is important that you find ways of consulting with and including others so the self-audit is truly representative of your provision and not just one person's perspective.



# Section two

## Completing your self-audit and action plan

### Appreciative Enquiry Approach

We recommend you use an Appreciative Enquiry Approach to complete the self-audit. This is a strengths-based approach that focuses on what is already working and builds upon this, rather than identifying problems and trying to fix them. As such, it has been found to be a more positive, constructive and empowering way of achieving change.

<b>Discovery stage: The best of what is.</b>	Your QAG can take one of the indicators and share all the good work you already do in supporting people in this area. eg when describing social activities, identifying what activities or events have worked really well and sharing success stories.
<b>Dream stage: What might be.</b>	QAG members can then imagine what it would be like if the positive features that were identified in the discovery stage were embedded as everyday practice. For example, if social events that worked really well could occur more often or involve more people.
<b>Design stage: How can it be.</b>	The participants work together and try to identify steps that can make the dream stage a reality.
<b>Delivery stage: What will be.</b>	The participants create and implement an action plan.

Please visit our [members' area](#) to find out more.

### Creating an action plan

As you work your way through the self-audit, you are likely to identify lots of action points. We suggest you group these as:

- **priorities** - what must be done before the assessment
- **back burner** - not essential but would be good if actioned
- **quick wins** - tasks that are relatively easy to carry out and can give a sense of progress.

In the self-audit tool, we include a simple template for an action plan, but you may wish to create your own or incorporate it into an existing development plan.

Once your action plan is set up, you should be able to predict how much time you will need to address all priority areas. You can go back to the original timescale you set yourself and decide if it needs to be revised.

It is unlikely that you will reach a point where you have completed all identified actions. However, when you feel reasonably confident that you can meet the criteria, you can think about booking an assessment. Remember, you need to give us at least six months' notice, so do allow for this in your plans.

You can continue to work on your action plan up to three weeks before your assessment, at which point you are required to send a final version of the self-audit and the action plan to your consultant.

# Section two

## Completing your self-audit and action plan

### Getting support

#### Our members' area:

We have an [Accreditation members'](#) area on the National Autistic Society website. These pages will provide you with resources that may help you in completing the self-audit and action plan.

#### General consultant support:

This is support that you can access at any point in the process without additional costs. You can access this support by emailing your consultant with a question. Maybe you don't know what to write for a particular indicator. Or maybe you are looking for some ideas around how you could address an issue highlighted in your self-audit.

Your consultant can advise you on the accreditation process and provide general advice about good practice. However, they are not able to give you specific advice on how best to support an individual.

It is important that you take the initiative if you need such help. Your consultant knows you are busy and won't keep contacting you without a reason.

If the consultant doesn't hear from you, they will assume you are making steady progress in working towards booking an assessment and that you don't need their help.

Your consultant may reply in an email or suggest a short phone or video call. There is no additional cost for accessing general consultant support, providing the demands you are placing on the consultant in terms of time or resources do not become excessive. If the consultant believes this is the case, they will advise that you book in a consultation session.

### Consultation support

#### Consultation session (on-site):

You have the option of asking the consultant to carry out a consultant visit. Consultation visits come at an additional cost, including travel, hotel and out-of-pocket expenses, visa etc. To get the most out of the visit, you are strongly advised to plan what will happen on the day. The visit could involve one or more of the following activities:

- meeting to provide bespoke advice, review and feedback on the self-audit and action plan
- review and feedback on personal support plan documentation and assessment tools
- environmental audit or learning walk of your provision
- focused observations of current practice.

Please be aware of our safeguarding guidance, which applies to any Accreditation visit and can be found [here](#). Any consultation visits outside of the EU will require two consultants to be present.

#### Consultation session (virtual)

If you need bespoke advice and guidance on the self-audit, you might prefer to ask your consultant to provide support via a virtual meeting. A benefit of this is that your consultant should be able to arrange this at a time convenient for you, with some allowances for time differences to the UK.

Your consultant will be able to advise you on whether the virtual session will be covered by your assessment plan or whether you will be charged an additional cost.

# Section two - Self-audit

## Key information

Type of provision - eg special day school, residential care home etc.

How many people are supported by the provision?

How many of this number are autistic?

What is the diversity of the people supported by the provision (eg age range, co-occurring learning disabilities, communication profiles etc)?

Outcome of any relevant external or statutory inspections - eg body name, date of inspection, outcome etc



# Section two - Self-audit

## Key information



What are the main specialist approaches used to support autistic people?

What training/ongoing professional development do staff receive in these approaches?

What processes are in place to ensure that each autistic person has a regularly-reviewed personal support plan, which identifies strategies and sets targets in relation to social communication, sensory regulation, promotion of independence and wellbeing?

# Section two - Self-audit

## Key information

How are autistic people consulted in the support they receive?  
This should include reference to any adaptation to enable them to express their opinion.



How are families, carers and/or advocates who represent the best interests of each autistic individual consulted about the support being provided, where appropriate to do so?

# Section two - Self-audit

## Effective communication and meaningful social participation



**Rating**      **Not applicable = 0**      **Not met = 1**      **Partially met = 2**      **Fully met = 3**

	Indicator	How we do this	Rating
C1	Staff are confident in using a range of communication methods and adapting them to support people's communication and social interaction.		
C2	Personal support plans identify each person's preferences, skills and strengths in understanding and responding to others.		
C3	Personal support plans identify what challenges or barriers each person may experience in understanding and responding to others.		
C4	Personal support plans identify the specific strategies, conditions and approaches that support effective communication and social interaction, drawing on a wide range of personalised methods.		
C5	Positive outcomes in communication, relationships and social participation are clearly recorded, showing measurable progress linked to reviewed goals and to what matters to the individual.		

# Section two - Self-audit

## Effective communication and meaningful social participation



**Rating**      **Not applicable = 0**      **Not met = 1**      **Partially met = 2**      **Fully met = 3**

	Indicator	How we do this	Rating
C6	Each person is helped to understand what others are saying, with staff checking they've understood, adapting speech and using visuals, AAC, environmental cues and other multimodal strategies that suit the person's skills and preferences.		
C7	Individuals have access to personalised expressive tools and receive support to use them in everyday situations. Staff build in structured opportunities for people to express their views, feelings and wants, ensuring communication is genuinely two way.		
C8	Individuals are supported to interact with regular staff, as well as less familiar people, including members of the public, across both familiar and unfamiliar contexts and community settings.		
C9	Staff facilitate enjoyable, personalised and co-produced activities that offer structured opportunities to interact with peers and other people. Activities are varied and progressive, supporting people to build social skills and expand their social connections and relationships over time.		
C10	Individuals are supported to pursue their own social interests and social identity, and to develop positive relationships and social connections that reflect their preferences and aspirations.		

# Section two - Action plan

## Effective communication and meaningful social participation



Things that we do well and want to carry on doing:

Things we could do better or consider introducing (highlight when complete):

# Section two - Self-audit

## Lifelong learning, functional skills and autonomy



**Rating**      **Not applicable = 0**      **Not met = 1**      **Partially met = 2**      **Fully met = 3**

	Indicator	How we do this	Rating
F1	Staff are confident in using a range of approaches and tools to encourage independence and reduce reliance on direct support, including supporting people to make decisions and express preferences and opinions.		
F2	Plans identify each person's strengths, skills and challenges across daily living, work and lifelong learning, forming the basis of an individualised pathway for developing functional life skills.		
F3	Plans identify approaches and tools for supporting people in carrying out activities, transitioning, coping with changes and making choices.		
F4	Plans identify positive, personally-meaningful outcomes that show measurable progress in functional life skills. They describe how this progress supports greater self-reliance, control and quality of life in areas that have meaning and value for the individual.		
F5	Activities for the day are organised within a predictable, structured framework and consistently communicated to individuals using visual and other multimodal supports tailored to their communication preferences.		

# Section two - Self-audit

## Lifelong learning, functional skills and autonomy



Rating    Not applicable = 0    Not met = 1    Partially met = 2    Fully met = 3

	Indicator	How we do this	Rating
F6	Individuals have access to personalised multimodal prompts and reminders that support task completion, with staff intentionally fading prompts as confidence and autonomy grow.		
F7	Environments are purposefully organised to reduce barriers and enable autonomy, offering clear cues, accessible materials and predictable layouts that support people to carry out tasks with increasing independence.		
F8	Staff provide responsive, graded support that enables individuals to experience meaningful achievement, build resilience and develop self-reliance skills.		
F9	Individuals are supported to express preferences, make meaningful choices and direct their own activities with growing confidence and autonomy.		
F10	Each person has regular, varied and strengths-led opportunities to practise, consolidate and extend daily functional skills across different contexts and settings.		

# Section two - Action plan

## Lifelong learning, functional skills and autonomy



Things that we do well and want to carry on doing:

Things we could do better or consider introducing (highlight when complete):

# Section two - Self-audit

## Sensory joy and regulation



**Rating**      **Not applicable = 0**      **Not met = 1**      **Partially met = 2**      **Fully met = 3**

	Indicator	How we do this	Rating
S1	Staff are confident in using a broad range of personalised, evidence-informed approaches to support individuals in regulating sensory input, drawing on each person's sensory profile and lived experience.		
S2	Personal support plans identify sensory experiences that are enjoyable, calming or regulating for each individual and support their wellbeing and positive engagement across contexts.		
S3	Personal support plans outline the sensory challenges each person may experience across the eight senses, recognising how responses vary across environments, activities and emotional states.		
S4	Plans specify personalised approaches, tools and strategies that support individuals to regulate sensory input, prevent overload and maintain emotional wellbeing.		
S5	Individuals have regular access to sensory activities they find enjoyable, calming or regulating, with staff observing responses and adapting opportunities to support wellbeing.		

# Section two - Self-audit

## Sensory joy and regulation



**Rating**      **Not applicable = 0**      **Not met = 1**      **Partially met = 2**      **Fully met = 3**

	Indicator	How we do this	Rating
S6	Individuals are supported to safely explore and tolerate a range of sensory experiences, with staff providing reassurance, structure and adaptations that promote confidence and emotional security.		
S7	Individuals are supported to recognise and self-regulate sensory input that interferes with participation or causes discomfort, using personalised tools and strategies that promote autonomy and self-advocacy.		
S8	Environments are consistently maintained and thoughtfully adapted to reduce sensory barriers and support self-regulation, enabling individuals to participate confidently across settings.		

# Section two - Action plan

## Sensory joy and regulation



Things that we do well and want to carry on doing:

Things we could do better or consider introducing (highlight when complete):

# Section two - Self-audit

## Emotional wellbeing, engagement and consultation



**Rating**      **Not applicable = 0**      **Not met = 1**      **Partially met = 2**      **Fully met = 3**

	Indicator	How we do this	Rating
E1	Staff are confident in using a range of approaches and tools to support emotional wellbeing. They have a practical working knowledge of mental health risks, commonly co-occurring conditions and factors that may disguise or complicate emotional expression, including masking, atypical presentations and the influence of their own perceptions.		
E2	Activities that each individual finds enjoyable, relaxing, purposeful or achievement-based are identified, recorded and regularly reviewed to ensure they remain personally meaningful and support wellbeing.		
E3	Support plans identify approaches and activities that help maintain wellbeing, including proactive and preventative strategies to promote emotional regulation and reduce anxiety or distress. They also identify factors that may impact wellbeing, including sensory, environmental, social or trauma-related triggers.		
E4	Individuals' responses to the support provided are systematically observed or gathered through accessible, personalised feedback, then recorded and evaluated. Strategies and approaches are regularly reviewed to ensure they remain relevant and effective, and this ongoing information is used to refine and adapt support over time.		

# Section two - Self-audit

## Emotional wellbeing, engagement and consultation



**Rating**      **Not applicable = 0**      **Not met = 1**      **Partially met = 2**      **Fully met = 3**

	Indicator	How we do this	Rating
E5	Support plans are co-developed and reviewed with individuals and, where appropriate, advocates who represent their best interests, using accessible, affirming and personalised methods to gather their views, preferences and lived experience. Plans clearly reflect what matters to the individual, including their likes, dislikes, values and identity.		
E6	Support plans identify meaningful achievements and progress that hold value for the individual, linking these to specific goals and to improvements in quality of life and happiness. Positive outcomes are recognised and celebrated with the individual and, where appropriate, their circle of support.		
E7	Proactive and preventative strategies are consistently implemented to maintain wellbeing and minimise anxiety, confusion or distress. Staff are confident in using bespoke, non-restrictive de-escalation techniques. Restrictive practices are not used or are exceptionally rare, occurring only in genuine emergencies to prevent immediate and critical harm. Any incident is followed by meaningful, trauma-informed support for the individual and immediate, management-led reflective analysis that identifies lessons learned and clear actions to minimise future occurrences.		

# Section two - Self-audit

## Emotional wellbeing, engagement and consultation



**Rating**      **Not applicable = 0**      **Not met = 1**      **Partially met = 2**      **Fully met = 3**

	Indicator	How we do this	Rating
E8	Individuals are supported to understand, express and regulate their emotions in ways that feel natural, safe and affirming, and to recognise how emotions may be expressed by others in accessible and meaningful ways.		
E9	Individuals engage in a range of enjoyable, interesting and personally meaningful activities that support wellbeing, confidence and participation. They are encouraged and supported to explore new and potentially challenging activities and skills at a pace that feels safe and motivating, fostering curiosity, resilience and continued growth.		
E10	Individuals are supported to participate in their community, contribute in ways that feel meaningful to them and develop supportive, reciprocal social connections.		
E11	The provision fosters an inclusive, identity-affirming environment where individuals can recognise autism as part of who they are and explore and express diverse identities, including gender, sexuality, race, religion and other aspects of self.		
E12	Autistic people and advocates who represent their best interests contribute meaningfully to service level reviews, policy development, resource allocation and staff development, ensuring lived experience informs culture and drives continuous improvement.		

# Section two - Action plan

## Emotional wellbeing, engagement and consultation



Things that we do well and want to carry on doing:

Things we could do better or consider introducing (highlight when complete):

## Section three

Case studies



# Section three

## Case studies

### Submitting case studies

Your assessment is an opportunity to demonstrate how effectively your school or service supports autistic people. Case studies offer a unique form of evidence because they show, in depth and in context, how your practice translates into real experiences, progress and outcomes for individuals. They provide insight into the quality, consistency and impact of your approaches in a way that cannot be captured through documents or observations alone.

Case studies are considered alongside observations of practice, reviews of support plans, staff interviews and surveys when determining the award level. While you may choose not to submit case studies, the absence of this rich, person-centred evidence is likely to affect the award outcome, particularly for the Advanced Award.

Our committee will only consider case studies submitted within the manual. You may wish to share other case studies with the consultant as part of the assessment process which they may reference in their findings, but these will not be directly shared with the committee.

You can complete four case studies describing personalised support for an individual, each focused on one of the following domains:

- effective communication and meaningful social participation
- functional life skills, lifelong learning and autonomy
- sensory joy and regulation
- emotional wellbeing, engagement and consultation.

To maintain anonymity and uphold data protection standards, refer to individuals using only their first initial or a number. If you include photos, make sure that they do not include recognisable faces. You may include a case study about someone who has left your school or service within the past year, provided the example remains relevant to current practice.

You may also submit:

- a case study highlighting an initiative or project that improved practice
- a case study demonstrating how the service has developed co-production, consultation or continuous improvement.

Avoid using developments or initiatives that have only recently been introduced, as there will be limited evidence of impact or review. Likewise, avoid referencing developments or initiatives that appear outdated, particularly if they describe activity that mostly took place before the current assessment cycle.



### Case study tips

- Be focused and concise. It is better to express a few key points clearly than to write an overly long account. The case study boxes have a word limit.
- Explore one strategy, challenge, or outcome in depth. A strong case study focuses in on something specific rather than trying to cover everything.
- Highlight impact. Don't just describe what was done – explain how actions made a difference for the individual.
- Use clear, everyday language. Avoid jargon, technical terms or local expressions so the case study is accessible to a wide audience.
- Tell a story, not a timeline. Bring the reader into the individual's experience. Show why the progress mattered, and convey the energy, commitment and pride behind the work – while staying grounded in evidence.
- Balance narrative with data. If you include data, summarise what it shows in simple, meaningful terms so the reader understands the significance without needing charts or tables.
- Provide context without losing focus. When describing initiatives or programmes, give enough background for the awarding body to understand the work, but keep the emphasis on successes, outcomes and what changed for the individual.

# Section three

## Case study: Autistic individual – Effective communication and meaningful social participation (1)

Time period covered:

Single letter or number to represent the individual:

Starting point

Support strategies introduced

# Section three

## Case study: Autistic individual – Effective communication and meaningful social participation (2)

Co-production/consultation

Overview of progress

Supporting evidence of impact

# Section three

## Case study: Autistic individual – Functional life skills, lifelong learning and autonomy (1)

Time period covered:

Single letter or number to represent the individual:

Starting point

Support strategies introduced

# Section three

## Case study: Autistic individual – Functional life skills, lifelong learning and autonomy (2)

Co-production/consultation

Overview of progress

Supporting evidence of impact

# Section three

## Case study: Autistic individual – Sensory joy and regulation (1)

Time period covered:

Single letter or number to represent the individual:

Starting point

Support strategies introduced

# Section three

## Case study: Autistic individual – Sensory joy and regulation (2)

Co-production/consultation

Overview of progress

Supporting evidence of impact

# Section three

## Case study: Autistic individual - Emotional wellbeing, engagement and consultation (1)

Time period covered:

Single letter or number to represent the individual:

Starting point

Support strategies introduced

# Section three

## Case study: Autistic individual - Emotional wellbeing, engagement and consultation (2)

Co-production/consultation

Overview of progress

Supporting evidence of impact

# Section three

## Case study: Initiative or project that improved practice (1)

This case study provides an opportunity to show how the school or service identifies areas for development and takes deliberate, evidence-informed action to improve practice. It should reflect a culture of ongoing reflection and continuous improvement characteristic of high quality provision.

Time period covered:

Overview

Method

# Section three

## Case study: Initiative or project that improved practice (2)

<b>Co-production/ consultation</b>	
<b>Impact</b>	
<b>Further development</b>	

# Section three

## Case study: Developing practice through co-production and insights from lived experience (1)

This case study provides an opportunity to show the school or service's commitment to meaningful collaboration, continuous improvement and learning from the lived experiences of autistic individuals as a foundation of high quality, person-centred provision.

Time period covered:

Overview	
Method	

# Section three

## Case study: Developing practice through co-production and insights from lived experience (2)

Co-production/ consultation	
Impact	
Further development	

## Section four

Preparing for your assessment



# Section four

## Preparing for your assessment



### When will my assessment be?

If this is your first assessment, you can discuss with your consultant when you think you are ready. Once you have been assessed, we recommend that you have an assessment every three years. Being assessed every three years helps ensure that the quality of practice remains high and provides reassurance to stakeholders that the accreditation remains valid and reflective of current standards, rather than a one-off achievement.

You will need to give your consultant at least six months' notice of your preferred dates. Once you have agreed dates, you should receive a confirmation email from the Accreditation Admin team and will be invoiced any outstanding fees, which need to be settled at least four months before the assessment.

If you need to postpone or cancel your assessment, let your consultant know as soon as possible. You can read our cancellation and postponement policy [on our members' page](#).

### What is the purpose of the assessment?

The assessment helps you to identify what you are doing well and what could be improved in how you support autistic people.

It also provides the necessary evidence for the committee to consider and determine the appropriate award level, Aspiring, Accredited or Advanced, based on the quality and validity of current practice.

### What key questions will be considered?

- What approaches are used to support people's social communication, autonomy, sensory wellbeing and emotional regulation in ways that respect their identity and preferred ways of being.
- How well do staff adapt and personalise these approaches when working alongside individuals, ensuring support is collaborative, respectful and aligned with individual strengths and needs.
- How are person-centred support plans co-produced, reviewed and updated with the individual and, where appropriate, their support network, ensuring their goals, preferences and lived experience guide decision making.
- What meaningful outcomes do autistic people achieve through the support offered, particularly in relation to wellbeing, autonomy, participation and quality of life.
- How is feedback obtained about the support they receive, using approaches and communication methods that suit them, and how is this feedback meaningfully incorporated into ongoing support and service development?

# Section four

## Preparing for your assessment

### What evidence will be considered?

- your completed self-audit and action plans
- individual support plans and case studies
- interviews with staff and, where appropriate, people supported by the provision
- where appropriate, online survey of relatives, carers or advocates
- observation of practice where appropriate and possible.

### What paperwork do I need to send in before the assessment?

Three weeks before your assessment, you should return:

- the self-audit
- completed action plan and case studies
- key policy documents related to the provision for autistic people (maximum of five) - for example, policies or staff procedures for autistic people, their communication, sensory issues, independence, wellbeing, behaviour support, assessment etc.
- your service's visitor guidance; for example, dress code, documentation required, lunchtime arrangements etc
- service prospectus or brochure
- evidence of how individuals are actively consulted to shape their own support and contribute to the development of provisions.

Please do not expect the consultant to consider lots of paperwork. You need to be selective or provide a summary of key points from documents, as excessive documents will be left unread and important evidence may be missed.

### Will I have an opportunity to talk to my consultant before the assessment?

Yes, your consultant will offer you a pre-assessment session at least a month before your assessment, either as a visit or a virtual meeting.

At the pre-assessment meeting, they will discuss with you what should be included in the observation timetable and who should be included in interviews.

You should plan a timetable of observations, which should be sent to the consultant in a draft format at least a week before the assessment. The consultant may ask you to make some changes.

As much as possible, the observations should provide insight into the range of activities typically offered by the provision. In a small provision, we would expect each autistic individual and most of the staff team to be observed at least once, unless there is good reason why this would not be possible. In a larger provision, such as a school, we would expect observations to reflect a cross-section - for example, each year group, different staff and a range of activities.

# Section four

## Preparing for your assessment



### What personal support documents will the consultant need to access?

Your consultant will need to review a sample of person-centred support plans which should be made accessible in the English language. Before they can conduct a visit, we ask for you to email them, or share them using a cloud-based storage service such as Google Drive or Dropbox. All reasonable steps will be taken to keep emailed documents confidentially stored, and they will be deleted once the report has been completed. However, if you prefer, you can send copies with personal details removed.

Depending on the size of your provision, a sample will normally be around ten to 15 plans, representing a cross-section – for example, from different school year groups or from different residential properties. The consultant may ask for you to send more plans following the initial sample.

You may also provide the consultant with summative qualitative and quantitative data that shows outcomes achieved by the school or service in relation to autistic people - for example, reduction in the use of physical interventions, summary of survey results conducted with people etc.

### What evidence do I need to provide of how we consult with autistic people?

As part of the accreditation process, services are required to provide evidence of how individuals are actively consulted to shape their own support and contribute to the development of provisions. This could include:

1. Feedback surveys: results from surveys specifically designed to gather feedback from individuals about their experiences and satisfaction with the service
2. Interviews and focus groups: records of interviews or focus group sessions with individuals, where they share their perspectives and suggestions for improvement
3. Observation reports: documentation of observations assessing engagement and participation of people within the service
4. Consultation process: documentation of strategies taken to routinely consult with people about their support, including autistic people who may have learning disabilities and/or limited speech
5. Meeting minutes: minutes from meetings where individuals were consulted and their input was considered in decision-making processes
6. Advocacy involvement: evidence of involvement from individuals taking on advocacy roles for others being supported within the service
7. Documentation of changes: records showing changes or improvements made to the service based on feedback from individuals.

# Section four

## Preparing for your assessment



### How does your assessment start?

The assessment starts with you giving a presentation to the consultant. The presentation should describe key approaches you use to support autistic people in:

- effective communication and meaningful social participation
- lifelong learning, functional skills and autonomy
- sensory joy and regulation
- emotional wellbeing, engagement and consultation.

You should also include in the presentation how you consult with autistic people (and, where appropriate, those that represent them) about the support they receive. You should identify what you consider to be your overall strengths and next steps.

You may wish to give a pre-prepared presentation or, if you prefer, answer questions from the consultant on the topics listed above. You can discuss with your consultant whether the presentation can be given to them when they are on site or whether it would be more practical to present virtually.

### What interviews should I arrange?

Interviews may be conducted face-to-face, virtually or by phone. You will need to schedule interviews with:

- staff who manage or oversee provision, or who deliver therapeutic approaches for autistic people, particularly in areas such as social communication and interaction, lifelong learning, sensory regulation, emotional wellbeing and behaviour support
- a sample of frontline staff who work directly with autistic people and can speak to day-to-day practice and its impact.

As interview time is limited, please be selective and consider who is best placed to provide informed responses. Group interviews can be an efficient way to explore specific themes, such as professional development, therapeutic approaches or positive behaviour support. Before the interview, please provide a brief description of each interviewee's role and how it relates to their work with autistic people.

You can discuss with your consultant whether interviewing autistic individuals is appropriate and feasible. They can also advise whether interviews with relatives, carers or advocates are needed, which may not be necessary if sufficient survey feedback has already been collected.

Please note: People being interviewed via video should not record the session. The consultant may record it, with consent, solely to support report writing, and any recording will be stored securely and deleted once the report is complete.

# Section four

## Preparing for your assessment

### Safeguarding people

Our consultants and moderators have professional experience in the field of autism and hold enhanced DBS checks. However, they must not be expected to supervise, instruct or care for autistic children, other children or vulnerable adults, be left alone with them or provide detailed advice about supporting an individual.

The Accreditation team is not a safeguarding authority and does not investigate concerns or allegations. However, we expect all provisions to meet required standards for safeguarding and wellbeing. If abusive practice is directly observed, it may be noted in the assessment report and shared with the designated safeguarding lead in line with National Autistic Society safeguarding procedures.

We expect behaviour support to be proactive, preventative and non-restrictive. Restrictive physical intervention should only occur in emergencies and under strict controls, otherwise it may be considered a safeguarding concern.

Further information relevant to safeguarding, including our approach to observing and reporting on specific activities during assessments, is available on our members' page.

# Section four

## Preparing for your assessment

### Advocates

We define an advocate as any person who supports an individual to have their views, wishes, rights and best interests heard, understood and acted upon by the provision. This may include a parent, carer, legal guardian, family member, friend, trusted person or a legally appointed or professional advocate. An advocate's role is to represent the person's perspective, help them understand information and options, and ensure their voice remains central in all decisions that affect their life. This definition does not include a key worker or any nominated member of the staff team, even though they may take on a similar supportive role as part of their professional duties.

As part of the assessment process, Accreditation asks provisions to share a link with advocates to a confidential survey. It is the responsibility of the provision to encourage as many advocates as possible to take part. We require at least one-third of those eligible to complete the survey for the results to be considered a representative sample that can be meaningfully extended to the cohort as a whole.

### Meeting statutory and regulatory requirements

It is expected as a baseline that any provision receiving an Accredited Award is meeting all relevant statutory requirements, particularly those relating to the wellbeing and safeguarding of individuals. Autism Accreditation does not have the remit to inspect or verify statutory compliance directly; instead, it relies on the findings of the appropriate regulatory bodies.

We expect that any provision achieving an Accredited Award is meeting statutory regulatory requirements at least at an adequate level, even where some improvements have been identified.

For an Advanced Award, our expectation is that statutory standards are being met at a good or outstanding level. These judgements are applied with discretion, taking into account:

- the timing and relevance of the most recent inspection
- the nature and severity of any findings
- the extent to which these findings relate to wellbeing, safety or safeguarding.

## Section five

The assessment report

(Completed by the assessor during the assessment)



# Assessment findings

## Effective communication and meaningful social participation

Key outcomes from planned support and approaches, identified through personal support documents, case studies and staff discussions

# Assessment findings

## Effective communication and meaningful social participation

Key outcomes from everyday practice, identified through observation and reviews of routines and activities:

# Assessment findings

## Lifelong learning, functional skills and autonomy

Key outcomes from planned support and approaches, identified through personal support documents, case studies and staff discussions

# Assessment findings

## Lifelong learning, functional skills and autonomy

Key outcomes from everyday practice, identified through observation and reviews of routines and activities:

# Assessment findings

## Sensory joy and regulation

Key outcomes from planned support and approaches, identified through personal support documents, case studies, and staff discussions:

# Assessment findings

## Sensory joy and regulation

Key outcomes from everyday practice, identified through observation and reviews of routines and activities:

# Assessment findings

## Emotional wellbeing, engagement and consultation

Key outcomes from planned support and approaches, identified through personal support documents, case studies, and staff discussions (1) :

# Assessment findings

## Emotional wellbeing, engagement and consultation

Key outcomes from planned support and approaches, identified through personal support documents, case studies, and staff discussions (2) :

# Assessment findings

## Emotional wellbeing, engagement and consultation

Key outcomes from everyday practice, identified through observation and reviews of routines and activities (1) :

# Assessment findings

## Emotional wellbeing, engagement and consultation

Key outcomes from everyday practice, identified through observation and reviews of routines and activities (2) :

# Assessment findings

## Feedback from families, carers and/or advocates

Number surveyed	Number of responses

Number of comments

Comments will be shared as an appendix to this report

	Poor	Okay but could be better	Mostly good	Always good
The support my relative is given is...				
The understanding that staff have for my relative's autistic needs is...				
The way I am kept informed and asked my views about how my relative is supported is...				
The advice I get from the service on how to help my relative is...				

### Additional information:

# Assessment findings

## Summary of the assessment

Topic	What the provision does particularly well:	What the provision could develop further:
Effective communication and meaningful social participation:		
Lifelong learning, functional skills and autonomy:		
Sensory joy and regulation:		

# Assessment findings

## Summary of the assessment

Topic	What the provision does particularly well:	What the provision could develop further:
Emotional wellbeing, engagement and consultation:		
Other areas:		

## Section six

Committee decision

Next steps



# Section six

## Committee decision



Assessment outcome:

Date of committee:

Comment:

# Section six

## Next steps



### What happens at the end of the assessment?

At the end of the assessment, your Accreditation consultant will arrange a meeting to give you verbal feedback.

The consultant will feed back on what the service does well and what it could consider developing further. The consultant will also summarise findings from the surveys. To ensure a respectful and professional environment, consultants should not be video recorded while providing feedback. Photos may be taken only with the expressed consent of the consultants.

The consultant cannot comment on whether you have met the criteria for Aspiring, Accredited or Advanced status, as this is not their decision. The consultant will complete an assessment report, which will then be submitted to the Accreditation Awards Committee.

Within a month of completing your assessment, we will inform you by email of the Committee's decision on whether you have been awarded Aspiring, Accredited or Advanced. This decision is based on our award criteria. You will also receive a full and detailed assessment report.

### Maintaining and progression

Upon successfully receiving your award, agreeing to our terms and conditions and completing the post-assessment survey, you will receive your certificate and kitemark logo.

You can continue with your current Accreditation plan or amend it by increasing or reducing the number of consultation visits. Please contact your consultant to discuss your options.

You can expect to receive a final version of your assessment report, and the date of your Award and level achieved will be published in our Autism Services Directory on our website. We do not publish the assessment report, but you are welcome to share or publish it if you want to. You may wish to share or publish a sample of the report, rather than the full manuscript. We are happy for you to do so, but request that this is done in a way which does not misrepresent our findings - for example, by only publishing what we found you do well without acknowledging that we may have also identified some areas of development. If you are not sure what would be acceptable, please feel free to ask. It is your responsibility to ensure that anything published does not contain personal identifiable details.

We recommend that you undergo another assessment every three years to show that you have maintained standards or progressed to a level where you can be given a higher award. If you feel ready, you're welcome to request an earlier reassessment rather than waiting for the suggested three-year cycle to pass.

# Section six

## Next steps



### Making an appeal

All provisions have the right to appeal against a committee decision if they receive an Aspiring or Accredited Award and believe that the assessment report shows that they meet the criteria for the next level award.

In order to appeal, the provision should email Stephen Dedridge, the Accreditation Quality Manager, with the subject heading 'Appeal against committee decision', at [stephen.dedridge@nas.org.uk](mailto:stephen.dedridge@nas.org.uk).

Your appeal must be submitted by email within 30 days of formal receipt of the committee decision. The email should contain the name of the provision and the reason for the appeal. A document can be attached presenting the provision's case - it should not be more than 1,500 words long. No other documentation should be submitted or will be considered.

The appeal will be considered by the Head of Autism Accreditation in consultation with the Quality Manager. They may request further consultation with our independent panel of professionals with expertise in the field of autism and neurodivergence.

### Beacon Award

If you have achieved an Advanced Award, you may wish to apply for a Beacon Award to gain recognition for exceptional work that has had a significant impact beyond your own provision - particularly within the local community and the wider field of autism practice. Eligible provisions can download the case study templates from the [members' page](#) and submit the completed documents to the Accreditation Quality Manager at [stephen.dedridge@nas.org.uk](mailto:stephen.dedridge@nas.org.uk).

An independent panel will review the application, considering the quality of evidence provided, the extent of co-production with autistic people, and the sustainability and reach of the work described.

If the panel is satisfied that the provision has made an outstanding contribution to improving understanding, inclusion and good practice beyond its own setting, the Beacon Award will be granted. Provisions that already hold the Beacon Award and are seeking re-accreditation can download and complete the reapplication form from the [members' page](#).

### Advanced Award (Conditional)

When a provision that has already achieved the Advanced Award undergoes a subsequent assessment, the outcome will reflect its current level of practice. If the provision is found to be operating significantly below Advanced level, a lower award will be issued.

However, if the areas requiring improvement are specific, limited in scope and have only a minor impact on overall quality, but still fall below the expectations for an Advanced Award, the Committee may consider issuing a Conditional Advanced Award.

This decision will be clearly explained in the Committee's findings. The report will confirm that the Advanced Award is granted on the condition that the provision addresses the identified areas for development. Failure to make these improvements will be taken into account at the next assessment.

This is an internal process. The certificate and any public statement issued by the National Autistic Society will refer to the award simply as 'Advanced', without reference to its conditional status.



# Appendix

## Award criteria



# Award criteria

## Effective communication and meaningful social participation

Communication profiles	<b>Aspiring</b>	<ul style="list-style-type: none"><li>• Strategies to address social communication needs are included but may remain broad or generic, lacking sufficient personal detail staff can apply in practice.</li><li>• Goals related to communication and social interaction may be vague or long term, making progression difficult to measure.</li><li>• Strengths or skills may be noted but are not consistently reflected in strategies.</li><li>• Profiles may be written primarily for staff, reflecting priorities such as behaviour expectations, routine compliance, academic expectations, task completion or risk management.</li></ul>
	<b>Accredited</b>	<ul style="list-style-type: none"><li>• Profiles provide a clear overview of how individuals communicate and socially engage, including preferred methods, skills and challenges.</li><li>• Plans select from established approaches and methods according to what is best suited for the individual. There may be scope to expand and integrate the range of methods to provide a more creative, flexible and individualised plan.</li><li>• Information is adapted into accessible working documents. For example key points from a detailed Speech and Language Therapy assessment summarised in a concise one page crib sheet for support staff.</li><li>• Goals are clear, regularly reviewed and increasingly shaped using SMART principles.</li><li>• Profiles start to include the person's own views alongside organisational priorities. They move away from being mainly staff focused and begin to show a shared understanding of the person's strengths, needs and preferred ways of working. There may be scope to give greater attention to the everyday impact on communication, relationships and quality of life as experienced by the individual.</li></ul>
	<b>Advanced</b>	<ul style="list-style-type: none"><li>• Guidance is highly personalised and specific, detailing the exact conditions, methods and resources that support effective communication; for example the expressive meaning of a specific word, gesture or action.</li><li>• Plans draw on a wide range of approaches and methods, blended creatively and finely tuned to each person's skills, interests and motivations.</li><li>• Plans are presented in formats accessible to different audiences, including individuals and their supporters.</li><li>• Evidence informed reviews of fully SMART goals demonstrate measurable progress, linking outcomes to stronger relationships, greater social participation and improved quality of life, all aligned with personal priorities and aspirations.</li></ul>

# Award criteria

## Effective communication and meaningful social participation

Communication and social participation in practice	<b>Aspiring</b>	<ul style="list-style-type: none"> <li>• Staff use basic strategies (like slowing speech or using gestures) to support understanding, but these are used inconsistently and are not tailored to the individual. Staff may fill silences by talking, repeat instructions too quickly or change the order or wording, making it harder for the person to process what's being said. Strategies identified in support plans may not be seen in practice.</li> <li>• Some people have basic resources (like picture cards or objects of reference), but these aren't always available or used reliably. Sometimes the resources don't match the person's age, understanding or needs, or they're too abstract to be genuinely helpful.</li> <li>• Social interactions are often led by staff - for example, explaining tasks, offering reassurance or redirecting behaviour - rather than being shaped around the person's interests. Communication can depend too much on familiar staff and familiar settings, which limits opportunities for the person to build skills that transfer to new people or environments.</li> <li>• Peer interactions are mostly incidental, and community opportunities tend to be limited, repetitive and risk-averse - for example, taking everyone to the same local venue each week or holding an occasional event like a summer BBQ for all families.</li> </ul>
	<b>Accredited</b>	<ul style="list-style-type: none"> <li>• Staff adapt spoken language, check for understanding and avoid reliance on speech alone by providing access to a range of communication methods - sign systems, AAC devices, gestures, facial expressions, symbols, pictures, objects of reference and environmental cues. Methods are tailored to individual needs, with evidence of staff adjusting how they communicate.</li> <li>• Peer interactions are actively facilitated through shared activities, with staff coaching social skills to strengthen connections.</li> <li>• Social participation reflects preferences and wellbeing needs, though access to tools and opportunities may vary across settings (eg classroom vs. playground, home vs. community).</li> <li>• At this stage, tools are increasingly balanced to support both comprehension and expression, indicating growing capacity for authentic two way communication and highlighting opportunities to strengthen this further. Tools may, more often, support comprehension than expression, suggesting scope to strengthen authentic two-way communication.</li> </ul>
	<b>Advanced</b>	<ul style="list-style-type: none"> <li>• Staff embed a culture of multimodal communication that is consistently inclusive and responsive.</li> <li>• Support is tailored and dynamically adapted in real time, with staff fluent across a wide range of methods. Authentic two way communication is actively promoted, ensuring individuals are equally supported to understand and to express themselves.</li> <li>• Peer relationships are actively supported. People get help to start, maintain and deepen connections. Social activities are built around each person's interests, communication style and goals. Structured opportunities help them grow lifelong confidence, autonomy and resilience in different contexts.</li> <li>• Community access extends beyond familiar venues, enabling meaningful engagement with less familiar people, places and networks. Inclusion is consistently maintained and thoughtfully adapted, ensuring opportunities reflect identity, goals and readiness.</li> </ul>

# Award criteria

## Functional life skills, lifelong learning and autonomy

Planning Pathways to Functional life skills, lifelong learning and autonomy	<b>Aspiring</b>	<ul style="list-style-type: none"><li>• Plans record only basic, generic information, without consistently identifying each autistic person's skills and challenges in functional life skills.</li><li>• Approaches to support lack personal detail, particularly around everyday activities, transitions, coping with change or making choices.</li><li>• Outcomes are described broadly, with plans providing only starting points and no clear pathways toward progressive self-reliance and autonomy.</li></ul>
	<b>Accredited</b>	<ul style="list-style-type: none"><li>• Plans outline pathways for developing functional life skills across daily living, work, and lifelong learning.</li><li>• Each autistic person's skills and challenges are identified, with approaches or tools for activities, transitions, coping with change and making choices included.</li><li>• Plans show progress in practical life skills identified by staff, but the direction is still mostly shaped by staff rather than the person.</li><li>• Links to quality of life, personal aspirations, and greater self-reliance and control may not always be explicit.</li></ul>
	<b>Advanced</b>	<ul style="list-style-type: none"><li>• Plans provide clear, individualised pathways, consistently identifying each person's skills and challenges across everyday life, work and lifelong learning.</li><li>• Pathways have a clear developmental framework linked to programmes for independence or accredited courses.</li><li>• Pathways reflect the perspective and lived experience of the individual, showing how skill growth leads to resilience, autonomy and meaningful participation.</li><li>• Outcomes are explicitly linked to quality of life, demonstrating individuals becoming more independent in ways that are rewarding and aligned with their personal aspirations.</li></ul>

# Award criteria

## Functional life skills, lifelong learning and autonomy

Supporting functional life skills, lifelong learning and autonomy	<b>Aspiring</b>	<ul style="list-style-type: none"> <li>• Individuals can follow predictable daily schedules, but support for changes and transitions is limited and not consistently multi modal (visual, verbal, tactile).</li> <li>• Tasks are often either pitched too low to provide challenge or completed only with heavy reliance on one to one direction and step by step staff instruction. Prompts and supports tend to be generic, with non-verbal reminders available but used inconsistently.</li> <li>• Opportunities to practise daily skills are provided, though irregular and largely staff led.</li> <li>• Choice is limited and often framed by staff, leaving opportunities narrow and guidance largely directive.</li> <li>• The immediate environment is safe, but lacks cues and opportunities for independent exploration.</li> </ul>
	<b>Accredited</b>	<ul style="list-style-type: none"> <li>• Individuals are supported with predictable schedules alongside consistent, multi modal strategies for changes and transitions (visual, verbal, tactile).</li> <li>• Tasks are pitched at appropriate levels, with scaffolding that encourages independence while still offering guidance when needed.</li> <li>• Prompts are adapted to individual preferences and non-verbal reminders are used reliably.</li> <li>• Opportunities to practise daily skills are regular and increasingly shaped around individual interests.</li> <li>• Choice is offered more frequently, with staff facilitating rather than directing decisions. Environments are safe and include cues that encourage exploration and participation.</li> <li>• Staff are developing a more consistent approach to promoting choice and autonomy, with growing awareness of when to step in and when to step back.</li> </ul>
	<b>Advanced</b>	<ul style="list-style-type: none"> <li>• Tasks are designed to balance challenge with independence, with staff intentionally fading prompts as autonomy grows.</li> <li>• Supports are bespoke, responsive, and co produced, reflecting each person's strengths, preferences and communication styles.</li> <li>• Opportunities to practise daily skills are embedded across contexts, guided by individual interests and linked to meaningful outcomes within life skills pathways.</li> <li>• Choice is authentic and central to planning, with staff enabling self direction rather than steering decisions.</li> <li>• Environments are safe, stimulating and purposefully created to foster exploration, resilience and lifelong confidence.</li> <li>• Staff embrace their responsibility to promote autonomy, actively coaching strategies that build competence, confidence and self advocacy across diverse settings - all within a culture committed to dignity, inclusion and lifelong learning.</li> </ul>

# Award criteria

## Sensory joy and regulation

Sensory profiles	<b>Aspiring</b>	<ul style="list-style-type: none"><li>• Sensory challenges are noted only in brief or generic terms, without clear links to daily life, participation or wellbeing.</li><li>• Profiles lack specific personal examples of sensory triggers and responses and rarely highlight positive sensory experiences.</li><li>• Challenges are listed without being translated into practical strategies staff can apply.</li></ul>
	<b>Accredited</b>	<ul style="list-style-type: none"><li>• Each individual has a structured sensory profile providing an overview of how they respond to sensory input.</li><li>• Profiles often emphasise distress, overload, or avoidance, with limited reference to positive sensory experiences.</li><li>• Sensory reactions are sometimes seen as fixed traits, rather than understood as changing with context.</li><li>• Subtle differences - such as being under-sensitive, masking or the 'hidden' senses beyond the five main (like proprioception, vestibular and interoception) - may be overlooked.</li><li>• Sensory information is starting to be used more consistently, and there is growing scope to weave it into other areas of support, such as behaviour support.</li></ul>
	<b>Advanced</b>	<ul style="list-style-type: none"><li>• Each individual has a structured sensory profile explicitly highlighting their perspective and lived experience, informed by careful observation and consultation.</li><li>• Profiles capture both positive and negative responses to sensory input across different contexts and environments.</li><li>• Profiles consider traditional senses, hidden senses, hyposensitivity and masking.</li><li>• Sensory profiles are treated as live documents, fully integrated into strategies for emotional regulation, wellbeing and participation.</li><li>• Clear links are made between sensory profiles and quality of life outcomes.</li></ul>

# Award criteria

## Sensory joy and regulation

Supporting sensory regulation in practice	<b>Aspiring</b>	<ul style="list-style-type: none"><li>• Staff recognise that individuals may have sensory sensitivities and may engage in sensory seeking or avoiding behaviours.</li><li>• Some tools and strategies are introduced, but these are often staff-initiated and generic rather than tailored to individual needs.</li><li>• Steps may be taken to create low arousal environments, but consistency across the provision is limited.</li></ul>
	<b>Accredited</b>	<ul style="list-style-type: none"><li>• Individuals engage in sensory activities they find enjoyable or relaxing and can tolerate a variety of sensory experiences within safe contexts.</li><li>• Bespoke tools and approaches are employed to help regulate sensory input that interferes with activities or causes discomfort.</li><li>• Environments are maintained or adapted to support self-regulation, though consistency and personalisation may vary across contexts.</li></ul>
	<b>Advanced</b>	<ul style="list-style-type: none"><li>• Individuals are offered diverse opportunities and resources to explore sensory experiences in safe environments.</li><li>• Staff observe responses, gather feedback and adapt interventions to ensure regular access to pleasurable or calming sensory input.</li><li>• Bespoke tools are implemented flexibly, with effectiveness regularly reviewed.</li><li>• Environments are consistently maintained and thoughtfully adapted to facilitate optimal self-regulation, informed by consultation and inclusive action research. This enables individuals to build self awareness, autonomy and resilience in regulating sensory input, supporting participation in progressively more complex sensory-rich environments.</li></ul>

# Award criteria

## Emotional wellbeing, participation and consultation

Planning for emotional resilience and wellbeing	<b>Aspiring</b>	<ul style="list-style-type: none"><li>• Support plans within the provision tend to emphasise reactive behaviour management rather than identifying environmental or relational triggers or recording proactive supports.</li><li>• Restrictive practices are often framed as part of the everyday escalation process rather than exceptional measures, with some behaviour support plans listing restrictive responses as standard, giving the impression they are routine or inevitable rather than last resort interventions. There may also be some grey areas around the use of restrictive practices, such as keeping an individual apart from others in a separate space which need better clarification and staff guidance.</li><li>• Activities that promote enjoyment, relaxation or achievement are rarely identified or recorded. Goals are frequently long term, vague or deficit focused, framed around reducing 'problem' behaviours or reducing risks rather than enhancing wellbeing.</li></ul>
	<b>Accredited</b>	<ul style="list-style-type: none"><li>• Plans provide an overview of proactive and preventative strategies to support emotional regulation and reduce anxiety or distress, with environmental and relational triggers identified - though the level of detail may vary.</li><li>• Strategies to support emotional well-being reference activities that promote enjoyment, relaxation or achievement - though the focus may lean more towards behaviour than overall quality of life.</li><li>• There is scope to strengthen analysis and ensure outcomes are explicitly linked to each individual's aspirations, with greater attention to how support enhances wellbeing and life satisfaction.</li></ul>
	<b>Advanced</b>	<ul style="list-style-type: none"><li>• Support plans identify optimum conditions for wellbeing and emotional regulation, informed by consultation and observation, with activities that provide enjoyment, relaxation, achievement and purpose central to planning.</li><li>• Proactive and preventative strategies are detailed, creative, and bespoke, supporting resilience and participation across contexts. Restrictive practices are not included within proactive, therapeutic support plans but rather framed as stand alone, exceptional emergency actions explicitly linked to a strict policy on reducing or eliminating the use of restraint.</li><li>• Goals and achievements prioritise quality of life outcomes such as resilience, autonomy and wellbeing.</li><li>• Monitoring and evaluation are consistent and evidence based, using data, feedback and case studies to show meaningful improvements in skills, independence and social inclusion.</li><li>• Outcomes are clearly linked to individual aspirations, highlighting the transformative impact of support on overall quality of life.</li></ul>

# Award criteria

## Emotional wellbeing, participation and consultation

Support for wellbeing and emotional regulation in practice	<b>Aspiring</b>	<ul style="list-style-type: none"> <li>• Staff show care and respect, aiming to meet basic physiological and safety needs.</li> <li>• Individuals experience moments of positive emotion through calm, predictable interactions, though this is not yet consistently planned or embedded.</li> <li>• Compliance with statutory wellbeing and safeguarding duties for children, young people or vulnerable adults may not always be assured.</li> <li>• Support is largely directed at managing overt emotional responses that can lead to distressed behaviour, with limited focus on building positive emotional experiences or strengths based engagement.</li> <li>• Staff demonstrate some awareness of triggers and use de-escalation strategies, helping individuals feel safer in relationships, though relational connection is not yet a core focus.</li> <li>• Restrictive practices are used with minimal and proportionate force, in line with established standards that safeguard against abusive practice. Staff are developing stronger vigilance to ensure these measures remain exceptional and do not drift into routine use.</li> </ul>
	<b>Accredited</b>	<ul style="list-style-type: none"> <li>• Individuals are supported to feel safe, calm, and respected, with care that upholds dignity and emotional wellbeing. Staff help people experience more positive emotions and begin to build confidence in regulating their own feelings and understanding those of others.</li> <li>• Engagement is supported through personalised activities that reflect interests and strengths, helping individuals participate more meaningfully in daily routines.</li> <li>• Relationships are nurtured through warm, attuned interactions that promote trust, co-regulation and a sense of belonging.</li> <li>• Restrictive physical intervention may occasionally be considered necessary, but it is used only as a last resort, with minimal force and strict controls.</li> <li>• Each instance is followed by a reflective review to identify lessons learned, celebrate progress and strengthen future practice. Compliance with statutory wellbeing and safeguarding duties is good.</li> </ul>
	<b>Advanced</b>	<ul style="list-style-type: none"> <li>• Support is neuroaffirmative, recognising differences as natural and valid, and consistently fostering safety, calm, respect, dignity, autonomy and positive emotional experiences. Emotional regulation strategies are compassionate, personalised and embedded in daily life, enabling individuals to notice, name, express and enjoy a full range of emotions.</li> <li>• Engagement is strengths based and deeply personalised, enabling individuals to experience flow, mastery and meaningful participation in activities that reflect their interests, identity and aspirations.</li> <li>• Relationships are central to practice, with staff actively nurturing connection, belonging, empathy and relational safety. Peer relationships and community connections are intentionally supported.</li> <li>• Meaning is woven through support, with individuals encouraged to explore what matters to them, make choices, express values and contribute to their community in ways that feel purposeful.</li> <li>• Accomplishment is celebrated through co produced goals, reflective reviews and recognition of progress, helping individuals build confidence, resilience and a strong sense of personal growth.</li> <li>• Compliance with statutory wellbeing and safeguarding duties is outstanding.</li> <li>• Services operate within a strong culture committed to reducing, and wherever possible eliminating, restrictive practices. Such occurrences are extremely rare and treated as last resort emergency measures to prevent immediate and critical harm. Each instance is subject to immediate management led review, including reflective analysis, tailored trauma informed emotional support and clear actions to prevent recurrence, ensuring continuous improvement and accountability.</li> </ul>

# Award criteria

## Emotional wellbeing, participation and consultation

Meaningful consultation	<b>Aspiring</b>	<ul style="list-style-type: none"> <li>• Some efforts are made to consult with individuals, but these are often informal and anecdotal.</li> <li>• Consultation may be restricted by general assumptions about capacity related to age, limited spoken communication or learning disabilities, with satisfaction largely inferred from compliance.</li> <li>• Staff perceptions are not routinely checked against other consultation methods, and outcomes are rarely linked back to changes in practice.</li> <li>• A significant number of advocates report that individuals are not well-supported, and that they themselves are not kept well informed or consulted.</li> </ul>
	<b>Accredited</b>	<ul style="list-style-type: none"> <li>• Consultation processes are well-established and used regularly to gather feedback, with differentiated approaches to overcome barriers related to age, communication method or cognition.</li> <li>• Advocates report high levels of satisfaction with their involvement.</li> <li>• Methods are embedded in everyday practice and formal activities such as school councils or house meetings, though staff may sometimes limit consultation to 'safe' topics that do not directly challenge practice.</li> <li>• Feedback is considered in shaping support, but data collection often lacks depth. Evidence remains limited, with consultation tending to focus on broad themes rather than specific issues. While consultation informs practice, there is scope to strengthen the link between feedback and measurable improvements in support.</li> </ul>
	<b>Advanced</b>	<ul style="list-style-type: none"> <li>• Consultation with individuals and advocates is embedded as a core practice, with robust processes to gather both quantitative and qualitative data.</li> <li>• Evidence is collated systematically to show how people experience support, with clear links to improvements in wellbeing, autonomy and participation.</li> <li>• A wide range of tailored methods are employed to address both general and specific questions about how support can be improved. These include surveys, structured interviews, focus groups, reflective practice sessions and creative approaches such as visual mapping, story sharing and accessible digital tools.</li> <li>• Care is taken to ensure that communication preferences are respected. Where direct consultation is difficult, alternative methods - such as observation, creative expression or proxy feedback - are used to understand how the individual experiences and feels about the support they receive.</li> <li>• Action research methods further involve individuals and supporters in ongoing cycles of inquiry, reflection and change, ensuring consultation is continuous and co-produced rather than a one-off event.</li> <li>• Feedback from advocates is consistently strong. Data is analysed and presented in accessible formats - so that individuals and advocates can clearly see how their input shapes practice. Outcomes are transparently shared embedding a culture of accountability, co-production and continuous improvement.</li> </ul>



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#### **Language used to reference autism**

Language in this document follows National Autistic Society guidance, informed by research into the preferences of autistic people, their families and professionals, as well as feedback gathered through our wider work. Our aim is to use respectful, accurate, community aligned language.

#### **Use of AI tools**

AI tools were used to support drafting and organisation during the development of this framework and may also be used - under human supervision - to assist in completing assessments. All AI supported content is reviewed and approved by National Autistic Society staff, and AI outputs are never treated as final or standalone.

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