

**Specialist Assessment Service**

This service provides Assessment and diagnosis for children presenting with difficulties that may indicate an Autism Spectrum Disorder.

**Based at Chelmsley Wood Primary Care Centre. Crabtree Drive, Solihull. B37 5BU**

**Frequently asked questions – You may find it helpful to know what parents and professionals have been asking us and the answers we have given**

|  |
| --- |
| **I am worried that my child may have Autism but I don’t know much about it , where can I find some information?**  |

More information on Autism can be found at: http://www.autism.org.uk/ or Autism west Midlands <https://www.autismwestmidlands.org.uk/>

Further Information is available at:

<https://childrenscommunitytherapies.uhb.nhs.uk>

|  |
| --- |
| **I want to refer my child but I am not sure how to do so?** |

If you are concerned that a child may have an Autism Spectrum Disorder you should firstly discuss your concerns with any professionals involved with the child such as your GP or school SENCO. Referral is by referral form only. This form is available from <https://childrenscommunitytherapies.uhb.nhs.uk>

The form has sections to be completed by parents and sections for professionals involved with a child. The form requires a lot of detail and evidence over a 6 month period. This information is essential and a referral cannot be accepted at this highly specialist level without the correct information and evidence. GPs are not expected to complete the form but may wish to provide parents with a referral letter. Once we receive that letter we will send parents a full referral form so that they can work in partnership with the school that the child is registered with and complete the form over time. If your child is not attending a school professionals involved can work with you to build information. If this causes any difficulty then please ring us on 0121 722 8010 to discuss.

We cannot accept the referral form electronically so please send your referral in by post. The address is at the end of the form.

|  |
| --- |
| **My child does not attend a Solihull School. Can I still refer?**  |

Yes we accept children that are registered to a Solihull GP

|  |
| --- |
| **My child does not have a Solihull GP. Can I still refer?**  |

No . We only accept children registered to a Solihull GP. Please see your GP who will be able to recommend how to seek the same assessment in your area.

|  |
| --- |
| **When will a child be seen by the SAS?**  |

Many parents and professionals telephone the service to ask where a child is on our waiting list and when the child will be seen. It is difficult to answer as our assessments are individually planned for each child and some children’s assessment work can take longer than other children’s. It can therefore be difficult to know how long it will take before we can start each child’s assessment. However the letter you receive when a child is put onto the waiting list will indicate approximately how long the current waiting time is.

**Unfortunately** our administrators will not have any additional information as to when your child may be seen so please help us by not telephoning in with this question.

|  |
| --- |
| **I have heard there is a long wait for assessments to start?**  |

The service is experiencing a high demand and an increasing level of referrals. A back log of assessments has built up. We are working hard to clear the backlog and we are being well supported by commissioners and by the Trust who have provided us with some additional staffing resources. We will make sure that parents and professionals are kept informed of our progress towards clearing the backlog.

**Unfortunately** our administrators will not have any additional information as to when your child may be seen so please help us by not telephoning in with this question.

|  |
| --- |
| **Can my child be seen as a priority? Can my child be moved up the waiting list?**  |

**No all children on the waiting list are seen in strict referral date order.** Many children on our list are experiencing difficulties such as being excluded from school, becoming difficult in terms of their behaviour or becoming anxious. All children are of equal importance and to be fair to all children and their families we will not prioritise one child above another. It is important that your child accesses the right services to meet their needs whilst on the waiting list. Waiting for an assessment does not mean that your child cannot access appropriate services to meet their needs.

Please continue reading for links and tips as to ‘who can help with what’ whilst you are waiting

**Unfortunately** our administrators will not have any additional information around when your child may be seen so please help us **by not** telephoning in with this question.

|  |
| --- |
| **A professional has suggested an assessment for my child by the Specialist Assessment Service but you have not accepted the referral, what should I do next?**  |

If you have received a letter from us not accepting your referral then please read the letter carefully. It will tell you all the appropriate next steps in the letter. It is helpful if you do not telephone at this point as our administrators are very busy and will not be able to tell you any more than is in the letter.

Referrals into the service are considered at our referral meeting. This is held fortnightly and the purpose of this meeting is to carefully consider all presenting detailed information from parents and professionals and to make recommendations as to the most appropriate next steps. Not accepting does not mean that your child may not need an assessment but it may mean that we do not have all the information we require before we can accept.

Firstly all referrals will need to be on a referral form. The form guides you as to the type of information we require. The form is available on

<https://childrenscommunitytherapies.uhb.nhs.uk>

Sometimes a child may have seen a professional such as a GP or Paediatrician who has recommended the Specialist Assessment Service. After your appointment with that professional, the first step is to gather a much wider range of information from school/nursery and professionals. We will not accept any referral until we have all this information on the correct referral form. Parents can take the referral form into school for support with gathering all the necessary information.

Your GP or Paediatrician can start the referral process off by writing us a clinical letter and then we will make sure that you receive the forms to complete in partnership with your child's school. We insist on the correct form being used because it guides you through all the different types of information that we need.

Once we have received all information required, if your child is still not accepted it is because the wider range of information indicates that this is not the most appropriate next step for your child despite the initial recommendation.

Sometimes we can see from the additional information that steps need to be put in place before Specialist Assessment should be considered. For example your child may have unmet learning needs or speech and language needs that could account for the difficulties. If your child’s referral is not accepted we will recommend the most appropriate next steps for your child from the overview of the information we have considered.

It is health service policy that a child’s referral is closed to a service whilst further information is built up by those local services working with a child and their family. In your letter it will state that the referral has been closed in order for you to gather the information requested. Once you send all information required we will be able to open the referral again in order to review the additional information.

The information we request should be submitted within 3 months from the original referral if it takes longer than this you will need to submit a new referral form as the original information will be out of date.

|  |
| --- |
| **Why does the information need to be on a referral form?**  |

The referral form is organised very specifically and ensures that all the information we required is gathered in a systematic way. The information on the form is used in the screening process and also to plan your child’s assessment. It is important that all sections of the form are completed.

|  |
| --- |
| **My child has waited longer than the time said in my acceptance letter. Why is that?**  |

During the year the waiting time does vary. This variation may be because we have had a number of very complex children to assess and their assessment has taken longer than we expected. In addition if the team does not have the full compliment of staff then this will affect the waiting time. We will try and keep you informed by letter where possible. Our waiting times have also been affected by the Covid-19 pandemic.

|  |
| --- |
| **My child does not have the same difficulties at home and at school and I am worried that you will not be able to accept my child’s referral because of this?** |

It is not uncommon for a child to present differently at home and at school. Some children find the structured environment of the school day easier to manage and therefore do not display the same behaviours/needs at school as at home. Other children find the school day more difficult and present with difficulties that parents see far less of at home. In these circumstances, it is very important that you discuss these differences with school or with any professionals involved with your child so you can work in partnership to plan and agree appropriate steps, sharing an understanding of difficulties and the necessary steps over time. This helps us all create a total picture of what difficulties are presenting, in what situations and when and if additional specialist assessment is required or not. We require information to be built up over a minimum period of two terms (6 months) Schools will find it helpful to use the materials provided to them by the Autism Education Trust (AET) to carry out focused observations. These observations help pinpoint key areas of difference and will support any future referrals.

|  |
| --- |
| **Professionals have suggested lots of possible causes for my child’s difficulties which I find confusing?**  |

Children presenting with a range of complex difficulties often cannot be fitted neatly into diagnostic categories. Many neuro-developmental difficulties such as Autism, ADHD, Dyspraxia to name but a few, can present in similar ways. It is often helpful to consider the nature of the difficulties over time and explore options to best describe and account for difficulties. It is important to help and support your child with the professionals involved locally and then to review the outcomes of that support. Once these steps are in place it may become clearer what additional assessment may be required and how best to describe the difficulties.

|  |
| --- |
| **Do I need a diagnosis of Autism to get the help and support that I feel my child needs?** |

A child does not need a diagnosis to get support. It is important that a child’s needs are met through the wide range of services available within Education, Health and Social Care before seeking further highly specialist multi-disciplinary assessment or whilst waiting for assessment.

|  |
| --- |
| **My child already has a diagnosis. Where can I go for support?** |

This service is an assessment and diagnostic service only and does not provide on-going support. Parents should speak to the school SENCO if they are concerned about educational issues, SOLAR mental health support services if they are concerned about a child's well being or mental health. Information can be found at

<http://www.bsmhft.nhs.uk/our-services/solar-youth-services/>

Health Visitors will help with children under 5 years of age and your GP will be able to advise you on a range of issues for all ages of children. If your child is in immediate danger only you should go to A&E

The family information service is a valuable resource for parents and can be found at <http://www.solihull.gov.uk/familyinfo>

The Local offer pages are also a valuable source of information as they describe what services offer in Solihull<http://socialsolihull.org.uk/localoffer/>

Autism West Midlands have a range of resources on their website including free, downloadable information sheets that contain practical advice and strategies for families, It includes some information about that would be relevant pre-assessment or diagnosis

<https://www.autismwestmidlands.org.uk/online-resources/information-resources/?bcsi_scan_05c10f12792177b7=WD3tPmfUUyVEUcpdD4x59oAN9IdbAAAAl3bMVQ>==

Continue reading for further useful tips and links on ‘who can help and for what ‘

|  |
| --- |
| **My child is self harming where can I go?** |

School nurses are a helpful point of contact

 <https://www.healthforkids.co.uk/solihull/> (Information for parents/carers)

 In crisis parents can contact the Solar service (available 8am – 8pm 7 days a week – details on their website) <http://www.bsmhft.nhs.uk/our-services/solar-youth-services/>

If it is outside of these hours please take your child to A&E for immediate support

Parents can talk to their GP – who can also help and help with a referral to SOLAR . Parents can refer to Solar also

Parents should talk to their child's school as well

|  |
| --- |
| **I am finding my child's behaviour difficult at the moment where can I go for help?**  |

Many parents have found the online parenting course called ’Understanding your child’s behaviour’ very helpful.

[**https://inourplace.co.uk/**](https://inourplace.co.uk/)**The code you will need is APPLEJACKS**

|  |
| --- |
| **I am the parent of a very young child who is not yet at nursery and concerned that my child might have Autism, where should I go for help?**  |

If you think your child may have an Autism Spectrum Disorder and you would like information, help or support you can approach your GP or your Health Visitor. When you go to see your GP or Health Visitor, you might like to take along a list of behaviours and characteristics that you are concerned about. This can be a good prompt during your appointment, ensuring that you are able to give them an overview of why you are seeking help. They will talk through your concerns and may then carry out a screening interview or assessment. There are a range of different tools that they may use. These screening tools will not give you a diagnosis, but are a good way of indicating if your child may need further support, monitoring or further assessment work. The professionals will also be able to help you access some first steps of support before requesting this highly specialist assessment.

It is important that very young children receive appropriate support before considering an Autism Assessment. For example your child may benefit from help with communication skills by the Speech and Language Therapy service, or with learning needs by the Early Years teaching team. Your HV is the best person to help you with this.

|  |
| --- |
| **What information do you need? Why do you need such a lot of information?**  |

Information is required to build up a picture of a child's difficulties over time in different settings and from different people. The information gathered forms an important part of any assessment package that we offer if your child requires a full assessment.

Your child may be experiencing difficulties for a range of reasons and it is important that all options are considered and needs met before further assessment is considered.

We will require evidence that interventions have been put in place either in school or by other services to meet needs. This evidence needs to be built up over a 6 month period. The 6 month period does not need to start from the date you receive the referral form but for example your child's school and other professionals will have records going back over 6 months of any additional steps put in place to meet your child's needs.

Schools will find it helpful to use the materials provided to them by the Autism Education Trust (AET) to carry out focused observations. These observations help pinpoint key areas of difference and will support any referral. We will also require all reports previously written on your child. If you do not have copies of reports then please write which ones you do not have in the space provided on the form.

|  |
| --- |
| **How long will a child’s assessment take?**  |

The assessment will start with a discussion with parent/s. Each child’s assessment is individually planned in partnership with parent/s. The components of the assessment will be discussed and planned with you and will be decided on from the range of information we have already available to us and from listening to your concerns. Some children’s assessment will therefore take longer than others. At your first appointment we will give you a clear view on the steps that we will need to complete for your child.

|  |
| --- |
| **What will happen when I receive an assessment appointment?**  |

The assessment will involve different elements. The core elements include a discussion with parent/s about your specific concerns and to gain an understanding of your child/young person’s strengths, difficulties and development. This discussion will typically last one and half hours and may be without your child/young person. This is so that you can talk openly about their needs and express any concerns you may have. Older children/young people may wish to come along to this appointment. You can discuss this with your Lead Clinician prior to attending if you need to.

Another element of our assessment is for us to meet your child/young person, which may occur on one or more assessment sessions. This enables us to gain a clear understanding of their needs. This may involve liaison with other services that are involved or sometimes an observation of the child/young person in a different setting for example in school. All assessment plans will be discussed and agreed with you. Any additional assessments may involve other members of the Specialist Assessment Team. The assessment plan depends on what is already known about a child and what is not known. Some children may only need a single assessment but other children will need a range of different assessments.

These assessment appointments may occur on the same day, on the same day parallel to each other or on different days. The details of these appointments will be on the appointment letter, we will send to you when your child reaches the top of the waiting

The process is very much working in partnership with you and all steps will be agreed with you.

Towards the end of the assessment process the clinician will discuss all findings from the assessment with you and prepare information into a report. In partnership with parents it will be agreed as to how the report will be circulated.

**Due to the Covid-19 pandemic our ways of working have changed, we are working hard to continually adapt our processes in line with Government and Trust guidance to keep children, young people, families and our staff safe. We are regularly updating our website with the latest information about our assessment process:** [**https://childrenscommunitytherapies.uhb.nhs.uk/specialist-assessment-service/covid-19-our-new-ways-of-working/**](https://childrenscommunitytherapies.uhb.nhs.uk/specialist-assessment-service/covid-19-our-new-ways-of-working/)

|  |
| --- |
| **Consent for Assessment** |

Parental;

We only require one parent with parental responsibility to consent to the assessment to be completed. If parents are separated, both have parental responsibility and wish to be involved in the assessment please make this clear on the assessment form so that, if required the appointment letters can be sent to both parents.

Child/Young Person;

We would recommend that you talk to your child about the referral and assessment in an appropriate manner for their age and stage of development. For young people in their teenage years it is important their consent is given for this assessment and to able to give their consent they will need to be aware the possible outcome of this assessment is that their needs might be described with a diagnosis of an Autism Spectrum Disorder (ASD).

If a young person is developmental able to make choices for themselves and they do not give their consent then further discussion can take place to support this decision when they reach to top of the waiting list.

At the end of the assessment a report is completed, which will discussed with the young person along with their parents and consent will again be asked at this stage with regards to the distribution of this report.

|  |
| --- |
| **Safeguarding children and young people** |

If during the assessment process information is disclosed in relation to the child’s well being or the well being of others the clinician has a duty of care for safeguarding the child, family and the public. This will be discussed and may require referral onto the appropriate services for support.

|  |
| --- |
| **I have an appointment letter from the Specialist Assessment Service but I am only seeing one member of the team why is that?**  |

Each child’s assessment is individually planned. A member of the team will take a lead role on the assessment planning and will often meet with you first in order to discuss and plan the assessment process with you. Information is considered from a wide range of sources and environments. The case lead considers all this information and plans the assessment around what we still need to know and not around what is already known about a child’s strengths and difficulties. Each child’s assessment plan is different and the number and type of specialists involved will therefore differ from child to child.

**I hope you have found this information helpful.**

Shirley Heatherington Clinical Lead Specialist Assessment Service

Updated September 2020