



Saint Norbert's
Catholic Voluntary Academy

Information for Parents:
Autism / ADHD



INFORMATION FOR PARENTS: AUTISM / ADHD

This booklet is intended to help families understand how Saint Norbert's responds when a parent, carer or member of staff wonders whether a child may be autistic, have ADHD, or have another neurodevelopmental difference. It should be read alongside our SEND Information Report and other relevant school policies.

UN Convention on the Rights of the Child

As a Rights Respecting School, we acknowledge our role as 'duty bearers' in promoting and protecting children's rights. Every child has the right to be listened to, supported to access education and treated with dignity and respect.

Understanding 'neurodivergence'

'Neurodivergence' is an umbrella term used to describe differences in how people experience, process and respond to the world. Autism and ADHD are neurodevelopmental conditions. They are not caused by poor parenting, and diagnosis can only be made by appropriately qualified health professionals.

Children are individuals. Some traits associated with autism and ADHD overlap, and a child may have one condition, both, or neither. Similar behaviours can also arise for other reasons, so our starting point is to understand the child's strengths, needs and barriers rather than to assume a label.

What is autism?

Autism is a lifelong neurodevelopmental condition. Its core features are persistent differences in social communication and interaction, alongside restricted or repetitive patterns of behaviour, interests or activities. Children may also experience sensory differences or find change difficult. Autism is a spectrum: every child presents differently, and some children may mask or camouflage differences in particular situations.

What is ADHD?

ADHD (Attention Deficit Hyperactivity Disorder) is a neurodevelopmental condition involving persistent difficulties with attention and/or hyperactivity and impulsivity. A child may find sustained attention, organisation, waiting or regulating activity particularly difficult; not every child with ADHD is obviously hyperactive. For diagnosis, difficulties must cause significant impairment and be evident in more than one important setting.

How are autism and ADHD linked?

Autism and ADHD are distinct conditions, but they can occur together. They may also look similar in some situations: both can be associated with difficulties around attention, transitions, emotional regulation or becoming overwhelmed. The reasons behind the same outward behaviour may differ. Assessment therefore considers the child's development and functioning broadly, using information from different people and settings rather than a checklist or single observation.



When home and school see different things

Parents know their children extremely well, and we will always take concerns seriously. At the same time, school staff can only report what we observe in school. It is quite common for a child to present differently in different places, and a difference between home and school does not mean that either account is 'wrong'.

Why might presentation differ?

- Some children consciously or unconsciously 'mask' or camouflage difficulties in order to fit in. This can be tiring and may mean that distress is more visible after school or at home.
- A predictable environment, clear routines, explicit expectations and familiar adults *can* reduce the demands a child experiences. However, NICE (National Institute for Health and Care Excellence) guidance specifically cautions that autism should not be ruled out simply because difficulties appear to reduce in a supportive, structured environment.
- Different settings place different demands on attention, communication, sensory processing, flexibility and self-regulation. A child may therefore cope well in one context but find another much harder.
- Behaviour can also be influenced by sleep, anxiety, language or learning needs, sensory differences, friendships, developmental stage, physical health, changes at home, routines, boundaries and many other factors. These possibilities need to be explored sensitively rather than assumed.

For ADHD, diagnostic guidance requires difficulties to cause impairment and to occur in two or more important settings. For autism, information from different settings is also important, but masking and the effect of a supportive environment must be considered. Where accounts differ, the appropriate response is to gather more information over time, not to dismiss either perspective.



What school will do: the Graduated Approach

A diagnosis is not required for a child to receive support in school. Where a need or barrier is identified, we will make appropriate provision and reasonable adjustments based on the child's presenting needs.

In line with the SEND Code of Practice, we use a continuous Assess–Plan–Do–Review cycle. This helps us build a fuller picture and evaluate which strategies make a positive difference.

ASSESS

We gather information from the child, family and staff; consider progress, attainment, behaviour, communication, sensory and emotional needs; and look for patterns across lessons, times of day and settings. We may use local assessment toolkits or seek advice from specialist services.

PLAN

Together, we identify the most important needs, agree clear outcomes and decide what support or adjustments will be put in place. These may include visual supports, changes to instructions or task length, movement opportunities, sensory adjustments, preparation for change or targeted adult support.

DO

The class teacher remains responsible for the child's progress. Agreed strategies are used consistently and, where appropriate, targeted support is delivered. Families can also share strategies that work well at home.

REVIEW

We review the impact of support with families and the child, where appropriate. We consider what has improved, what remains difficult and whether the plan should continue, change or involve additional specialist advice. Further cycles may provide increasingly detailed evidence for a referral.



Referral and assessment in North Lincolnshire

Children in the Early Years

For younger children, the referral route is different from the pathway normally followed for school-aged children. Before a request for assessment can be considered or made through this pathway, the child must have been seen by a paediatrician for a full health check. This is an important part of the local process and helps to ensure that the child's wider development, health and communication needs have been considered. Where necessary, we may therefore need to advise parents to speak with their GP or other health professional so that the appropriate health assessments can be arranged; this can be a lengthy and time-consuming process.

Where an autism assessment is subsequently considered appropriate, the referral should include relevant supporting information and a balanced description of the child's presentation at home and in their early years or school setting.

School will therefore work with families and relevant health professionals to establish which steps have already taken place and what needs to happen next.

School-aged children

For a school-aged child in North Lincolnshire, families who have concerns about autism or ADHD are encouraged to speak initially to the school SENCO / Class Teacher.

School staff cannot diagnose autism or ADHD, nor can we rule either condition out; our role is to provide accurate, balanced evidence about the child's presentation in school, including strengths, needs, adjustments already tried and their impact.

If a referral is considered appropriate, this is normally completed collaboratively by school and parents. The information gathered over time should provide a broad picture of the child, including strengths and needs, the views of home and school, support and adjustments already provided, and their impact. We may therefore need to complete further 'Assess–Plan–Do–Review' cycles before a referral can finally be submitted.

A referral is not a diagnosis and does not automatically mean that a diagnostic assessment will follow. It also does not mean that there will be a change to how a child with a presenting need is already being supported in school, as staff will always endeavour to 'meet children where they are', regardless of diagnosis. However, the

specialist team will consider the evidence provided and determine appropriate next steps. Again, this can be a lengthy and time-consuming process and families should be prepared to wait many months before receiving an outcome.

What if school does not see the same concerns?

We will always try to explain this sensitively and continue to listen. We may agree a period of structured observation, further 'Assess–Plan–Do–Review' cycles, pupil voice, home–school information sharing or consultation with relevant professionals.



Working together

The most helpful conversations are those through which home and school share information openly and remain curious about what may be driving a child's experience. Our shared aim is to understand the child and help them to thrive, rather than to prove or disprove a particular diagnosis.

It helps us if families can share:

- specific examples of what happens, rather than only a diagnostic label or checklist score;
- when and where difficulties occur, how often they occur, and what seems to happen before and afterwards;
- the child's own views, including situations they find easy, difficult, tiring or overwhelming;
- information about sleep, health, sensory needs, friendships, routines and significant changes; and
- strategies that help at home, so that we can consider whether they may also be useful in school.

Screening questionnaires and online checklists can sometimes help to organise observations, but they cannot diagnose autism or ADHD and should not be used on their own to rule a condition in or out.

Useful sources of information and support

North Lincolnshire SEND Local Offer – information about the local neurodiversity pathway, ASET, specialist services, the Family Toolkit and SEND support.

North Lincolnshire SENDIASS – free and impartial information, advice and support for children and young people with SEND and their parents/carers. Telephone: 01724 277665.

NICE – national guidance on the recognition, referral, diagnosis and support of autistic children and young people, and on ADHD diagnosis and management.

If you have concerns about your child's development, learning, behaviour or wellbeing, please speak to the child's Class Teacher or our SENCO. We value your knowledge of your child and will work with you to decide sensible next steps.

