



Rushmere Hall Primary School
IPSWICH, SUFFOLK

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What to do if I think my child has ASD/ADHD

- Initially, speak with the class teacher.
- Let them know what you see at home. Make a written list of your concerns and share it with them.
- Ask them to monitor your child for the signs you see in the home.
- Agree a period of time to do this and then go back for another meeting.
- If the class teacher is not able to identify any concerns, they will speak with you to reassure you and advise you.
- If the class teacher feels there are characteristics obvious in school, they will then arrange a meeting with the SENco (Mrs Birbeck).
- Mrs Birbeck will then complete some observations, checklists, short language assessments etc. with your child to help build up the evidence needed to progress to a referral.

How is ASD and ADHD diagnosed?

- If both home **and** school have evidenced concerns we will work together towards making a referral for assessment.
- This referral is called an NDD referral (Neuro Development Disorder).
- There are 3 sections to an NDD referral; information from the parent, the child and the school.
- The first step taken, even before we begin the referral form, may be to first put in place a plan of support called an APDR (Assess Plan Do Review). This will be shared with you and is a requirement of the NDD Pathway.
- The NDD also have an expectation that further professionals may be asked to get involved before a referral is sent, for example an Educational Psychologist, Speech and Language therapist, specialist teacher.
- Once an APDR has been put in place, and there has been little to no impact, then together we would add all the evidence we have into a referral. Once complete the referral is sent off.
- Currently there is an approximate 6 month wait until the referral is reviewed at a Triage Panel of experienced clinicians.
- The panel may formulate an intervention plan of support for your child or accept that an assessment is appropriate. Currently there is a further wait of up to 1 to 2 years before your child will be seen and assessed.
- Waiting lists are very long due to the backlog from the Covid Pandemic and the sheer number of referrals being sent through.
- In order to ensure the system is not overwhelmed any further, schools have been asked to follow the guidelines for the referral (attached) and only refer when there is evidence from home **and** school and once other criteria has been applied.

If a referral has been made, what will happen in the meantime?

- If the school has supported a referral, they will next support your child with strategies they know to be effective for either ASD or ADHD.
- Your child is likely to go onto the Monitoring Register (the SENco will be monitoring any likely Special Educational Needs).
- If concerns are having a significant impact on your child in school, they may go onto the SEN Register (the SENco actively supports their Special Educational Needs in liaison with class teachers).

What if the school cannot find any evidence of need?

- There is a wealth of understanding and experience at Rushmere Hall in identifying, understanding and supporting children with both ASD and ADHD.
- Through observation and assessment, if class teacher and our SENco, Mrs Birbeck, cannot provide any evidence of either ASD or ADHD characteristics within the classroom, or the wider school environment, **then unfortunately they cannot support an NDD referral.**
- This is because school evidence and observations are a necessary part of the NDD referral.
- It is understood that a child with ASD or ADHD would present as such in many settings including school, although possibly with varying degrees according to the structure and routine of the setting.
- The school recognises that with ASD there is a possibility that your child is masking at school. Masking is a word used to describe children with ASD who learn, practice, and perform certain behaviours and suppress others in order to be more like the people around them.
- It is not often that a child with ASD can mask all of the behaviours associated with ASD from their class teachers throughout their school journey, or in other settings they experience outside of the home.
- Masking only gives the child a 'surface level' ability, and it does not create 'normal' social skills. There will still be inflexibility and a lack of generalisation in the way a child interacts. Observations and assessments from Mrs Birbeck, as an experienced professional, would help to identify the possibility your child is masking.

If the school cannot provide evidence of need, what might happen next?

- We could explore other reasons why your child presents as they do outside of school. There are other reasons for an ASD or ADHD type presentation e.g. Attachment Disorder, anxiety, bereavement, adjustment to parental separations/divorce, (or any other Adverse Childhood Experience), possible speech and language or learning difficulties etc.
- We could also offer you opportunities to strengthen your own parenting strategies to support difficult behaviour or presentations in your setting.
- If concerns are high and you are requesting further help in your setting, we might suggest a CAF referral is completed to request support from a Family Support Practitioner. In this instance you would need to speak with our Family Liaison Officer (Mrs Schultz) who would explain this process and determine if your concerns would reach CAF threshold.
- We could promise to revisit your concerns in the future, if you are still observing difficulties out of school, but only after other support has been put in place.