



National  
Autistic  
Society

International  
Award



2026-2028



**The National Autistic Society's**  
**International Award**  
**Guidance and Assessment Manual**



National  
Autistic  
Society

International  
Award



**Name of the service**

**Lead contact**

**Customer number**

**Date of assessment**

**Previous outcome**

**Lead assessor**

**Moderator**

**Committee decision**

**Committee date**

# 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.

We offer an international kitemark that 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. It is available to schools and services outside the United Kingdom and Ireland, excluding Crown Protectorates, British Territories overseas and those accredited through the British Schools Overseas Scheme.

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.

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 and other neurodivergent 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 neurodivergent 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 comprehensive and detailed review of current practice using our self-audit tool.
- Implement an accreditation action plan based on the self-audit.
- Optional sessions can be booked with your consultant to help you complete the self-audit and action plan, review documentation or observe and reflect on practice.

### Assessment of policies and person-centred documentation

- Submit policies and person-centred documentation to the consultation.
- The assessment team will review the policies and person-centred documentation according to our principles and the accreditation framework of best practice.
- Once the policies and person-centred documentation have been approved, you will be advised to book your assessment visit.

### Assessment of practice, staff interviews and surveys

- The visit conducted by the assessment team includes observation of practice and discussions with key people within the provision (including autistic people, where possible).
- An online accreditation survey is sent to families and advocates.
- A report summary of assessment findings and areas of strength and development is sent to the Accreditation Awarding Committee.

### Committee decision

- The Accreditation Awarding Committee will consider the assessment report and decide if an award can be given and at what level: Developing, Established or Exemplary.

### Maintaining and progression

- Provisions are offered a new assessment plan if they wish to stay in the programme to maintain or increase the level of their award.
- They can continue to access consultant support and work on areas of development identified from their assessment. They also have the opportunity to request a further assessment to show they are maintaining the standards or have progressed to the next level.
- We recommend re-assessment occurs every three years to ensure that our award can be considered 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 requested from your consultant or downloaded from the Accreditation members' section of the National Autistic Society website.

# Section one

## Our framework of best practice

Support should be:	What does this mean?
<b>Person-centred</b>	<ul style="list-style-type: none"><li>• Each person receives support that is uniquely tailored to them as an individual.</li><li>• Where appropriate, family/advocates are actively involved in shaping the support they receive in ways which are meaningful to them.</li></ul>
<b>Evidence-informed</b>	<ul style="list-style-type: none"><li>• Approaches employed to support people should be informed by credible research that they can produce positive outcomes for people, together with practitioner expertise and the lived experience of neurodivergent people.</li><li>• Approaches should be regularly evaluated to show they are achieving intended outcomes and changes made if they are not.</li><li>• Whilst approaches can be those which are widely established, they should be adapted according to what will work best for the individual.</li><li>• Where an approach may be less well-established, they are delivered by, or supported by, appropriately-qualified and experienced professionals, are based on a good understanding of neurodivergence and closely monitored to ensure that they are not ineffective or harmful.</li></ul>
<b>Strengths-based</b>	<ul style="list-style-type: none"><li>• A strengths-based approach begins with a holistic assessment not just of an individual's needs and challenges but their skills, interests, preferences and strengths.</li><li>• Support first and foremost seeks to build upon these assets which the individual already possesses and make changes to the environment to help them overcome societal barriers.</li></ul>
<b>Directly promotes wellbeing</b>	<ul style="list-style-type: none"><li>• Support is based around activities which each person finds enjoyable, relaxing or engaging and provides them with a sense of achievement and purpose.</li><li>• Approaches are identified which help maintain the wellbeing of each person, including, where appropriate, proactive and preventative strategies to avoid anxiety or distress and to help them understand and regulate emotions and sensory reactions.</li><li>• Consideration is given to what changes need to be made to the environment or the way staff engage with each person to support their wellbeing and engagement.</li></ul>

# Section one

## Our principles

The National Autistic Society wants to bring joy, independence and the best possible quality of life to the autistic children and adults we support. We want each person to be themselves, be safe and fulfil their potential. These values guide every decision we make about the support we provide, the advice we offer, and the changes we campaign for.

We fundamentally believe support should:

- always be person-centred and promote autistic people's dignity
- keep people safe, healthy and happy
- enable autistic people to do the things they love
- never try to make someone "less autistic", which is impossible anyway
- never use punishment.

Support should always be guided by each individual's strengths, challenges and interests, drawing on elements of different approaches and frameworks as appropriate. It must be based on the best available evidence, including NICE guidelines, and delivered by people who understand autism. We will not use, condone or promote anything that goes against these principles.

Our accreditation framework is grounded in international human rights standards, including the UN Convention on the Rights of Persons with Disabilities (CRPD). Accredited services are therefore expected to uphold human rights principles in all aspects of practice - ensuring that autistic people are supported in ways that respect their identity, protect their rights, promote participation and choice, and create safe, inclusive environments across education, care and community settings.

We will withhold accreditation from services that:

- use approaches without a robust, independent evidence base, or that are not well established as safe, trusted and effective
- use harmful, degrading or aversive techniques to punish individuals or to condition their behaviour
- seek to eradicate, suppress or encourage autistic people to mask behaviours that are a natural expression of their autism
- take a "one size fits all" approach, including the exclusive or predominant use of Applied Behaviour Analysis (ABA) with all autistic individuals
- use physical restraint as a behaviour management method rather than as a last resort safeguarding measure.

# Section one

## Award criteria - Consultation and commitment

Developing	Established	Exemplary
<p>The provision may have given staff basic training in understanding the main approaches to use when supporting neurodivergent people. There may be differences in the training different staff have received.</p>	<p>The provision has introduced a training programme so that all staff have practical knowledge and understanding of frameworks and methods associated with good practice.</p>	<p>The provision has created a training programme to make sure staff have robust knowledge and understanding of a wide range of evidence-based methods and frameworks and are confident in applying this knowledge in practice.</p>
<p>Each person has a support plan, but these plans often focus more on their needs instead of developing their strengths and abilities. The strategies in the plans are usually general, based on broad autism practices, rather than being specific and personalised to the individual.</p>	<p>A person-centred approach is in place, with support plans designed to match each person's specific challenges, skills, strengths and interests. These plans are based on evidence-informed methods and approaches.</p>	<p>The service shows a strong commitment to a person-focused, strengths-based, and well-rounded approach. It provides highly personalised support plans that are carefully designed to match each individual's strengths, challenges and interests, using a solid understanding of evidence-based methods.</p>

# Section one

## Award criteria - Social communication, interactions and relationships

Developing	Established	Exemplary
<p>Staff use basic strategies such as slowing down the pace of speech or using gestures to help people to understand what is being communicated to them but these may not be applied consistently or adapted to individual needs. There may be limited evidence of staff checking for understanding</p>	<p>Staff consistently use personalised strategies - such as adapting spoken language, providing visual aids and checking for understanding - to support clear and effective communication.</p>	<p>Every person receives highly-individualised communication support, consistently employed by all staff and across all settings. Communication strategies are regularly reviewed through structured assessments, real world outcomes and feedback from the individual and their circle of support to ensure they remain effective in fostering autonomy, comprehension and meaningful interaction.</p>
<p>Some people have access to basic communication resources (eg picture cards, objects of reference), though availability and use are inconsistent. Staff show emerging awareness of these tools but require further training and support to use them effectively and responsively.</p>	<p>People are supported in expressing their views, feelings and wants through customised resources and, where appropriate, by being taught strategies and approaches that suit their individual needs. Staff have received adequate training to support people in using a range of communication tools and strategies.</p>	<p>Individuals are equipped with highly-personalised communication resources, continuously refined through regular feedback and structured review processes. These bespoke tools are designed not only to facilitate expression but to empower individuals with autonomy in their interactions. Progress is actively monitored, ensuring that supports remain effective and responsive to evolving needs.</p>
<p>Individuals sometimes interact socially with staff or peers, but this is mostly informal. Planned social activities are infrequent, and community access is limited. Staff may not consistently encourage or facilitate meaningful social engagement tailored to individual preferences or needs</p>	<p>Individuals are actively encouraged to interact socially with staff, peers and, where appropriate, members of the public. They take part in structured social skills activities, and staff create opportunities for them to enjoy, relax and engage in rewarding social activities, including those that involve community access.</p>	<p>Individuals are supported in developing meaningful social connections through personalised opportunities that align with their interests and communication styles. Structured social activities are progressively adapted to foster confidence, autonomy and social skills, enabling individuals to engage in community-based experiences, peer interactions and recreational activities, with increasing self-reliance, confidence, and enjoyment.</p>

# Section one

## Awards criteria: Functional skills and self-reliance

Developing	Established	Exemplary
<p>Each person may have some understanding of what is going to happen and what they are required to do through activities and tasks being presented within a loosely structured framework, occasionally reinforced by visual prompts. Non-verbal prompts are inconsistently accessible and may not always be tailored to individual needs. The environment may lack personalised adaptations to support autonomy.</p>	<p>Each person is supported to understand what is going to happen and what they are required to do through activities and tasks presented within a structured framework reinforced by visual prompts. Non-verbal prompts and reminders are accessible to help them complete each step of a task. The environment is set up to enable individuals to carry out tasks independently.</p>	<p>Each person is supported in understanding what is going to happen and what they are required to do through structured and adaptable frameworks, reinforced by visual prompts that are regularly evaluated for effectiveness. Non-verbal prompts and reminders are systematically refined based on individual progress, ensuring that support remains responsive to evolving needs. Staff observe engagement levels, adjusting strategies to promote greater independence and resilience in task completion.</p>
<p>The level of support provided to individuals may vary, sometimes falling short of ensuring that the individual experiences a sense of completion and success, or at times being excessive and encouraging dependency. This inconsistency can impact the extent to which individuals develop self-reliance and resilience.</p>	<p>Staff consistently provide the appropriate level of support to ensure that each autistic person experiences a sense of completion and success while helping them develop skills of self-reliance and resilience.</p>	<p>Staff provide tailored support, ensuring individuals achieve success in daily tasks while developing self-reliance. Strategies are continuously reviewed and adjusted to promote gradual autonomy. As individuals gain confidence, direct assistance is reduced, creating opportunities for independent decision-making. Progress is celebrated, with evolving communication methods and skill-building activities reinforcing long-term empowerment and independent living.</p>
<p>Activities are predominantly staff-led, with the choices offered often being restricted and basic. Some consideration is given to individual preferences, but only when they do not conflict with what staff have already planned. People might learn useful skills, but this isn't always done consistently, so progress and independence can vary.</p>	<p>Each person is supported to actively express preferences, make choices and take decisions. Opportunities are provided for each individual to consolidate and develop daily functional skills.</p>	<p>Each individual is provided with a progressively developing range of choices and decisions. Staff offer tailored guidance and resources to empower each person to confidently voice their needs and preferences. Opportunities are consistently provided for each individual to consolidate and develop their daily functional skills within a supportive environment and in different contexts. This approach ensures that individuals not only build practical skills but also gain a strong sense of autonomy and self-assurance, fostering their independence.</p>

# Section one

## Awards criteria: Sensory experiences

Developing	Established	Exemplary
<p>Staff are aware that people can have sensory sensitivities and may engage in sensory seeking or sensory avoiding behaviour. Some tools and strategies may have been introduced to support autistic people to regulate sensory experiences, but these may be initiated and controlled by staff.</p>	<p>People engage in sensory activities they find enjoyable or relaxing. They can tolerate a variety of sensory experiences within a safe and secure context. Bespoke tools and approaches are employed to help individuals control and regulate sensory experiences that interfere with what they are trying to do or cause discomfort.</p>	<p>Individuals are provided with a range of opportunities and resources to explore diverse sensory experiences within safe and secure environments. Staff observe responses, gather feedback and adapt interventions to ensure regular access to sensory input that is pleasurable or supports relaxation. Bespoke tools are implemented flexibly, with their effectiveness regularly assessed and adjusted. This ensures individuals gain increasing control, self-awareness and autonomy in regulating sensory input that may impact their comfort or activities, allowing them to engage successfully in progressively more complex sensory-rich environments.</p>
<p>Steps have been taken to create a low arousal environment, although this may not be consistent across the provision.</p>	<p>The environment is maintained or adapted to help autistic individuals self-regulate.</p>	<p>The environment is consistently maintained or thoughtfully adapted to facilitate optimal self-regulation for individuals, based on insights gathered through consultation and inclusive action research.</p>

# Section one

## Awards criteria: Emotional wellbeing, participation and consultation

Developing	Established	Exemplary
<p>Staff show care and respect towards people and seek to offer them an environment where they feel safe and calm. They may help individuals manage overt emotional responses that can lead to distressed behaviour.</p>	<p>Individuals are supported to feel safe, calm, and at ease and are treated with dignity and respect. They are supported in managing and regulating their own emotions and understanding the emotions of others in order to maintain their emotional wellbeing.</p>	<p>Individuals are well-supported to feel safe, calm and at ease, and are treated with the utmost dignity and respect at all times. They receive comprehensive assistance in understanding and regulating their emotions and empathising with how others are feeling to help them navigate their daily lives more effectively and lead more fulfilling lives.</p>
<p>Staff have some awareness of triggers to avoid, which could create anxiety or distress, and will employ de-escalation strategies. Restrictive physical intervention using minimal force may be used if de-escalation strategies fail.</p>	<p>Proactive and preventative strategies are implemented to prevent anxiety, confusion or distress. On occasions where restrictive physical intervention may be used as a last resort, it is applied with minimal force and under strict controls. Each instance is routinely followed by a reflective review to identify any lessons learned.</p>	<p>Proactive and preventative strategies are robustly implemented to minimise anxiety, confusion or distress, ensuring a supportive and predictable environment. Restrictive physical intervention is avoided or only used on very rare occasions, where it is applied with minimal force, strictly controlled and prioritising safety and dignity. Each instance undergoes a thorough and reflective review, identifying lessons learned, providing tailored emotional support and informing continuous improvements in practice. This approach demonstrates a strong commitment to reducing physical interventions, integrating trauma-informed principles that recognise the impact of past experiences and prioritise empowerment, trust and autonomy.</p>
<p>The provision collects some examples or case studies showing improvements in the lives of the people they support. The evidence focuses on addressing basic needs and ensuring safety and security. Outcomes are documented at a broad level, showing general progress across the group rather than specific, tailored achievements. Data or feedback is gathered inconsistently, with few processes in place to track progress over time.</p>	<p>Regular processes are in place to monitor and evaluate the impact of support. Evidence highlights how the work of the school or service have led to meaningful changes in people's wellbeing, skills, independence and social inclusion.</p>	<p>Regular and robust processes are in place to monitor and evaluate the impact of support, using detailed data collection and analysis. A range of evidence, such as feedback, case studies and outcome tracking, is collated and presented to show the work of the school or service has led to meaningful changes in people's wellbeing, skills, independence and social inclusion.</p>

## Section two

Self-audit

Action plan



# Section two

## Completing your self-audit and action plan

Our framework of best practice is divided into four topics:



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 and other neurodivergent people most commonly experience differences compared to non-neurodivergent individuals. These differences may show up as unique strengths, challenges or a mix of both - especially when environments don't accommodate them.

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.

# 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 employ 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 they 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 Inquiry Approach

We recommend you use an Appreciative Inquiry 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.

If you want to find out more, there are a number of online resources. For example, you can view the Appreciative Inquiry resource pack from the Scottish Social Services Council and NHS Education for Scotland.

### 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? How many have been diagnosed with other neurodivergent conditions?

What is the diversity of the people supported by the provision (eg age range, co-occurring learning disabilities, limited speech 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 and other neurodivergent people?

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

What processes are in place to ensure that each autistic and other neurodivergent 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 neurodivergent 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 neurodivergent individual consulted about the support being provided, where appropriate to do so?

# Section two - Self-audit

## Key information

How do you ensure that neurodivergent people's experience of how they are supported is collated and used to directly inform the development of the provision as a whole? For example, systematic feedback or observation collection, thematic analysis, leadership review, co production with neurodivergent people, action research etc.



Summarise key data that confirms that the majority of neurodivergent individuals are satisfied with how they are supported. For example, satisfaction indicators gathered through adapted tools, participation and engagement data, incident frequency data showing low levels of distressed behaviour, positive engagement indicators, wellbeing check in data, data from key worker sessions, survey results etc.

# Section two - Self-audit

## Social communication, interactions and relationships



**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 approaches and activities to support people in their 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 strategies and approaches used to support each person in their communication and social interaction.		
C5	Personal support plans identify positive outcomes achieved by each person from the support they have received in their communication, social interaction and relationships.		

# Section two - Self-audit

## Social communication, interactions and relationships



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

	Indicator	How we do this	Rating
C6	Each person is supported in understanding what is being communicated to them by staff, who modify their spoken language.		
C7	Each person is supported in understanding what is being communicated to them by staff using bespoke strategies and visual supports.		
C8	Each person is supported to express their views, feelings and wants by having access to bespoke resources or tools.		
C9	Each person is supported to socially interact with staff and, where appropriate, members of the public.		
C10	Each person is supported to socially interact with peers.		

# Section two - Self-audit

## Social communication, interactions and relationships



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

	Indicator	How we do this	Rating
C11	Each person is supported to take part in structured and purposeful social skills activities.		
C12	Staff facilitate opportunities for each autistic person to take part in social activities that they find enjoyable, relaxing and rewarding.		

# Section two - Action plan

## Social communication, interactions and relationships



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

## Functional skills and self-reliance



**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 opinions.		
F2	Plans identify each autistic person's skills and challenges in functional skills related to everyday life, work and education.		
F3	Plans identify approaches and tools for supporting people in carrying out activities, transitioning, coping with changes and making choices.		
F4	Plans identify positive outcomes in terms of autistic people developing functional life skills and becoming more self-reliant and autonomous.		
F5	Each person is supported to understand what is going to happen and what they are required to do, with activities and tasks being presented in a structured framework reinforced by visual prompts.		

# Section two - Self-audit

## Functional skills and self-reliance



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

	Indicator	How we do this	Rating
F6	Each person can access non-verbal prompts and reminders to help them complete each step of a task.		
F7	The environment is set up to enable people to carry out tasks independently.		
F8	Staff provide the right level of support to enable each person to experience a sense of completion and success while helping them develop skills of self-reliance and resilience.		
F9	Each person is supported to actively express preferences, make choices and take decisions.		
F10	Each person is provided with opportunities to consolidate and develop daily functional skills.		

# Section two - Action plan

## Functional skills and self-reliance



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 experiences



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

	Indicator	How we do this	Rating
S1	The provision ensures that staff are confident in using a range of approaches and tools to support people in their regulation of sensory input.		
S2	Personal support plans identify sensory experiences that have a positive impact on each person eg helps them relax, provides positive sensory-seeking input etc.		
S3	Personal support plans identify what challenges each person may experience in regulating sensory experiences.		
S4	Personal support plans identify what approaches or tools should be employed to help people regulate sensory experiences or avoid sensory overload.		
S5	People access sensory activities that they find enjoyable or relaxing.		

# Section two - Self-audit

## Sensory experiences



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

	<b>Indicator</b>	<b>How we do this</b>	<b>Rating</b>
S6	People are supported to tolerate a range of sensory experiences within a safe and secure context.		
S7	People are supported to regulate sensory experiences that interfere with what they are trying to do or cause them discomfort eg have ear defenders, request time out, work stations, low arousal approaches etc		
S8	The environment is maintained or adapted to support people to self-regulate.		

# Section two - Action plan

## Sensory experiences



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, participation and consultation



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

	Indicator	How we do this	Rating
E1	The provision ensures that staff are confident in using a range of approaches and tools to support people in maintaining emotional wellbeing.		
E2	The provision identifies and records activities that each person personally finds enjoyable, relaxing or that give them a sense of achievement and purpose.		
E3	Support plans identify approaches or activities to help maintain the wellbeing of each person, including proactive and preventative strategies to avoid anxiety or distress and support emotional regulation.		
E4	Support plans include clear evidence of how individuals' feedback has been gathered and used to shape the support they receive.		
E5	Support plans clearly show how they have been co-developed with the individual and, where appropriate, with those who represent their best interests. Feedback is gathered in ways that are accessible, affirming and tailored to each person's communication needs.		

# Section two - Self-audit

## Emotional wellbeing, participation and consultation



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

	<b>Indicator</b>	<b>How we do this</b>	<b>Rating</b>
E6	There is evidence of ongoing dialogue with the individual and those who represent their best interests, such as family members or advocates, including regular check-ins and opportunities to revise support based on lived experience. This goes beyond one-off feedback and reflects a sustained commitment to listening.		
E7	Support plans identify positive achievements and progress that impacts the quality of life of each person.		
E8	Feedback is systematically gathered and analysed to identify overall levels of satisfaction with the support provided. When patterns suggest areas for improvement, responsive actions are taken to enhance practice and outcomes.		
E9	Proactive and preventative strategies are in place to avoid anxiety, confusion or distress from occurring or escalating. Restrictive practices are not used or only as a last resort in extreme circumstances and under the strictest controls.		
E10	People are supported to understand and regulate their emotions.		

# Section two - Self-audit

## Emotional wellbeing, participation and consultation



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

	<b>Indicator</b>	<b>How we do this</b>	<b>Rating</b>
E11	People are treated with dignity, status and respect and are provided with meaningful positive feedback to boost confidence, self-esteem and self-worth.		
E12	People are engaged in a range of activities that they find fun or interesting.		
E13	People are encouraged to enjoy the challenge of trying out or learning a new activity or skill.		
E14	Autistic and other neurodivergent people, and those that represent their best interests, are invited to contribute to service-level reviews, policy updates or staff training. Their lived experience informs wider practice and helps shape the culture of the provision.		

# Section two - Action plan

## Emotional wellbeing, participation and consultation

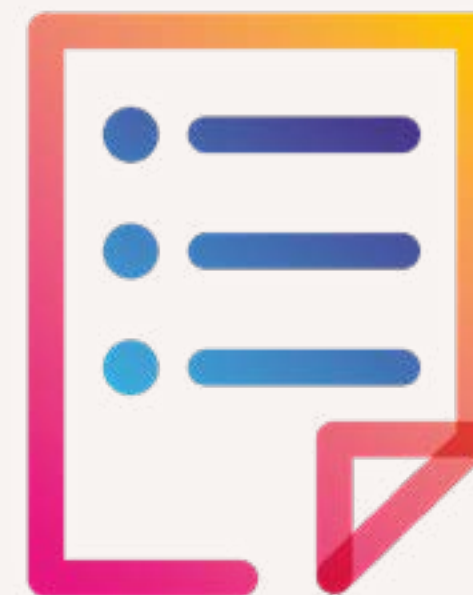


Things that we do well and want to carry on doing:

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 for you to demonstrate how well your school or service supports autistic people.

Case studies can be an excellent way to showcase what you have helped autistic people achieve.

You can complete up to three case studies showing the impact of an initiative or specific programme for autistic individuals.

You can also complete up to three more case studies about autistic individuals that show the difference your support has made to the quality of their lives.

Try to really focus on identifying what positive outcomes have been achieved.

To maintain anonymity, services should use the first initial of individuals' names rather than full initials in case studies.

You do have the option of not filling in the case studies, but this will mean that you will only be considered for a Developing or Established Award as case studies are required evidence for the Exemplary Award.



### Case study tips

- The box sizes are limited so please be clear and concise with the points you make.
- It is best to describe one positive outcome in detail rather than try to cover everything.
- Focus on impact, do not only describe what you did, instead clearly explain how the actions taken made a difference to the individual(s) involved.
- Use clear, everyday language and avoid jargon, overly technical terms or localised expressions so your case study can be understood by professionals from a range of backgrounds and regions.
- Do not include any names, only use a single letter or number.

# Section three

## Case study to show impact of an initiative (1)

Date initiative started:		Description What was the initiative?	
<b>Context</b> What was the reason for developing the initiative?			
<b>Purpose of initiative</b> What were the aims and objectives of the initiative?			
<b>Method</b> What did you do, and how were you going to measure, observe and record outcomes?			

# Section three

## Case study to show impact of an initiative (1)

### What happened?

Describe how the initiative developed.

### What were the actual outcomes of the initiative?

What progress was made by individuals and against the initial aims?

### Next steps and lessons learned

Reflect on how the initiative went overall and how you might do things differently.

# Section three

## Case study to show impact of an initiative (2)

Date initiative started:		Description What was the initiative?	
<b>Context</b> What was the reason for developing the initiative?			
<b>Purpose of initiative</b> What were the aims and objectives of the initiative?			
<b>Method</b> What did you do, and how were you going to measure, observe and record outcomes?			

# Section three

## Case study to show impact of an initiative (2)

### What happened?

Describe how the initiative developed.

### What were the actual outcomes of the initiative?

What progress was made by individuals and against the initial aims?

### Next steps and lessons learned

Reflect on how the initiative went overall and how you might do things differently.

# Section three

## Case study to show impact of an initiative (3)

Date initiative started:		Description What was the initiative?	
<b>Context</b> What was the reason for developing the initiative?			
<b>Purpose of initiative</b> What were the aims and objectives of the initiative?			
<b>Method</b> What did you do, and how were you going to measure, observe and record outcomes?			

# Section three

## Case study to show impact of an initiative (3)

### What happened?

Describe how the initiative developed.

### What were the actual outcomes of the initiative?

What progress was made by individuals and against the initial aims?

### Next steps and lessons learned

Reflect on how the initiative went overall and how you might do things differently.

# Section three

## Case study to show impact of working with an individual (1)

Time period covered:

Letter or number to represent the individual:

What support was introduced? What approaches, strategies and methods were used?

Description of individual before support was introduced, including challenges, distressed behaviour they experienced etc.

# Section three

## Case study to show impact of working with an individual (1)

Description of individual after support was introduced - for example, this could include outcomes in communication skills, social skills, relationships, confidence, self-reliance, independent problem-solving, ability to cope with sensory input, emotional self-regulation and wellbeing.

Describe how these outcomes have impacted the individual's sense of achievement, success in the provision and quality of life.

What was learnt from the experience? Is there anything that could have been done differently?

# Section three

## Case study to show impact of working with an individual (2)

Time period covered:

Letter or number to represent the individual:

What support was introduced? What approaches, strategies and methods were used?

Description of individual before support was introduced, including challenges, distressed behaviour they experienced etc.

# Section three

## Case study to show impact of working with an individual (2)

Description of individual after support was introduced - for example, this could include outcomes in communication skills, social skills, relationships, confidence, self-reliance, independent problem-solving, ability to cope with sensory input, emotional self-regulation and wellbeing.

Describe how these outcomes have impacted the individual's sense of achievement, success in the provision and quality of life.

What was learnt from the experience? Is there anything that could have been done differently?

# Section three

## Case study to show impact of working with an individual (3)

Time period covered:

Letter or number to represent the individual:

What support was introduced? What approaches, strategies and methods were used?

Description of individual before support was introduced, including challenges, distressed behaviour they experienced etc.

# Section three

## Case study to show impact of working with an individual (3)

Description of individual after support was introduced - for example, this could include outcomes in communication skills, social skills, relationships, confidence, self-reliance, independent problem-solving, ability to cope with sensory input, emotional self-regulation and wellbeing.

Describe how these outcomes have impacted the individual's sense of achievement, success in the provision and quality of life.

What was learnt from the experience? Is there anything that could have been done differently?

## 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.

Before booking your assessment, submit your policies and person-centred plans to your consultant. Allow at least two months for the consultant to approve them after which you can book your assessment. 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 [here](#).

### 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 and neurodivergent people.

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

### What key questions will be considered?

- What key approaches are used to develop people's social communication and self-reliance, address sensory issues and promote emotional regulation and wellbeing?
- How well do staff implement and personalise these approaches when working with autistic and neurodivergent people?
- How are person-centred support plans created and reviewed?
- What outcomes do autistic people achieve with the support offered to them?
- What do those who are supported think about how well staff work with them and understand their autism and neurodiversity?

# 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
- online survey of people supported by the provision and/or the family member representing their best interests
- observation of practice where appropriate and possible.

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

Before booking the assessment, you should return:

- 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 and assessment etc.

Three weeks before your assessment, you should return:

- the self-audit, action plan and case studies completed
- your service's visitor guidance; for example, dress code, documentation required, lunchtime arrangements etc
- service prospectus or brochure.

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



### 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 and neurodivergent people in:

- social communication, interactions and relationships
- functional skills and self-reliance
- sensory experiences
- emotional wellbeing.

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 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 and neurodivergent people - for example, reduction in the use of physical interventions, summary of survey results conducted with people etc.

# Section four

## Preparing for your assessment



### What interviews should I arrange?

Interviews can be conducted face-to-face, virtually or by phone. These are a valuable opportunity for staff to demonstrate their knowledge, reflect on their practice and show how their work aligns with the awards criteria. Interviewees may include recently inducted staff, those responsible for mentoring or training colleagues and staff delivering specific approaches, such as therapists or behaviour support coordinators. You will need to schedule interviews with:

- staff with responsibilities for assessing, setting targets and monitoring progress for autistic and other neurodivergent individuals
- staff who work directly with autistic and other neurodivergent people, to explore the training and support they have received. Importantly, they should reflect on how this training has positively influenced their day-to-day practice and contributes to achieving best outcomes for autistic and other neurodivergent people.

As interview time is limited, please be selective and consider who is best placed to provide informed responses. Group interviews can be a productive and efficient way to explore specific themes, such as professional development, therapeutic approaches or positive behaviour support.

Prior to the interview, please provide a brief description of each interviewee's role in relation to their work with autistic and other neurodivergent people.

You can discuss with your consultant whether it is feasible to interview autistic and other neurodivergent individuals. They can also advise whether interviews with relatives, carers or advocates are necessary; these may not be required if sufficient survey feedback has already been gathered.

Please note: people being interviewed over video should not record the interview. However, the consultant may wish to record the session to help them to write the report. Recordings will only be used to write the report and will be stored securely and deleted after the report has been written.

# Section four

## Preparing for your assessment

### How are the views of autistic people who are supported by the provision considered?

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.

### Safeguarding people

While the focus of our assessments is on autism-specific approaches, we expect that such approaches are delivered within the context of a service meeting expectations regarding the safeguarding and wellbeing of children and/or vulnerable adults.

All of our consultants and moderators have professional expertise in the field of autism and have been vetted through thorough background checks. However, they should not be asked to perform activities such as supervising, instructing or caring for a child or vulnerable adult. They should not be left alone with a child or vulnerable adult, nor should they be asked to give specific, detailed advice on how to support an individual.

Our Accreditation team is not a safeguarding authority and will not investigate a safeguarding concern or an allegation against a member of staff, as this could jeopardise a subsequent investigation by the proper authorities.

If abusive practice is directly observed by a representative of our Accreditation team during an assessment, it will be referenced in the assessment report. It will also be reported to the designated safeguarding lead and action will be taken according to the National Autistic Society safeguarding policies and procedures.

In keeping with our framework of best practice, we expect provisions to employ behaviour support methods that are proactive, preventative and non-restrictive. We would only expect to see restrictive physical intervention used in emergency circumstances and under strict controls. Where this is not the case, restrictive physical interventions may be considered a safeguarding concern.

## Section five

The assessment report

(Completed by the assessor during the assessment)



# Assessment findings

## Social communication, interactions and relationships

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

# Assessment findings

## Social communication, interactions and relationships

Key outcomes identified from observation/review of key activities:

# Assessment findings

## Functional skills and self-reliance

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

# Assessment findings

## Functional skills and self-reliance

Key outcomes identified from observation/review of key activities:

# Assessment findings

## Sensory experiences

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

# Assessment findings

## Sensory experiences

Key outcomes identified from observation/review of key activities:

# Assessment findings

## Emotional wellbeing, participation and consultation

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

# Assessment findings

## Emotional wellbeing, participation and consultation

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

# Assessment findings

## Emotional wellbeing, participation and consultation

Key outcomes identified from observation/review of key activities:

# Assessment findings

## Emotional wellbeing, participation and consultation

Key outcomes identified from observation/review of key activities:

# Assessment findings

## Feedback from families, carers and/or advocates

Number surveyed	Number of responses

Number of comments

Comments included in surveys are found in the 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...				

### Key findings:

# Assessment findings

## Summary of the assessment

Topic	What the provision does particularly well:	What the provision could develop further:
Social communication, interactions and relationships:		
Functional skills and self-reliance:		
Sensory experiences:		

# Assessment findings

## Summary of the assessment

Topic	What the provision does particularly well:	What the provision could develop further:
Emotional wellbeing, participation 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 Developing, Established or Exemplary 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 Developing, Established or Exemplary. 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.

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

## Committee decision



### Making an appeal

All provisions have the right to appeal against a committee decision if they receive a Developing or Established 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.



# Appendix

## Survey comments



# Survey comments

Comments left by families, carers or advocates



# Survey comments

Comments left by families, carers or advocates



# Survey comments

Comments left by families, carers or advocates





National  
Autistic  
Society | International  
Award

