What to do if I think my child might have ADHD or Autism

ADHD

ADHD is a group of behavioural symptoms that include attentiveness, hyperactivity and impulsiveness. It is a neurological condition that can affect every aspect of a person's daily life. Staff have received training on ADHD. We look at the whole child and how they manage routines and organise their belongings as masking can take place.

As a school we are able to refer a child for assessment, after trialling adaptations within class through our graduated approach. A referral can be made from the age of **6.5 years** if there is sufficient evidence in more than one setting (e.g. at home and school) – this age is set by the ADHD team due to the nature of the diagnostic screening process for ADHD.



In Stockport, we are fortunate to have <u>SPACE Stockport</u>, which is a support group for parents and carers of children and young people living with ADHD and other associated conditions.



Autism

Autism is a spectrum condition which can affect people in varying degrees. Autistic people often find it hard to communicate and interact with those around them. They do not always understand how people think or feel and can become upset or anxious in unfamiliar situations. Staff at High Lane have received training to support children who are Autistic. Personalised strategies are used within school to support children who require a curriculum that is 'additional to or different from' their peers to enable them to reach their potential and develop skills for life. We work with our partners in the Inclusion team and ADAPT team to ensure provision is appropriate for our children.



Process of referrals for ADHD and Autism

Initial discussion between the class teacher and home

Home or school raise concerns about a child's behaviour based on what is being 'seen' in either setting.

An initial meeting takes place to discuss concerns between the class teacher and family.

Monitoring

During this stage, several processes will take place at the same time.

 For an agreed amount of time, both home and school review behaviours seen. It is common that one setting may not be seeing the same 'presentation' of behaviours.

The class teacher and family agree a mutually convenient time to review again – this may be in a few weeks or the following half term depending on the severity of initial concerns.

- 2. The class teacher will raise initial concerns with the SENDCo (Miss Lloyd) and discuss current provision provided by the school. Necessary adjustments are made to our 'universal offer' to support the child further.
- 3. The class teacher, in collaboration with the child, will begin to develop a 'one page profile'. This details the child's likes, dislikes, aspirations, things of importance, areas of challenge and how best to support the child in class/around school.

Depending on the age of the child, parents may also be also to support the review of a child's one page profile. However, where possible, we try to use a range of ways to gain the child's voice directly.

Assess and Plan

At a review meeting, if it is agreed that concerns remain, a support plan will be collaboratively developed between the class teacher, the child and their family.

The child's class teacher will have liaised with the SENDCo to discuss the outcome of monitoring and the possibility of a support plan being put in place.

All class teachers have had thorough training in writing support plans. Although it is unlikely the

In addition, it may also be suggested that a referral is made to our Inclusion team. The Inclusion team provide support for schools across Stockport to enable them to enhance their provision for children with SEND. After a referral form has been completed, the Inclusion team might:

- Complete a pupil voice activity to get to know the child and gain their view
- Observe the child in context (in the classroom or on the playground)



- Nothing about me, without me -

SENDCo will be able to attend all meetings across the school, class teachers meet with the SENDCo to provide a follow up on agreed actions. The SENDCo also oversees school-wide support plans so will be aware of the provision in place for a child.

- Discuss behaviour presented in school with the class teacher
- Liaise with the family directly if necessary

Do

For at least a term, the school puts into place the actions detailed within the support plan. It is good practice to ensure an academic term of support has been implemented. Often, during this time, it is common to see an improvement in some areas of concern previously highlighted as the support plan details 'small steps' towards success.

*Note: For some children displaying traits of ADHD, a full support plan may not be necessary and a One Page Profile might encompass their needs and provision.

Review

Every term, class teachers will meet with families to 'review' the child's support plan. This is an opportunity for both home and school to reflect on the child's strengths and successes, but also to review any existing or new challenges that have emerged. The support plan is 'reviewed' and new targets are set as appropriate to enable a child to progress further.

It is likely that, during this process, the child will be accessing both our 'universal' offer and elements of our 'targeted' offer for children with SEND.

Moving towards specialist support

For most children, our graduated approach of 'assess, plan, do, review' will be sufficient in ensuring they make progress. For a minority, it may be that additional support is required from external agencies. In this circumstance, it is common for the child's class teacher to arrange an appointment with the family to discuss a possible referral to one of our associated external agencies within the Local Authority.

At this meeting, it may be necessary for the SENDCo to join also depending on each individual circumstance.

ADHD	Autism
In Stockport, it is recommended that children are a	For an Autism pathway to be submitted, it is asked
minimum of 6.5 years of age before referral to the	that school provide evidence of a robust graduated



service. This is due to the nature of the diagnostic screening process. It is also recognised that before this age many children will demonstrate a degree of 'impulsivity' as they learn more about the world and relationships around them.

Parents are encouraged to engage with the course available to parents - 'Invest to Play' - whilst the school action the APDR process for at least one cycle. For families who wish to processed with a referral, it would be assumed by the ADHD team that parents/carers **have** engaged with this opportunity.

If a child demonstrates challenges within 'Cognition and Learning', it is strongly advised that support is initially put in place to address academic support for an APDR cycle before referring.

From the point of referral, there can be up to a 10-week wait for an appointment to be given for initial assessment. For cases that are considered to be 'straightforward', it is anticipated that a complete referral can take approximately 6 months.

approach. As part of the submission, schools must evidence that a **minimum** of 1 full term of ADPR has been in place – without this, a referral will not be submitted.

It is recognised within Stockport that ADHD and Autism are sometimes linked, therefore a child may demonstrate with traits of both. If it is considered that a child demonstrates elements of both ADHD and Autism, but barriers linked to their attentiveness are a priority a referral for ADHD should be completed first and an Autism referral at a later date. As a school, where ADHD is the main concern but a child is below 6.5 years of age, we are unable to submit a referral for Autism as this may result in a delayed ADHD assessment when the child reaches 6.5 years.