

## **Autism in Solihull Nursery Settings**

It is extremely difficult to diagnose Autism in very young children. Many of the behaviours which we might consider as 'Autistic traits' may actually indicate difficulties in other areas. These may include: -

- Developmental delay
- Speech and Language delay or disorder
- Attachment difficulties.

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

## **Autism Traits and Indicators**

### ***Communication Difficulties***

This may present as:

- Delayed speech
- Not using speech to communicate e.g. The child may copy words or phrases and say things repetitively.
- Absence of babble and self -talk during play. The child may repeat whole learned phrases for example from the TV or from adults.
- Delayed non- verbal communication, e.g. no gestures such as pointing 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.

### ***Social Difficulties***

This may present as:

Difficulties interacting appropriately with their peers:

- Socially passive – e.g. making no attempts to interact, preferring to be alone or even avoiding others.
- Socially active but getting it socially wrong e.g. unable to share or cooperate, invading personal space, or dominating and controlling others.

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

### ***Rigidity of Thought***

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, 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.

### ***Impact on Development***

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 ok 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. An example of a suitable concern form is in **Appendix**. The child's key worker should fill in the form noting examples of behaviour in each of the 5 areas described in the last section.

Communication

Social

Rigidity of thought

Sensory differences

Impact on development

The 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.  
Ask parents for a short meeting to discuss your concerns and ask if they have any concerns themselves. Record this meeting for your records. You can use form in **Appendix** or use your own system.
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.

### **Initial interventions in Setting**

#### **Play plans. Appendix**

For many children with SEND a play 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 span is dependent on the child and strategies you are introducing but something between 6 and 12 weeks is reasonable.

See **Appendix** for strategies you might include on a play plan.

Ensure the plan is shared with parents 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. This plan needs to be reviewed either every half term or every term dependent on child's needs and the setting's 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, the child should be included on the settings SEND register. The law says that a parent needs to be told and give permission if their child is to be placed on the SEND register, and this should be done formally. **Appendix** has a sample letter to tell parents, but good practice would suggest this letter is only part of the process, the parents should first be told in a face to face meeting.

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

Sometimes parents will approach a setting as they are worried their child may have Autism. The best approach to this is to use the parent meeting form **Appendix** to record the parents' 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, then it is best to call a meeting with the parents, 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' concerns and signpost them to support, for example the Understanding your child's behaviour course, Speech and Language Therapy etc.

## **Referral 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. This should be done as soon as possible as there is likely to be a waiting list. Initially the parents 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 would need to: discuss with parents, complete the referral form including gained parental consent, carry out some targeted observations, 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.

The Area SENCo may offer to meet with parents 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 need to fill out the referral form and this is sent to the SAS email not to the Area SENCO

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 decided if the referral is accepted. In order to be accepted it must meet some basic criteria.

1. Parents have provided signed consent.
2. The child's GP is based in Solihull.
3. Both the parents 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. EY 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 borough then you may need to ask for the Area SENCOs help to refer to the Autism team, or you can contact the team on 0121 7706690. Ask for the person responsible for Early Years.

## **Appendix contents**

Appendix 1 Emerging SEND Concerns

Appendix 2 Targeted observations

Appendix 3 Parent meeting record

Appendix 4 MAT

Appendix 5 Play plan

Appendix 6 Strategies for a play plan

Appendix 7 My support plan.

Appendix 8 Example letter to parent for SEND register

Appendix 9 Speech and language referral form

Appendix 10 EYSAT consent form

Appendix 11 SAS referral

**Emerging SEND Concerns**

**Childs name:**                      **DoB:**                      **Age in months:**                      **Room:**

**Key worker:**                                      **Person raising concerns**

|  |
|--|
| <b>Areas of Concern</b>  |
|  |
| <b>Description of developmental difficulties. Include any levels or ages.</b>                    |
|  |
| <b>What support have you already put in place?</b>   |
|  |
| <b>Have you talked to parents re concerns? Bullet point discussion. Did they share concerns?</b> |
|  |

Seen by SENCO /Manager

Action to be taken

Appendix 3

|                               |
|-------------------------------|
| <b>Name of child:</b>         |
| <b>Name of parent:</b>        |
| <b>Time /date of meeting:</b> |
| <b>Staff present:</b>         |
| <b>Concerns raised:</b>       |
| <b>Parents views:</b>         |
| <b>Actions agreed:</b>        |

### Play Plan

Childs Name.

Name of Key worker

Date plan starts

Date due for review

| Area of need | Strategies to help | Evaluation |
|--------------|--------------------|------------|
|              |                    |            |
|              |                    |            |
|              |                    |            |
|              |                    |            |
|              |                    |            |

**Play Plan Example**

Childs 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 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 into small steps.</p> <p>Use objects of reference or symbols to support spoken language.</p> <p>Get child's attention before giving whole class instructions.</p> |            |
| <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>Practise 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 peers. 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 add 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>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 a timetable 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>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 into 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</p>  |            |



|   |   |  |
|---|---|--|
|   | <p>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 timetable for task they fixate on but also timetable in other activities they need to do before they go back to their favourite activity.</p>  |  |
| <p>Sensory</p> <p>Shows 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 spatial 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 it's 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 when 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 ok to play with other children's hair but you can have fiddle toys with fake hair dolls with hair tactile materials and sensory play with similar material</p> <p>Introduce simple 'Beam' or 'Smart Moves' activities that increase core strength and improve balance</p> |  |

Dear Parent/guardian

As we have discussed with you prior to this letter, we would like your consent to add your child to our school 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 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 we will review the My Support Plan during this meeting. We will not share any information with anyone outside of the 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/Guardian of .....

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

Signature ..... Date .....