

CP15

Supporting Autistic Children, young people, and Adults to Access Health Services.

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Terminology

For this policy, the author has chosen to use the autism first language.

1.0 Policy Statement (Purpose / Objectives of the policy)

This policy sets out the standards of care which the Trust will provide autistic people who access our services. RWT is committed to delivering a responsive service to patients that meets the individual needs they may have. The policy is intended to contribute to the reduction in health inequalities faced by autistic people.

The Equality Act 2010 (incorporating the Disability Discrimination Act 2005), The Autism Act (2009) and the Autism Strategy (2010) together with the NICE Guideline for Autism (2014) dictates that statutory services make the necessary adjustments to improve accessibility for people with Autism. It puts the responsibility on all public services to ensure that no discriminatory practices exist within their organisation and that services meet the needs of the individual. Health services have a clear ‘duty of equality’. This does not mean treating everybody the same but rather that all health services must make ‘reasonable adjustments’ to meet the needs of autistic people. The Trust is committed to providing a responsive service which recognises the needs of those autistic people who may be disadvantaged in accessing care and treatment.

Prevalence rates

The **National Autistic Society** suggest that over 700,000 (1 in 100) people are on the autistic spectrum in the UK, more recent findings published by the **Centre for Disease Control and Prevention** suggest that this number could be closer to 1 in 59. For these people and their families, there is often a battle to get the information, support and care they need. Fundamental struggles exist for autistic people in engaging with the world around them, leading to difficulties accessing adequate services. (Health Education England 2021)

Wolverhampton’s Joint Autism Strategy 2016-2021 identifies around 1 in 100 children and adults have autism living in Wolverhampton, approximately 2,500. It is identified that including the individual’s direct family members over 10,000 people are identified as being directly affected by autism every day in Wolverhampton.

2.0 Definitions

Autism:	Autism is a lifelong neurodevelopmental condition, it is a ‘spectrum’ disorder which means that individuals experience it differently and are affected in different ways. There are however some common challenges for people with autism, known as the triad of impairments. These include: <ul style="list-style-type: none"> • Social communication • Social interaction • Social imagination. People with autism can also experience sensory difficulties such as over, or under-sensitivity to sound, touch, taste, smell, sight and colours. Autistic people will also experience higher levels of stress compared to those without autism.
Learning Disability and Autism:	Not all people with autism have a learning Disability. Approximately 60-70% of people who have autism have an associated learning disability.

<p>Reasonable adjustments:</p>	<p>Reasonable adjustments can be simple changes made by one member of staff, or they can be more complex and need multiple teams to work together. Making reasonable adjustments can mean removing barriers that autistic people face or providing something extra to enable them to access the healthcare they require. Reasonable adjustments are a legal requirement of the Equality Act 2010.</p>
<p>Stimming:</p>	<p>Stimming or self-stimulating behaviour includes arm or hand-flapping, finger-flicking, rocking, jumping, spinning, or twirling, head-banging and complex body movements.</p> <p>It includes the repetitive use of an object, such as flicking a rubber band or twirling a piece of string, or repetitive activities involving the senses (such as repeatedly feeling a particular texture).</p> <p>Although stimming varies from person to person, the reasons behind it may be the same:</p> <ul style="list-style-type: none"> • for enjoyment. • an attempt to gain sensory input, e.g., rocking may be a way to stimulate the balance (vestibular) system; hand-flapping may provide visual stimulation. • an attempt to reduce sensory input, e.g., focusing on one sound may reduce the impact of a loud, distressing environment; this may particularly be seen in social situations. • to deal with stress and anxiety and to block out uncertainty.
<p>Distressed behaviour/ behaviours that can challenge:</p>	<p>Distressed behaviour includes what would normally be considered physically aggressive behaviour, such as slapping, biting, spitting or hair pulling, but can also include other behaviours if they are having a negative impact on the person or their family.</p> <p>There could be several reasons for it. These may include difficulty in processing information, unstructured time, sensory differences, a change in routine, transition between activities, or physical reasons like feeling unwell, tired, or hungry. Not being able to communicate these difficulties can lead to anxiety, anger, and frustration, and then to an outburst of distressed behaviour.</p>
<p>Mental Capacity:</p>	<p>The Mental Capacity Act (2005) is designed to protect and empower People aged 16 years and over who may lack the mental capacity to make decisions about their own care, treatment and/or discharge plans. It details the circumstances where it is possible to</p>

	decide in the best interests of someone who has been assessed as lacking the mental capacity to make the decision themselves, and how best interests' decisions should be made. See CP06 Consent to Treatment and Investigation Policy for further guidance.
Advocacy Independent Mental Capacity Advocate (IMCA):	Advocacy means getting support from another person to help people express their views and wishes, and help people stand up for their rights. Someone who helps in this way is called your advocate. An IMCA must be instructed if the person is deemed to lack capacity for a specific decision and they do not have anyone appropriate to support them.
Appropriate person to consult.	This is a person who is not a paid carer, this can be a friend or relative. Service provides are all paid carers, so therefore are not appropriate to consult.

3.0 Accountabilities

Chief Nurse

- Has the overall responsibility to ensure that the Trust is compliant with legislation and that staff have appropriate training and support to carry out their duties.

Head of Safeguarding

- Has the overall responsibility to ensure that the Trust is compliant with legislation and that staff have appropriate training and support to carry out their duties.

Deputy Head of Safeguarding is responsible for:

- Managing the Lead Autism Nurse and provide expert leadership.
- Supporting the Head of Safeguarding to ensure that the Trust has robust systems and processes in place to ensure that the additional support needs of autistic people are met.
- Ensuring that the Trust is compliant with legislation and that staff have appropriate training and support to carry out their duties.
- Ensuring Trust policies are up to date and are aligned with national, regional, and local policies and procedures.
- Ensuring monthly reports are submitted on autism activity as required.

Lead Autism Nurse is responsible for:

- Providing expert advice and support across RWT.
- Developing a flagging system to be able to identify autistic people who access our services.
- Providing accessible, accurate and relevant information to all RWT staff.
- Ensuring Trust policies are up to date and are aligned with national, regional, and local policies and procedures.

- Providing mandatory autism awareness training.
- Providing monthly reports on autism data.

Autism Champions are responsible for:

- Supporting the work of the Lead Autism Nurse.
- Be a contact point for advice and support on autism matters whilst in shift.
- To maintain accurate and up to date information supplied by the Lead Autism Nurse
- Ensuring reasonable adjustments are made when required.

Trust Employees

- Have the responsibility to ensure that they have received the identified level of training for their role.
- Will be able to know how to contact the lead nurse for autism and where to get advice and support out of office hours.

4.0 Policy Detail

This policy covers the care and support of autistic children, young people and adults whilst accessing RWT services. Whilst autistic people are accessing our services it is The Royal Wolverhampton NHS Trusts responsibility to ensure that all reasonable adjustments are made that a person may require.

4.1 Flagging for identification of autistic individual on their electronic patient records.

A flag will be added to autistic people's medical records to enable identification to support reasonable adjustments that people may require because of their autism.

The flags will also be used to measure the sum of autistic people accessing our services and to identify areas requiring improvement, and service development.

Being able to identify people who are autistic using our services will allow for co-production and development on the autism services provided by RWT.

You may know a person is autistic because:

- There is an Autism (auti) flag on Clinical Wed Portal (CWP), Patient administration system (PAS) or MSS.
- The person may tell you.
- A parent or carer may tell you.
- You observe signs that they may be autistic (see [Appendix 5](#) for adults or [Appendix 7](#) for children.)

4.2 **Referral process** ([Appendix 3](#))

- The autism service has an open referral system allowing contact from patients, staff, and relatives/ carers.
- Referral can be made by phone, email, or electric referral on CWP during office hours 9-5 Monday to Friday (excluding bank holidays).

The autism service can provide advice on:

- Reasonable adjustments
- Consent and capacity concerns and the Mental Capacity Act.
- Communication
- Behaviours that may challenge.
- Planning admissions
- Core Care plan ([Appendix 2](#))
- Health passport ([Appendix 1](#))

4.3 **Routine planned admissions and appointments**

Non-emergency appointments need to be planned and take into consideration any reasonable adjustments that an autistic person may require. Planning for the appointment will lead to better health outcomes for the patient. The planned admissions support tool must be used ([Appendix 9](#)). This will be done by telephone contact with the patient, a carer, or a family member prior to the appointment. Any identified reasonable adjustments must be documented on the reasonable adjustments tab on clinical wed portal, which will be live by Q3 2022.

4.4 **Emergency admissions**

During office hours (9-5 Mon- Fri) the service can be contacted internally via ext. 85163.

Out of hours attendances will be notified to the team via email. They will be reviewed by the team the next working day to identify if actions are required to support the patient.

Reasonable adjustments must be considered, and the environment made as accommodating as possible. This may include the presence of a family member or carer outside of the usual visiting or to accompany the patient for investigation etc.

Information regarding the reasonable adjustments for the patient can be obtained from the patient or their supporter.

Additional information is made available in the [Trust's web page](#)

4.5 **Mental Health**

Autism is not a Mental Health condition; it is a neurodevelopmental condition. Autistic people may at times present at ED with mental health concerns. You must refer to the mental health policy.

<http://trustnet.xrwh.nhs.uk/departments-services/m/mental-health/>

<http://trustnet.xrwh.nhs.uk/departments-services/m/mental-health-liaison-service/>

4.6 **Reasonable adjustments**

Reasonable adjustments must be considered, and the environment made as accommodating as possible. Autistic people may require reasonable adjustments to support them to access RWT services. These may be,

- Quiet space to wait
- The use of ear defenders
- The light dimming
- A supporter with them always
- A double appointment times
- A preference for first or last appointment time to avoid waiting.

Please ask the individual patient if they need reasonable adjustments made.

Further information can be found on the NHS England website.

[NHS England » Reasonable adjustments](#)

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

Completed

7.0 Maintenance

The Autism Specialist Nurse and the Deputy Head of Safeguarding will be responsible for reviewing this policy to ensure it complies with legislation, professional guidance. It will be reviewed every 3 years in line with OP 01 or following any legislative changes made.

8.0 Communication and Training

Autism training is mandatory for all Trust staff. The employee role will determine at what level this is required to ensure that they are confident and competent to carry out their responsibilities in respect to legislation. All staff will have to complete Tier 1 autism awareness mandatory training

The Oliver McGowan Learning Disability and Autism

The Core Capabilities Framework for Supporting Autistic People (2019)
<https://www.skillsforhealth.org.uk/services/item/945>

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Compliance with mandatory training	IMTG	IMTG	Monthly	Trust Safeguarding Group
Monitoring via contact with autistic people	Autism Specialist Nurse	Database Contacts	Monthly	Trust Safeguarding Group

10.0 References - Legal, professional, or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

Autism Strategy (2010) available at [Fulfilling and rewarding lives: the strategy for adults with autism in England - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/222222/Fulfilling_and_rewarding_lives_the_strategy_for_adults_with_autism_in_England_-_GOV.UK.pdf) together with the NICE Guideline for Autism (2014) available at [Overview | Autism | Quality standards | NICE](https://www.nice.org.uk/guidance/CG178)

Baker DL (2011) The Politics of Neurodiversity: Why Public Policy Matters. Boulder, CO: Lynne Rienner.

Barnes C, Mercer G and Shakespeare T (1999) Exploring Disability: A Sociological Introduction. Maldan, MA: Blackwell.

Fletcher- Watson, S and Happe, F. (2019) Autism. A New Introduction to Psychological Theory and Current Debate. Routledge: London.

Health Education England (2021) Autism. Available at <https://www.hee.nhs.uk/our-work/autism>. Accessed on 7th April 2021.

Kenny, L., Hattersley, C., Molins B., Buckley, C., Povey, C. and Pellicano (2015) Which terms should be used to describe autism? Perspective from the autism community. Autism Sage.

Oliver M (1990) The Politics of Disablement. London: Macmillan Publishers.

Wolverhampton's Joint Autism Strategy. Available at [Appendix - Autism Strategy.pdf \(moderngov.co.uk\)](https://www.moderngov.co.uk/appendix/autism-strategy)

Sinclair J (1999) Why I dislike 'person-first' language. Jim Sinclair's website. Available at http://web.archive.org/web/20090210190652/http://web.syr.edu/~jsincla/person_first.htm

The Equality Act 2010. Available at [Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/15/contents) (Incorporating the Disability Discrimination Act 2005),

The Autism Act (2009) Available at [Autism Act 2009 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2009/38/contents)

Part A - Document Control

Policy number and Policy version: CP15 V 1.0	Policy Title Supporting autistic people to access Health Services	Status: Final		Author: Lead Nurse for Learning Disabilities and Autism Chief Officer Sponsor: Director of Nursing
Version / Amendment History	Version	Date	Author	Reason
	1.0	October 2022	Lead nurse for Learning Disability and Autism	New policy
Intended Recipients: Trust Wide - This policy applies to all staff members who are directly employed by RWT and for whom RWT have a legal responsibility. This includes clinical and non-clinical staff, students, and bank staff who have contact with autistic children, young people, and adults.				
Consultation Group / Role Titles and Date: Trust Safeguarding Operational Group Director of Nursing Medical Director Heads of Nursing Divisional Medical Directors Vertical Integration GP's Head of Patient Experience / Equality and Diversity Wolverhampton's Autism Partnership Board				
Name and date of Trust level group where reviewed		Trust Policy Group – October 2022		
Name and date of final approval committee		Trust Management Committee – October 2022		
Date of Policy issue		November 2022		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		October 2025 Every 3 years or when new guidance requires		
Training and Dissemination: To be placed on the intranet Mandatory autism awareness training Trust Safeguarding Group (TSG) RWT Trust wide Bulletin.				

<p>To be read in conjunction with: CP53 Safeguarding Adults at Risk CP41 Safeguarding Children CP06 Consent Policy CP09 Transition from Children’s to Adult Services Policy Special Educational Needs and Disability (SEND) Code of Practice (2015) National Strategy for autistic children, young people and adults 2021-2026 NICE Guidance National Autism Strategy</p>	
<p>Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904</p>	
<p>Monitoring arrangements and Committee</p>	<p>Monthly report will be presented at the Trust Safeguarding Group.</p>
<p>Document summary/key issues covered. The purpose of this policy is to PROVIDE guidance on the support that must be provided for autistic patients. To support Trust wide training and awareness programme to comply with Trust mandatory training. This policy will support:</p> <ul style="list-style-type: none"> • National Strategy for autistic children, young people and adults 2021-2026 • The Autism Act 2009 • The Mental Capacity Act 2005 • The Human Rights Act 1998 • NICE Guideline for Autism 2014 • Equality Act 2010 <p>The implementation of the policy will ensure that all staff have the appropriate training to support the additional needs a person may have because of their autism.</p>	
<p>Key words for intranet searching purposes</p>	
<p>High Risk Policy? Definition:</p> <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g., contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk, it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.</p>	<p>No</p>

Part B **Ratification Assurance Statement**

Name of document: Supporting Autistic Children, young people, and Adults to Access Health Services.

Name of author: Job Title: Lead Learning Disability and Autism Nurse

I, the above-named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document, and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date:

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	Policy Title Supporting Autistic Children, young people, and Adults to Access Health Services.	
Reviewing Group		Date reviewed:
Implementation lead: Lead Learning Disability and Autism Nurse		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.		
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Autism Training is mandatory in line with the Health and Social Care Act 2022. A full TNA is to be developed and training to be rolled out.	Lead Learning Disability and Autism Nurse. Jan 2023
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	Health passport is currently being piloted for use within RWT. Core care plan is being developed, awaiting new template to be agreed. Identification stickers have been agreed for use and will be placed on the patient records as an alert.	Lead Learning Disability and Autism Nurse. Jan 2023
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	To increase the acceptance of autism across the Trust. For staff to understand that it is a legal requirement to make reasonable adjustments to	Lead Learning Disability and Autism Nurse. Jan 2023 Communication bulletins will be

	meet the additional support needs a person may have under the Equality Act 2022.	available for all staff. Awareness posters to be developed for all staff areas.
Financial cost implementation Consider Business case development	There is no immediate financial cost to the implementation of this policy. A business case may need consideration in the next year.	Lead Learning Disability and Autism Nurse. Jan 2023
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		



Autism Acceptance



The Royal Wolverhampton
NHS Trust

Autism Health Passport (16yrs+)

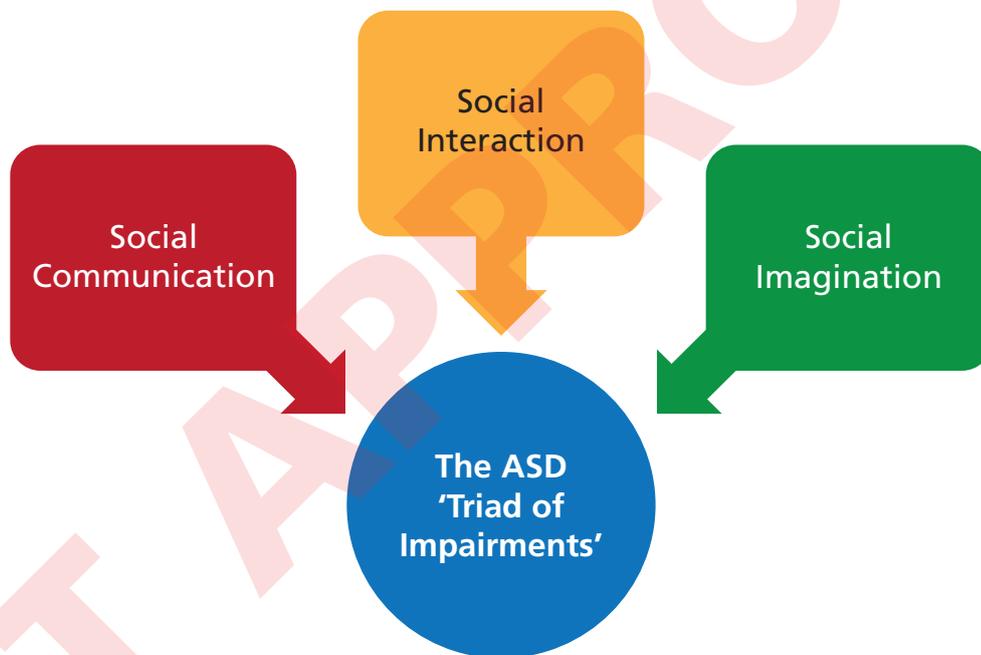
Surname	Unit No
Forename	NHS No
Address	DOB
Postcode	(or affix patient label)

Learning

Autism is a neurodevelopmental disorder; it is not a disease, and it cannot be cured.

All autistic people will have different individual needs and no two people are the same.

All autistic people will have what is called the triad of impairments.



Learning

All autistic people will have difficulty with communication.

Some of the common ways people may struggle are,

- Not looking at you
- Misinterpreting social cues
- Not wanting to talk
- Talking repetitively
- Echolalia - Repeating what has just been said
- Not understanding what you have said.

Learning

Self-stimulatory behaviour 'stimming'.

This is a repetitive behaviour that is used by autistic people to help block out what is going on around them. Some of the common ways people stim are,

- Hand flapping
- Rocking
- Humming
- Clapping
- Hitting themselves.

I may start to 'Stim'. If I do I will usually:.....

Learning

Most autistic people like routine and familiarity around them.

Please let the following person know if I am admitted to hospital:

Name:..... Contact No.:

Relationship:.....

Learning

Not all autistic people see a specialist in the community.

Autistic people are more likely to have issues with mental health conditions such as depression, anxiety, OCD, addiction, self-harm, and suicide than the general population. People with autism also may have other neurodevelopmental conditions such as,

- Attention Deficit Hyperactivity Disorder (ADHD)
- Dyslexia, a learning difficulty that affects reading, writing and spelling
- Dyspraxia, is difficulty in performing coordinated movement
- Obsessive compulsive disorder (OCD)
- Dyscalculia, a condition that affects the ability to acquire arithmetic skills
- Tourette's, condition that causes unwanted, involuntary muscle movements and sounds known as tics.

I have the following conditions:

Condition	Medication or treatment

Do you see a specialist Doctor or Nurse in the community? Yes / No

If yes, please contact the following person before you consider any changes to my medication:

Name: Contact No.:

Relationship:

Things that are good to know about me, things that make me happy:

.....

.....

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Things that will upset me or make me anxious:

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Learning

The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity.

The impact of autism must be considered when assessing an autistic person under the MCA 2005. The person may have good theoretical knowledge about a subject and appear to understand, but they may not be able to weigh or retain the relevant information required to make the decision.

Please check that I have mental capacity to make the decision required when treating me. (Please refer to the Trusts consent policy CP 06).

NOT APPROVED

NOT APPROVED



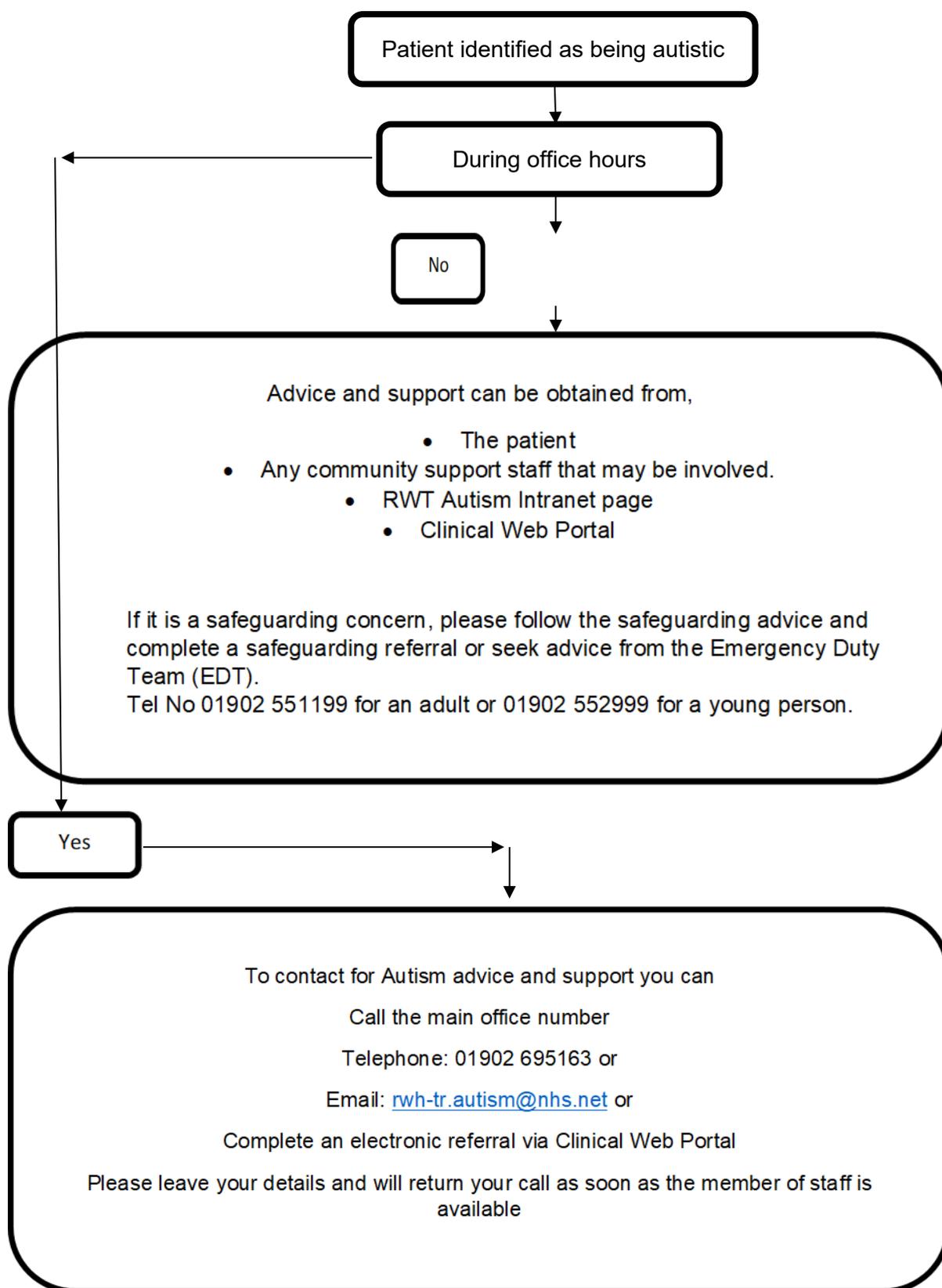
Problem: This patient has been diagnosed with autism spectrum disorder (ASD). This patient may require reasonable adjustments due to being autistic.

Department / Ward Date.....

Surname	Unit No
Forename	NHS No
Address	DOB
Postcode	(or affix patient label)

Expected outcome	Plan of Care	Date	Shift	Provide signature & stamp to confirm care given as plan	
			Time		
<p>The patient's needs will be fully assessed care planned, including all necessary reasonable adjustments.</p> <p>Equality Act 2010. And the Autism Act 2009.</p>	<p>Has the patient got other conditions associated with autism?</p> <ul style="list-style-type: none"> • Learning disability (LD) • Attention Deficit Hyperactivity Disorder (ADHD) • Attention Deficit Disorder (ADD) • Dyspraxia • Dyslexia • Mental Health Issues (i.e., anxiety or depression) • Epilepsy. <p>If so,</p> <ul style="list-style-type: none"> • Do they have medication and has it been prescribed for them? • Do they have care plans to support them? • Do they have support in the community that may be able to provide guidance should they need it during the admission? • Have all identified appropriate people been informed of the admission? <p>Has the patient got any sensory needs that they or someone else has told you about?</p> <ul style="list-style-type: none"> • Lights • Noise • Smells • Touch. <p>If so, have reasonable adjustments been made to support the person and documented. How do they prefer to communicate?</p> <ul style="list-style-type: none"> • Verbal • Nonverbal (sings, gestures or symbols) • Verbal whilst not looking at you. • In writing • Echolalia, repeat the words that have been said. <p>Does the patient have a health passport with them?</p> <ul style="list-style-type: none"> • Have we got a copy? • Are all staff looking after the patient aware of it? 		AM		
				PM	
				Night	
				AM	
				PM	
				Night	
				AM	
				PM	
				Night	
				AM	
				PM	
				Night	
		AM			

Open referral system to Autism advice and support.



Appendix 4

Alert Sticker

Examples



Appendix 5

Signs of autism in adults

Please note that this is not a diagnostic tool, and these signs may be associated with other conditions.

Main signs of autism

Common signs of autism in adults include:

- finding it hard to understand what others are thinking or feeling
- getting very anxious about social situations
- finding it hard to make friends or preferring to be on your own
- seeming blunt, rude, or not interested in others without meaning to
- finding it hard to say how I feel
- taking things literally- for example, you may not understand sarcasm or phrases like “break a leg”
- having the same routine every day and getting very anxious if it changes

Other signs of autism

You may also have other signs, like:

- not understanding social "rules", such as not talking over people
- avoiding eye contact
- getting too close to other people, or getting very upset if someone touches or gets too close to you
- noticing small details, patterns, smells or sounds that others do not
- having a very keen interest in certain subjects or activities
- liking to plan things carefully before doing them

(NHS England 2022)

Appendix 6

Referral pathway for adult diagnostic service in the Black Country

For an adult to be diagnosed with autism they need to,

- Speak to your GP
- If you already see a health professional, such as another doctor or therapist, you could speak to them instead.
- A referral to the Adult ADHD and Autism Service in the Black Country must be made by your GP.

Getting diagnosed can help you get any extra support you might need.

You can find more information from the Black Country Healthcare

<https://www.blackcountryhealthcare.nhs.uk/our-services/adult-adhd-autism-service>

Appendix 7

Signs of autism in children

Please note that this is not a diagnostic tool, and these signs may be associated with other conditions.

Autism in young children

Signs of autism in young children:

- not responding to their name
- avoiding eye contact
- not smiling when you smile at them
- getting very upset if they do not like a certain taste, smell, or sound
- repetitive movements, such as flapping their hands, flicking their fingers or rocking their body
- not talking as much as other children
- repeating the same phrases

Autism in older children

Signs of autism in older children include:

- not seeming to understand what others are thinking or feeling
- finding it hard to say how they feel
- liking a strict daily routine and getting very upset if it changes
- having a very keen interest in certain subjects or activities
- getting very upset if you ask them to do something
- finding it hard to make friends or preferring to be on their own
- taking things very literally – for example, they may not understand phrases like "break a leg"

Autism in girls and boys.

Autism can sometimes be different in girls and boys.

For example, autistic girls may be quieter, may hide their feelings and may appear to cope better with social situations.

This means that autism can be harder to spot in girls.

(National Autistic Society 2022)

Appendix 8

Referral pathways if you think your child is autistic

You could speak to:

- Your GP
- a health visitor (for children under 5)
- any other health professional your child sees, such as another doctor or therapist
- special educational needs (SENCO) staff at your child's school

Getting diagnosed can help your child get any extra support they might need.

An autism assessment is where a team of autism specialists check if you or your child are autistic.

An assessment team may:

- ask about any problems you or your child are having
- watch how you or your child interact with other people
- speak to people who know you or your child well, such as family, friends, your GP, or your child's teachers

At the end of the assessment, you will be given a report saying if your child has autism or not.

(NHS England 2022)