

Autism in Solihull nursery settings

Early Years Team

It is extremely difficult to diagnose autism in very young children. Many of the behaviours which we might consider as caused by autism may indicate difficulties in other areas. These may include:

- Developmental delay
 - Speech and language delay or disorder
 - Adverse childhood experiences/trauma
- Autism in Solihull nursery settings

It is therefore important to consider all the possible reasons for the behaviours we are witnessing.

The areas of difference when diagnosing autism

Delay in communication.

This may present as:

- Delayed speech
- Not using speech to communicate e.g. the speech may be the copying of words or phrases and saying things repetitively
- Often babble and self-talk during play is absent or the child repeats whole learned phrases for example from the television or from adults
- Delayed non-verbal communication, e.g. no gestures such as pointing, nodding or shrugging to communicate
- Little or unusual eye contact

A child's understanding of language may vary, some may not follow instructions or respond to their name, whilst others will appear to understand more than they are able to communicate.

Difficulties socially.

This may present as:

- Difficulties interacting appropriately with their peers or adults
- Socially passive – e.g. making no attempt to interact, preferring to be alone or even avoiding others
- Socially active but getting it socially wrong e.g. unable to share or co-operate, invading personal space, or dominating and controlling others
- They may not recognise or respond to familiar adult or not have preferred adults

Young children often prefer adults or older children as they are generally more predictable than their peers.

Inflexible thought patterns.

This may present as:

- Playing in the same way over and over
- Having a very limited number of activities they will play with
- No or very little imaginative play. If imaginative play is present, it will have been learnt and repetitive e.g. giving a doll a drink over and over but not doing anything else with it
- Preferring routines and becoming upset when routines change
- Finding transitions difficult e.g. from home to nursery, from one room to another or one activity to another

(N.B. It is often said that children with autism line things up and, although some do, so do young children without autism).

Sensory processing differences

This may present as:

- Over-sensitivity to noise, touch, smells, tastes or vision which causes a negative reaction e.g. covering their ears, shielding their eyes, limited diet
- Under-sensitivity e.g. not noticing pain or will seek additional sensation such as making repetitive noises, playing with light up toys, obsessive interest in sensory play such as sand or water

- Additional need for physical movement
- Particularly good or particularly poor balance or spatial awareness
- Children may toe walk or stim.

Differences are impacting on the child's access to life

This is an important part of the diagnosis of autism and is the one that is often forgotten. The differences need to be significant enough as to be impacting on the child's ability to learn and access developmentally appropriate activities. If the child is making good progress and attending nursery happily there is, at this point, no need to refer for an assessment. It is okay for children to develop differently.

What to do if you are concerned

Emerging concerns

In your setting you should have a system in place where staff are able to raise concerns about specific children. You should already have a suitable system in place to raise that concern. (The child's key worker should fill in the form noting examples of behaviour in each of the five areas described in the last section).

- Communication
- Social
- Rigidity of thought
- Sensory differences
- Impact on development

The concern form should be given to the manager or SENCo in the setting depending on your individual processes and kept in the child's file for records. The manager or SENCo can then decide what should happen next.

Information gathering

Once a concern has been raised the SENCo needs to gather as much information as possible.

1. Targeted observations

Short observations when staff decide on the focus and record a specific area of concern e.g. How is the child communicating? How does the child respond

to sensory information? Record these observations and keep them in the child's folder.

2. Meeting with parents/carers

Ask parents/carers for a short meeting to discuss your concerns and ask if they have any concerns themselves. The SENCO should take minutes at the meeting and this should be kept in the child's folder as evidence.

3. Assessment of development

Complete a detailed assessment of the child's levels of development so you can pinpoint needs and strengths. This may need to be more detailed than your usual assessment in the early years. You may choose to use the Solihull SEND assessment tool kit.

Initial interventions

SEND plans

For many children with special educational needs and disabilities (SEND), a SEND plan is sufficient. This should be a short plan stating what the child's specific needs are and what you will put in place in setting to help the child. The plan needs to have a clear start date and a review date. The time before reviewing is dependent on the child and strategies you are introducing but something between 6 and 12 weeks is reasonable.

Ensure the plan is shared with parents/carers and a record kept in the child's folder.

My Support Plans

This is the form used by the local education authority and should be used if you feel the child has significant needs and at some point in the future you may be requesting:

- Early Years Inclusion Funding
- SAS referral
- EHCP assessment

The plan needs to be shared with, and signed by, parents/carers. This plan needs to be reviewed either every half term or every term dependent on the child's needs and the setting's capacity. The plans and the reviews need to be kept in the child's folder.

Addition to SEND register and referral to outside agencies

As soon as a setting is delivering significant extra interventions to meet a child's SEND needs, the child should be included on the settings SEND register. The law says that a parent/carer needs to be told and give their permission if the child is to be placed on the SEND register, and this should be done formally. Good practice would suggest this letter is only part of the process, the parents should first be told in a face to face meeting. Again this letter and a record of the meeting needs to be kept in the child's folder.

What to do if parents/carers are concerned but you don't have concerns in setting

Sometimes parents/carers will approach a setting as they are worried their child may have autism. The best approach to this is to use a parent/carer meeting form to record the parents'/carers' concerns, then complete some targeted observations and look at the child's levels of progress. If the evidence suggests that there are concerns in setting, then you can follow the process outlined above i.e. a play plan or my support plan.

If this process shows that there are no concerns in the setting however, then it is best to call a meeting with the parents/carers, share the evidence and explain that at this point there is no evidence of autism in setting. Explain that you are unable to make any referrals without the evidence, but that you will continue to monitor their child. During this meeting, explore if there could be other explanations for the parents'/carers' concerns and signpost them to support, for example the understanding your child's behaviour course, speech and language therapy etc.

When to refer to outside agencies

Once the child's needs have been assessed and recorded, and a plan of action written detailing what you as a setting are doing to meet the child's needs. You may determine that referrals to outside agencies are necessary.

Speech and language therapy

A child with autism is very likely to meet the criteria for a referral to speech and language therapy. Initially, the parents/carers will be asked to attend a communication station workshop where basic strategies are taught. Following this they may be offered two, one to one sessions with a speech and language therapist when individual advice is given. Setting staff can attend these meetings with the parents if the parent would like, it is often useful for the key worker to attend if possible.

Early Years Team

If a child attends setting for 15 hours or more, you can refer to your designated area SENCo. To do this you will need the parents/carers to give their permission. It would also be expected that you would have completed the referral form, carried out some targeted observations and you should also have either a play plan or a my support plan to show what you have already put in place. Your area SENCo can help you with this if you have not done one before.

The area SENCo will most likely observe the child in setting and meet with either the SENCo or the child's key worker. They will then give written advice of strategies to support the child. The advice should be added to the play plan or my support plan and shared with parents/carers.

The area SENCo may offer to meet with parents/carers and discuss concerns with them. This could be in setting or over the phone or virtually.

Refer for an assessment of autism

To refer a child to the Specialist Assessment Service (SAS) for an assessment for autism, the setting and parents/carers need to fill out the referral form this is returned to the address on the form.

Before filling in the form, ensure the child is registered with a Solihull general practitioner (GP). If they are registered with a GP outside of Solihull, they will need to be referred to that authority's assessment service. Please ask your area SENCo for advice.

The referral to SAS will go to a panel who decided if the referral is accepted. In order to be accepted it must meet some basic criteria:

1. Parents/carers have provided signed consent
2. The child's GP is based in Solihull
3. Both the parents/carers and the setting have filled in their columns with observed strengths and difficulties
4. You have included evidence of two terms of input from the setting or other agencies e.g. Early Years Team home visiting service, planning and impact forms, play plans and my support plans are ideal
5. You have evidence of area SENCo involvement and support for the application, e.g. an observation or record of event form

Without all of the above, the referral is unlikely to be accepted.

A parent can self-refer, but generally SAS will send out a request for supporting information to the child's settings and without this, the referral is unlikely to be accepted.

Once accepted at the panel, a child is put on a waiting list. The parents are given an appointment as soon as possible.

Who supports a child once they have an autism diagnosis?

When a child receives a diagnosis of autism in Solihull, they will be referred to the autism team directly by SAS and the support from the area SENCo stops. If it is a private diagnosis or diagnosis from out of bough, then you may need to ask for the area SENCo's help to refer to the autism team or you can contact the team on 0121 770 6690 and ask for the person responsible for early years.

Appendices

Appendix 1

Emerging SEND concerns form

Childs name:

DOB:

Age in months:

Room:

Key worker:

(Person raising concerns)

What area of development do you have concerns over?
Describe difficulties child is having include levels
What support have you already put in place?
Have you talked to parents/carers re concerns? Bullet point discussion. Did they share concerns?

Seen by SENCo/Manager

Action to be taken:

Appendix 2

Name of child:
Name of parent:
Time/date of meeting:
Staff present:
Concerns raised
Parents'/carers' views
Actions agreed

Appendix 3

Play Plan

Child's name:

Name of key worker:

Date plan starts:

Date due for review:.....

Area of need	Strategies to help	Evaluation

Appendix 4

Examples of strategies to include on a play plan

Child's name:

Name of key worker:

Date plan starts:

Date due for review:.....

Area of need	Strategies to help	Evaluation
<p>Communication</p> <p>Expressive</p> <p>No or limited use of speech</p> <p>No or limited attempt to initiate communication</p> <p>Not using gesture</p> <p>Lots of repetitive speech</p> <p>Receptive</p> <p>Not responding to name</p> <p>Not responding to speech</p> <p>Not able to follow basic instructions</p> <p>Not able to follow whole class instructions</p>	<p>Use questions with two options i.e. do you want an apple or orange to give language</p> <p>Model words when they make sounds</p> <p>Label both nouns and verbs during play</p> <p>Use mirroring to encourage early communication</p> <p>Set up activities where they need to communicate to get what they want e.g. snack in clear box give small piece at a time</p> <p>Model exaggerated use of gesture and facial expression drawing attention to it for child</p> <p>Model appropriate phrases in context for child to copy and learn</p> <p>Link saying name with offering fun or favourite activity</p> <p>Use a favourite sound to get child's attention before saying their name</p> <p>Give processing time</p> <p>Keep language short and simple</p> <p>Break down instructions in to small steps</p> <p>Use objects of reference or symbols to support spoken language</p>	

	Get child's attention before giving whole class instructions	
<p>Social</p> <p>Not playing alongside peers</p> <p>Not initiating interactions with peers</p> <p>Unaware of peers</p> <p>Not able to share</p> <p>Dominating other children</p> <p>Has very poor emotional regulation is often angry and upset more than peers of own age</p>	<p>Practice bringing one child to play alongside the child in a favourite activity and gradually increase how long they will tolerate it</p> <p>Model initiating play with peers</p> <p>Teach child a key phrase to use when initiating play</p> <p>Teach other children to ask them to play</p> <p>Play matching and sorting games with photos of peer match photos to child ask them to give specific children things set up times they need to ask peers for things they want i.e. snack or toys</p> <p>Play simple turn taking games one to one my turn your turn and another child when ready</p> <p>Model appropriate play</p> <p>Make a simple photo book showing the children following social rules and read it with the child</p> <p>Teach the child ways to calm down and self sooth rather than fixing the problem or an adult soothing them</p> <p>Allow access to a quiet or calming area if needed</p>	
<p>Rigidity of thought</p> <p>Difficulty during transition i.e. coming in to or going out of nursery changing rooms or even activity</p>	<p>Have a time table of the child's day either in symbols or using objects of reference use this time table at each change to cue the child in to what's happening next</p> <p>Use sounds songs or music to cue them in to changes of activity</p>	

<p>Becoming upset when routines change</p> <p>Not following class routines</p> <p>Becoming fixated on doing the same things repeatedly</p> <p>Not able to do an adult chosen task</p>	<p>Have clear routines that all staff follow in in same way cue a child in as best you can if this is going to change and allow time for them to adjust</p> <p>Make a photo book about difficult transition times showing what will happen for the child to look at before transition i.e. before they come in to nursery in the morning</p> <p>Keep transitions short and simple encourage parents to drop and leave or to pick up on time and go straight out have a now and next board that encourages a child to do what the adult wants before getting what they want gradually increase time they will do adult task this may be seconds initially</p> <p>Allow time in a time table for task they fixate on but also time table in other activities they need to do before they go back to their favourite activity</p>	
<p>Sensory</p> <p>Show anxiety over certain noises, smells, tastes, tactile or visual stimuli (give examples)</p> <p>Seeks out certain noises smells tastes tactile or visual stimuli</p> <p>Is over active and can't sit still</p> <p>Has very poor balance</p> <p>Has limited spacial awareness and bumps into or walks over others</p>	<p>Allow child to avoid sensory stimuli that causes significant stress or discomfort</p> <p>Use ear defenders at busy times</p> <p>Pull blind or fix flashing strip lights if its causing a problem</p> <p>Try to gradually desensitise them to stimuli that they are only a little uncomfortable with introducing it in very small amounts at a time they are happy never force it or allow them to be upset</p> <p>Provide lots of different opportunities to access the sensory information they seek in appropriate ways i.e. it's not okay to play with other children's hair but you can have fiddle toys with fake hair dolls with hair tactile</p>	

	<p>materials and sensory play with similar material</p> <p>Introduce simple beam or smart moves that increase core strength so improve balance</p>	
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Appendix 5

Letter to parent/carer – SEND register

Dear parent/carer

As we have discussed with you prior to this letter, we would like your consent to add your child to our school/setting’s SEND (special educational needs and disability) register.

The SEND register is a record we are required to keep by law of all children who need additional support in order to make progress. Once a child is on our SEND register we will fill in a My Support Plan, detailing your child’s needs are and the support we have put in place. We will meet with you termly to keep you up-to-date with your child’s progress and any support they are receiving and will review the plan during this meeting. We will not share any information with anyone outside of the school/setting without your written permission.

If a child makes significant progress and begins to meet age related expectations in the areas that we had concerns about, they will be taken off the SEND register. You will always be informed if this is going to happen.

I as parent/carer of

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Give my consent to have him/her included on the SEND register.

Signature

Date