**Autism in Solihull – Guidance for Nursery Settings**

**Behaviours that may indicate a child has Autism**

It is difficult to diagnose Autism in very young children as many of the behaviours we would see may also indicate other difficulties such as developmental delay, speech and language delay or attachment difficulties. It is important when we look at these behaviours, we think of other possible causes not just Autism.

***Delay in communication***

A child may have delayed speech, or they may have speech, but they don’t use it to communicate. The speech they have; may be them copying words or phrases and saying things repetitively. Sometimes babble and self -talk during play is absent or the child repeats whole learnt phrases for example from the TV or from adults. The child is likely to have delayed nonverbal communication, for example they won’t use gestures such as pointing or shrugging to communicate. They may have little or unusual eye contact. A child’s understanding of language may vary. Some children will not follow any instructions or even respond to their name while others will appear to understand more than they communicate.

***Difficulties socially***

A child will find it difficult to socially interact appropriately for their age.

They may be:

* socially passive, making no attempts to interact
* preferring to be alone,
* avoiding others or they may be very socially active but be getting it socially wrong i.e., unable to share or cooperate, invading others space or dominating and controlling others
* Children often prefer adults or older children as they are more predictable than children their own age

***Inflexible thought patterns***

It is often said children with autism line things up and although some do, so do other young children.

A child may play in the same way over and over, they may have a very limited number of activities they will play with.

They will rarely have imaginative play and when there is any, it will have been learnt and repetitive i.e., giving a doll a drink over and over but not doing anything else with the doll

A child may prefer routines and show upset when theses routines change, they may also find transitions difficult so moving from home to nursery or from one room to another or even from one activity to another

***Sensory processing differences***

Often a child will react differently to their senses. they can be oversensitive to noise, touch, smells, tastes or vision and react negatively to show they dislike things other children don’t have problems with i.e., cover their ears, close their eyes, limit their diet.

Other children may be under sensitive so either appears to not notice or actively seek more from a particular sense i.e., they may make repetitive noises, seek out light toys or play obsessively with sensory activities such as sand.

Some children need more physical movement than the average child and they may have either especially good or bad balance and special awareness skills.

***Differences are impacting on child’s access to life***

An important part of the diagnosis of Autism is the one that is often forgotten; the difference being the need is significant enough as to be impacting on the child’s ability to learn and access activities children their age would normally access.

If the child is making good progress and attending nursery happily there is at this point no need to raise concerns. It is ok for children to be quirky and different.

**What to do if you are concerned**

***Emerging concerns***

In your setting you should have a system in place where staff raise concerns about specific children. An example of a concern form is on [Solgrid](https://www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/), or you can use the system you already have in place. The child’s key worker should fill in the form noting examples of behaviour in each of the 5-areas described in last section.

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

The form should be given to the manager or SENCo in 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.

A short observation when staff decide what they are looking at and recording a specific area of concern i.e., this may be how the child communicating or how the child responds to sensory information. You may choose to record these observations and keep them in the child’s folder.

1. Meeting with parents.

Ask parents for a short meeting to raise concerns and ask if they have any concerns. Record this meeting for your records. You can use the example form on [Solgrid](https://www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/) or use your own system.

1. Assessment.

Complete an assessment of their levels of development. This gives a clear indication of the child’s difficulties and that they are significantly impacting on their development and in which areas.

***Initial interventions***

SEND Plans - ***There is an example on*** [***Solgrid***](https://www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/)

For many children with SEND you can write a SEND plan. This will be a short plan stating what the child’s specific needs are and what you will put in place, in the 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 and a record kept in the child’s folder.

***My support plans****:*

For some children you may prefer to fill in a My Support Plan rather than a SEND plan. This is the form used by the local education authority. It should be used if you feel the child involved has significant needs and at some point in the future you will be applying for extra help, for example asking for level 2 inclusion funding, asking for a SAS referral, or asking for an EHCP assessment. The form needs to be shared with and signed by parents. This plan needs to be reviewed either every half term or every term dependent on child’s needs and the settings capacity.

***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, that child should be included on the settings SEND register. The law says that a parent needs to be told and give their permission if their child is to be placed on the SEND register and this should be done formally. Thereis a sample letter on [Solgrid](https://www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/) but this letter is only part of the process, the parents should be told in a face to face meeting.

***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 need to fill out the referral form.

Before filling in the form ensure the child is registered with a Solihull 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 will go to a panel who decide if the referral is accepted. In order to be accepted it must meet some basic criteria:

1. Parents have signed both permissions on the form.
2. The GP is in Solihull.
3. Both the parents and the setting have filled in their columns with evidence of behaviours observed.
4. You have included evidence of **two terms** of input from the setting or other agencies i.e., EY team home visiting service. Planning and impact forms, SEND plans and my support plans are ideal.
5. You have evidence of Area SENCo involvement who support the application, i.e., an observation or record of visit form.

* **Without all of these a referral is may not be accepted**

A parent can self-refer however SAS will send out a request to the child’s settings for this information and without it the referral may be refused.

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 and the support from the Area SENCo stops. A member of the Autism team should contact the setting but if you need any support contact the team on 0121-770-6690.