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PARENT GUIDE to SEND





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Lymm High School **SEND Support Guide**

At Lymm High School, our intention for students with Special **Educational Needs and/or Disabilities (SEND) is to ensure that** all children receive a high-quality and ambitious education, regardless of their needs or disability. This is underpinned by our culture of high expectations and rigour, ensuring that our broad and balanced curriculum is open to all, with no denial of knowledge.

Contact Details:

If you are concerned about your child's suspected, or diagnosed SEND, you may find it helpful to contact the following staff:

SENDCo – Miss Katie Yates Assistant SENDCo - Mrs Karen Neal Lead Teaching Assistant for KS3 – Mrs Charlotte France Lead Teaching Assistant for KS4 and KS5 – Miss Kyra Baird All staff can be contacted via the central inbox: send@lymmhigh.org.uk

We uphold the principle that every teacher, is a teacher of SEND. We expect all staff to have read Pupil Passports and support the application of our Quality First Teaching strategies to ensure individual needs are met.

Students with SEND are offered a broad and balanced curriculum with traditional subjects offering academic challenge and rigor. We provide flexibility within this, for individual students, by delivering a range of quality, timetabled interventions that cover the four broad areas of need.

This guide has been created to help provide support to the families of pupils with suspected or diagnosed special educational needs and/or disabilities (SEND). This guide is not designed to be comprehensive, but it provides helpful resources, signposting and advice for anyone wanting more information about the support provided by both school and the 'local offer' provided via the Local Authority.



What is SEND?

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

Has a significantly greater difficulty in learning than the majority of others of the same age, or

Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in

There are four broad areas of SEND:

1 Cognition and Learning:

"This category includes general learning difficulties and disabilities which impact on learning across the curriculum, such as Moderate Learning Difficulties (MLD), Severe Learning Difficulties (SLD) or Profound and Multiple Learning Difficulties (PMLD), where children are likely to have severe and complex learning challenges as well as a physical disability or sensory needs. This area also includes specific learning difficulties (SpLD), also known as children who are neurodiverse, who encounter more specific difficulties with aspects of learning such as literacy (Dyslexia), numeracy (Dyscalculia) or motor coordination (Developmental Coordination Disorder – DCD)" (The SENDCo Handbook, Leading Provision and Practice., Sarah Martin-Denham & Steve Watts, Sage, London, 2019)

mainstream schools or mainstream post-16 institutions.

(DfE, 2015)

Some children with SEN will require additional or different provision as a result of their thinking, understanding, physical or sensory needs, speech language and communication needs, or emotional and behavioural difficulties.

2 Communication and Interaction

Children identified with Speech, Language and Communication Needs (SCLN) may display difficulties in communicating with others, saying what they want to do, understanding what is being said, or being unable to interpret social rules of communication. They may have challenges with one, some or all different aspects of SLCN at different times in their lives. Children who are identified with autism are likely to present with specific difficulties with social interaction and language, communication, and imagination, which can impact on how they relate to others. *(The SENDCo Handbook, Leading Provision and Practice., Sarah Martin-Denham & Steve Watts, Sage, London, 2019)*

3 Sensory and/or physical needs

In this broad area of need, children are identified with a disability which prevents or hinders them from making use of the educational facilities. The Code (DfE, 2015a) explains that these difficulties are often age-related and can fluctuate over time. Many children with a Visual Impairment (VI), a Hearing Impairment (HI), or a Multi-Sensory Impairment (MSI) will require specialist support and/or equipment to access their learning. Children identified with a Physical Disability often require additional ongoing support and equipment to access all of the opportunities available to their peers. (*The SENDCo Handbook, Leading Provision and Practice., Sarah Martin-Denham & Steve Watts, Sage, London, 2019*)

4 Social, Emotional and Mental Health Needs

This category represents a radical change in SEND policy as it acknowledges mental health needs as a SEN for the first time. The Code (DfE, 2015a) explains that children may experience a wide range of social, emotional and mental health difficulties throughout their childhood and adolescence which can manifest in different ways. This may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties, such as anxiety, depression, selfharming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other needs that fall under the broad area of SEMH may include Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder and Obsessive-Compulsive Disorder. (The SENDCo Handbook, Leading Provision and Practice., Sarah Martin-Denham & Steve Watts, Sage, London, 2019)



How do teachers at Lymm High School support pupils with SEND through Quality First teaching?

"6.37 High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEN. Additional intervention and support cannot compensate for a lack of good quality teaching."

This is explained in the <u>Special Educational</u> <u>Needs and and Disability (SEND) Code of</u> <u>Practice</u>, on pages 25 and 99. Lymm High School have a streamlined approach to supporting pupils through Quality First Teaching (QFT). Our intention for students with SEND is to ensure that all children receive a highquality and ambitious education, regardless of their needs or disability.

We expect all staff to have read pupil passports and support the application of our QFT strategies to ensure individual needs are met.

If your child is identified as one who requires support that is different from, and additional to, the QFT strategies outlined opposite, then they will have a Pupil Passport prepared for them. This passport contains specific, targeted intervention and support strategies. This passport will be reviewed on a termly basis to ensure that it accurately reflects the needs of the pupil.

of high expectations and SEND. We expect all st Disabilit by By us education, regardless of their needs or with no denial of knowledge. We uphold t High Sch Quality First Teaching Strategies 'ALI, r-quality and ambitio iculum is open to all, High School ring that Lymm (SEND)

Expert Teaching Principles	Communication and interaction e.g. speech & language difficulties, ASD, Asperger's Syndrome, Autism	Cognition and learning e.g. Specific learning difficulties (SoLQ) dyslexia, dyspraxia, dyscalculia & moderate learning difficulties (MLD)	Social, emotional and mental health difficulties e.g. Anxiety, OCD, Selective Mutism, Depression, ADHD	Sensory and/or physical needs e.g. vision impairment (VI), hearing impairment (HI), physical disability (PD)
Challenge &	 Introduce listening checklists - pupils tick 	Ensure important information is in	Provide clear success criteria so that the	Enlarge text and worksheets to an
Support	off key words/information as they hear	bold.	pupil will recognise when they have	appropriate size.
•2	them.	 Display all presentations on a pastel- 	done well. This could take the form of a	 Provide sensory and/or movement
	 Use Speech and Language Reports. 	coloured background.	check list for the pupil to mark.	breaks within the classroom.
22	 Explain instructions on a 1:1 basis – use 	 Use dyslexia friendly font e.g., Calibri, 	 Use a neutral tone and remain calm 	 Additional time to get changed for PE.
	short, simple sentences.	century gothic or verdana.	when delivering instructions.	 Provide overlays to reduce visual stress.
Subject	 Make vocabulary mats available with 	 Encourage pupils to reproduce 	 Offer pupil's positions of responsibility 	 Display subtitles when showing a video.
Expertise	supporting visuals.	information in an alternative format	to elevate their status and develop a	 Provide additional time to complete
	 Support pupils to create a personalised 	e.g., a table, mind-map, or diagram to	feeling of self-worth e.g., support a	tasks and/or processing time to
3	dictionary containing visual supports.	support processing.	younger or less able to pupil to	respond to questions, in line with
3	 Accompany key words with Makaton 	 Ensure wall displays are up-to-date and 	complete a task.	Access Arrangements.
•	signs (when required).	interactive where possible.	 Praise effort, participation, and 	 Use visuals e.g., diagrams, charts,
	 Avoid idioms and sarcasm. 	 Correct spelling of key terms. 	successes.	tables, pictures.
Sequencing	 Provide real life examples. 	 Offer concrete, pictorial, and then 	 Display the expectations for the lesson. 	 Enlarge worksheets and cut questions
Learning	 Scaffold tasks e.g., writing frames. 	abstract representations of the same	 Provide extra time for thinking and 	up, to break up work.
	 Teacher explanations to be consistent, 	concept.	processing.	 Provide word maps and summaries of
۵)÷	repetition of language/terminology.	 Use number lines, Numicon, counters. 	 Embed expectations e.g., 'BUG = Box 	key content.
C	 Ensure students know what will happen 	 Provide overviews of texts, timelines 	the command word, underline	 Ensure no learning is lost by requesting
* >	next or are notified of any changes.	and storyboards in advance.	keywords, glance back at the question.	test papers/KOs to be enlarged at least
	 Face students and enunciate clearly to 	 Share video clips ahead of the next 	 Use 'now, next, then' boards. 	2 weeks in advance
	ensure clarity of communication.	lesson.		(send@lymmhigh.org.uk).
Metacognition	 Scaffold peer and group work interactions 	 Provide students with a personal 	 Openly acknowledge and model that it 	 Ensure resources are presented simply
	with conversation starters.	timeline or a 'Now and Next' board.	is okay to make mistakes. Role play	and uncluttered.
a second	 Use the 'Frayer Model' to explore words 	 Allow planning time and drafting. 	making a mistake and talk through how	 Use colour to demarcate different
5	and their application.	 Overlearning: Reinforce prior learning 	to recover.	sections of text.
2	 Use a gradual release model: 'I do, we do, 	and revisit without using writing.	 Prompt pupils to use R.A.G cards. 	 Seat students next to peers with whom
	you do'.			they can discuss ideas freely.
Rigour	 Model correct sentence structure and 	 Limit copying from a board or textbook. 	 Have a best copy of the child's own 	 Carefully consider seating
	word order to students.	 Give the pupil their own tabletop copies 	work available for them to compare	arrangements.
4	 Pre-teach the main points of a lesson 	to highlight/interact with.	their work too – does it match to this	 Ensure pupils have their own copy of
ر کرد ۲	beforehand by sharing resources.	 Encourage pupils' use of assistive 	agreed standard?	resources.
	 Ensure classrooms are calm and ordered 	technology, in line with Access	 Don't let pupils pick teams or groups; 	 Use children's names to alert them to
5	to reduce anxiety and aid concentration.	Arrangements e.g., reading pens,	give each child a number instead.	who is being spoken to.
	 Recite & recant key terminology as a class 	laptops, voice to text software, screen	 Agree expected 'time on task'. Use 	 Follow VI or HI reports to ensure
	to ensure correct pronunciation.	mirroring, iPads.	timers to encourage independence.	consistency throughout the day.





Katie Yates SENDco





Hannah Brown

KS3

Gareth Powell KS3

Elle Robinson KS3





Paula Howarth KS3



KS3



Jason Taylor Fiona Lofthouse KS3 KS4 / Teaching Assistant







Karen Neal **ASSISTANT SENDco**



Charlotte France LEAD FOR KS3



Kyra Baird LEAD FOR KS4 / KS5



Yvonne Poskitt TEACHING **ASSISTANT LEADER**



Katie Hewins KS5



Jayne Bottomley **INCLUSION SUPPORT** MANAGER

Mike Yu INTERVENTION **TUTOR SCIENCE**





Special Educational Needs and/ or Disabilities (SEND)







Sadun Soykir KS3



Kyla Fairhurst KS3





Davina Robertson KS4 & KS5



Victoria Taylor KS4 & KS5





Nadia Mealor **INTERVENTION TUTOR ENGLISH**



Kat Sheldon **HUB MANAGER**



Interventions on offer at Lymm High School

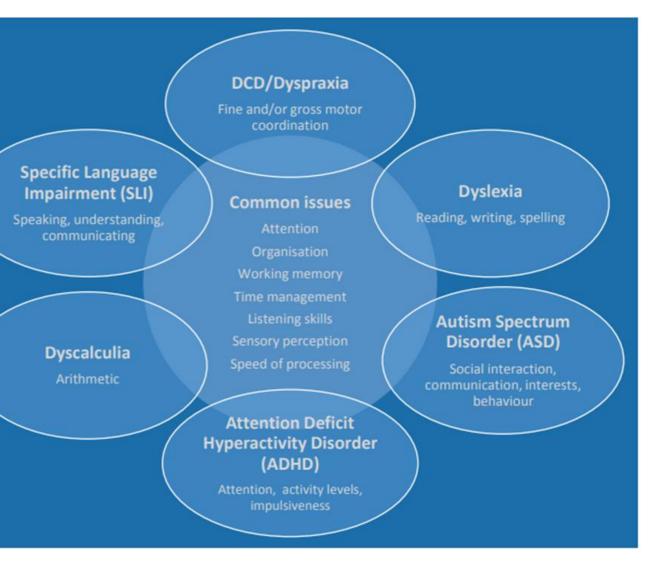
Lymm High School follows a waved approach to SEND support.

Students with SEND can benefit from a wide range of interventions, according to their individual needs.

Examples of out-of-class interventions currently delivered are:

- **Teaching Assistant Support** ٠
- Lexia Literacy
- Read, Write Inc Fresh Start •
- IDL Cloud •
- Accelerated Maths
- 123 Maths
- Talkabout Social Skills Groups .
- Speech and Language Groups and/or 1:1 . sessions
- Catch Up Literacy ٠
- Anger Management Programmes ٠
- Handwriting support
- Dyslexia/literacy support groups •
- **English and Maths Booster Groups** ٠
- Inclusion Hub Support ٠
- Physiotherapy programmes •
- Counselling •
- Animal Assisted Therapy
- Allotment Group for Social Skills
- **Pastoral Mentoring**





Source: Teaching for Neurodiversity: A guide to specific learning difficulties funded by the DfE (2018)





Dyslexia

Not all dyslexic children are affected in the same way. Some may have mild problems, whilst others will have more profound difficulties across more than one area.

- In general, a learner who has a cluster of • the following may be dyslexic:
- Difficulty with learning to read and/or • write despite intervention;
- Slow speed of processing spoken and/or • written language;
- Poor word retrieval; .
- Poor concentration/ easily distracted;
- Difficulty learning the days of week and months of the year;

- Difficulty telling the time and with aspects • of time, such as yesterday and tomorrow;
- Poor time keeping;
- Poor personal organisation;
- Left/right confusion; .
- Employing avoidance tactics, such as . sharpening a pencil or looking for books;
- Acts as the class clown. .

How we support **Students with dyslexia**





https://cdn.bdadyslexia.org.uk/ uploads/documents/BDA-Style-Guide-2022.pdf?v=1666017053

A website containing useful checklists, information and resources pertaining to dyslexia.

Google Drive Web site



typing' facility. This is free and easy to use. For further Information: http://www.bdadyslexia.org.uk/educator/bda-services-educators http://www.dyslexiaaction.org.uk/ http://www.thedyslexia-spldtrust.org.uk https://www.helenarkell.org.uk/ http://www.irlensyndrome.org/toolkits-for-parents-and-educators/

If you suspect your child may have dyslexia, please contact send@lymmhigh.org.uk. We are unable to provide a formal diagnosis, but, we can do an in-house screening that will highlight a probability of dyslexia.

You will be asked questions that will help us to understand your child's needs better. If necessary, your child will do a computer-based assessment that will take approximately 1 hour to complete. You will receive the results soon after. As a dyslexia friendly school, we may offer your child:

- Log ons for IDL and other literacy-based learning programmes (all accessible at home):
- Extra time in assessments and exams;
- A reading pen to use in lessons;
- Signposting information in our dyslexia specific guide, with information about useful apps and websites to support

In addition, it is important to note we print all of our resources in school on buff paper. This is to ensure that all students who have dyslexia, and visual processing difficulties, are not disadvantaged when it comes to reading in their lessons.



Communication, Access, Literacy and Learning

www.patoss-dyslexia.org

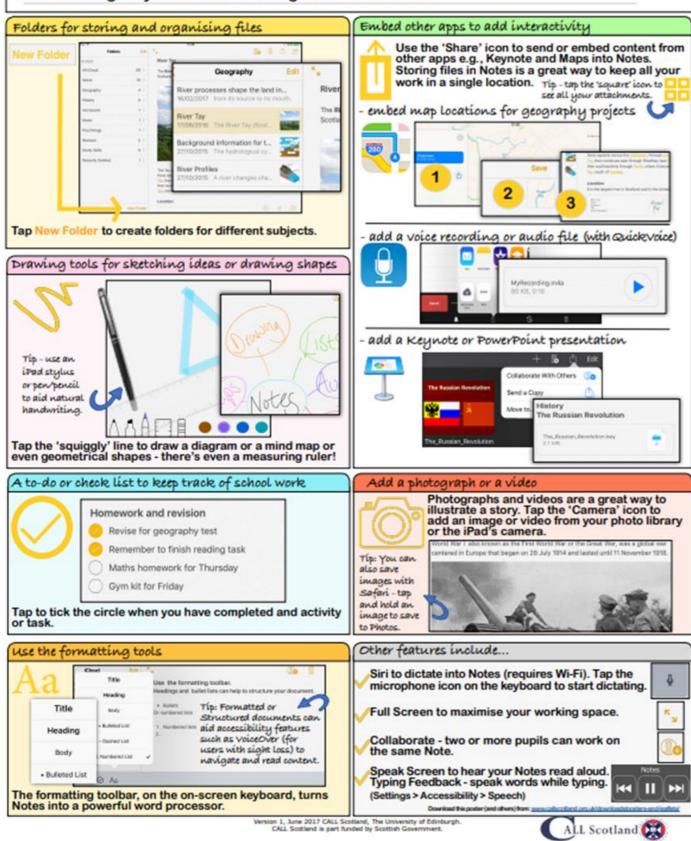
www.callscotland.org.uk

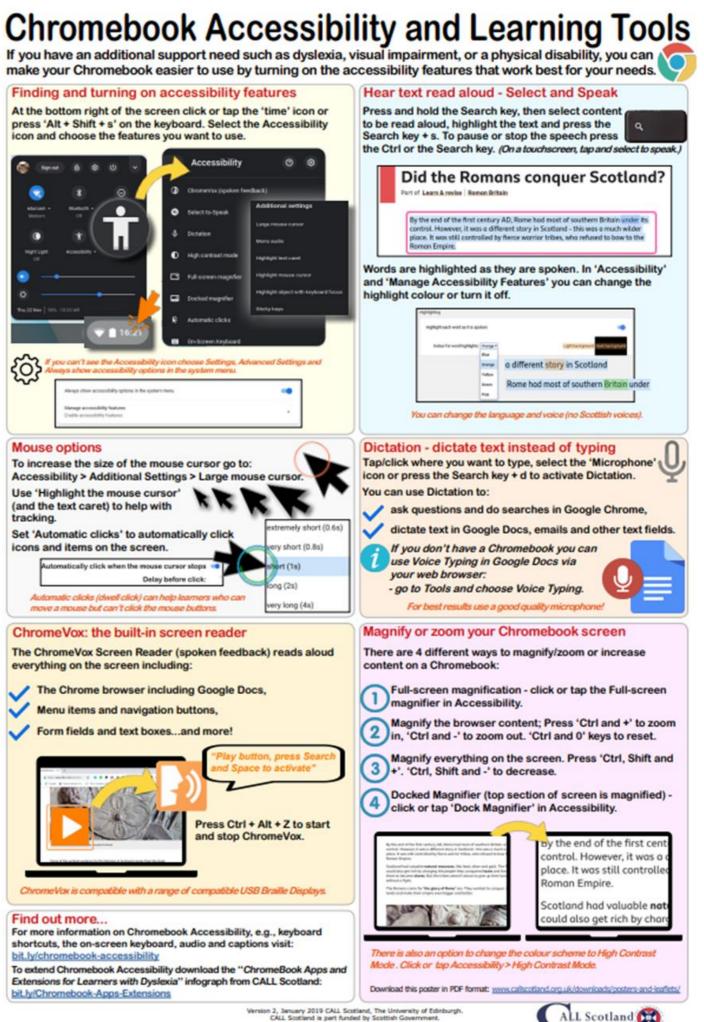
This website includes a 'wheel of apps' for children with dyslexia, reading and writing difficulties; produced in 2017, it is the 6th version.

Google Drive: If you go to 'tools' in a document, there is a 'voice

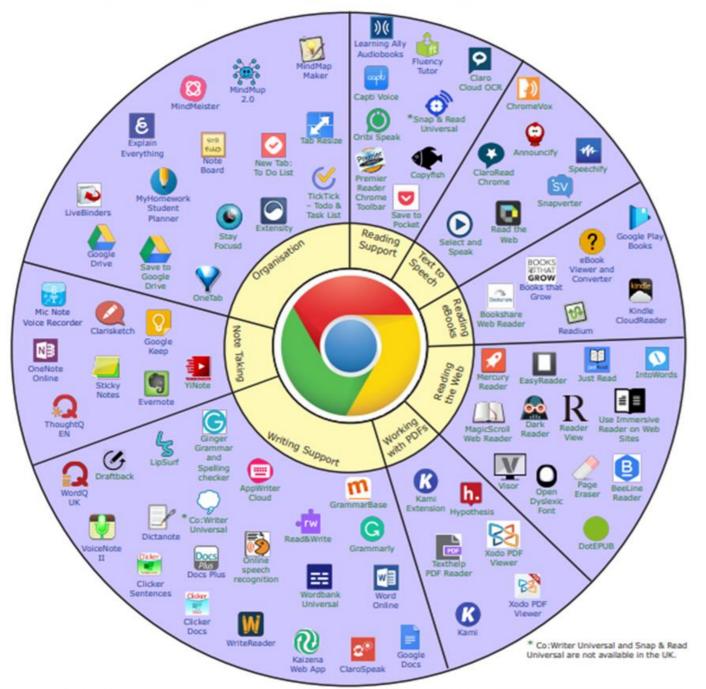
Making the most of Notes

The Notes app is one of the most underrated and overlooked app on the iPad. When it comes to note taking and word processing other apps are available at a cost, but if you're looking for an easy-to-use app for capturing notes and ideas, creating checklists, adding images, videos and drawing illustrations, and more - then Notes is the hidden gem you've been looking for. And it's free!





ChromeBook Apps and Extensions for Learners with Dyslexia / Reading and Writing Difficulties



Apps and Extensions

by the use of green text

dark blue text

Android Apps

ChromeBooks primarily use apps and extensions, available from the

Apps are the equivalent of programs on an Apple or Windows computer.

A small number of apps are pre-installed on the ChromeBook, but most are run within your Chrome Browser. Apps in the poster are indicated by

Extensions are pieces of software that add new features to the Chrome

Browser. They can be used across the Browser, adding functionality to

most, but not necessarily all, Apps. Extensions are shown in this poster

The range of apps available for the Chromebook is fairly limited, but recen odels are now able to access and use apps designed for Android phones and ablets, though they are not always reliable. More information can be foun

WebStore: https://chrome.google.com/webstore.

What is a ChromeBook?

hromeBooks are (generally) light, portable laptops that use Google's Chrome Operating System. Instead of storing programs and files on a hard disk, they connect to the internet using the Chrome browser and run apps that can be accessed through the online Chrome Store.

hromeBooks are becoming popular in schools as they are relatively low cost, easy to carry round and are ready to use within 5 to 10 seconds of being switched on. Managed software suites, such as Google Classroom, can be used to provide excellent learning opportunities. Chromebooks are useful devices for learners with reading and writing difficulties, but are less suitable for people with severe and complex disabilities.

Downloadable Version

An electronic version of this chart can be downloaded from In the electronic version, App names and icons are 'clickable' links, taking ou to information about the individual App in the Google Chrome Store.

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r/70212737hl=

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a lifelong condition characterised by inattentiveness, hyperactivity and impulsivity. People with ADHD tend to find it difficult to maintain focus and are hyperactive (always on the go). They may exhibit unwanted or inappropriate behaviour, seem inattentive, and act on impulse.

There are three presentations of ADHD:

hyperactive-impulsive inattentive presentation (sometimes referred to as ADD) presentation

Inatentiveness:

- having a short attention span and being easily distracted;
- making careless mistakes;
- appearing to be unable to listen to or carry out instructions;
- constantly changing activity or task;
- issues with organisation.

Support/Resources



www.adhdfoundation.org.uk

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We are grateful for the help of Mike Marotta (mmatp.com) in compiling the list of apps.

In order to be identified as ADHD, the behaviours should be present in at least two environments (e.g. home and school) and should have been present before the age of 12 years. ADHD can exist in isolation but is commonly seen cooccurring with one or more SpLD.

> combined presentation, which is the most severe

Hyperactivity and impulsiveness:

- being unable to sit still, especially in calm or • quiet surroundings;
- constantly fidgeting;
- lack of concentration;
- excessive physical movement;
- constant chattering;
- butting in/interrupting conversation/not able to take turns;
- acting impulsively;
- little or no sense of danger i.e. consistent risk taking behaviour.
- issues with organisation.



ADHD FOUND Takeda KidsBooklet May22 2.pdf (adhdfoundation.org.uk)



Autism

Autism is a spectrum. This means everybody with autism is different.

Some autistic people need little or no support. Others may need help from a parent or carer every day.

Autistic people may:

- find it hard to communicate and interact with other people
- get anxious or upset about unfamiliar situations and social events
- find it hard to understand how other people think or feel
- find things like bright lights or loud noises overwhelming, stressful or uncomfortable
- take longer to understand information •
- do or think the same things over and over

How we support **Students with Autism**



National Autistic Society

Resource for ADHD and autism referrals

My Life Warrington

Children and Young People's Neurodevelopmental Pathway | My



Ambitious about Autism

For autistic children and young people, their parents and carers.

Call: 020 8815 5444 E-mail: info@ambitiousaboutautism.org.uk Website: www.ambitiousaboutautism.org.uk

How can you refer your child?

If you suspect that your child has undiagnosed neurodiversity e.g. ADHD, ASD, ADD, please contact send@lymmhigh.org.uk where you will be asked some more questions to clarify your child's needs.

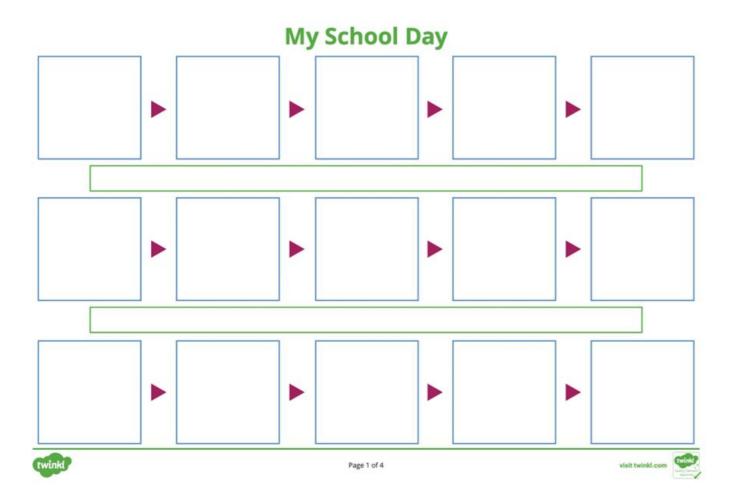
The first stage is to gather evidence of your child's needs and to get an understanding of how their needs are impacting them at home and in school.

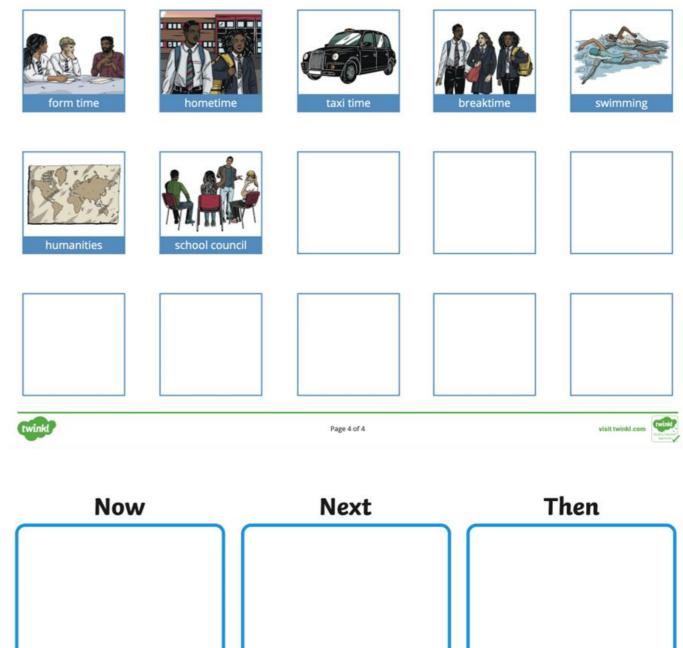
Where needed, we will ask you to complete some additional screening questions, in order to put in place relevant interventions to support your child. Part of the referral process involves outlining what has already been done to manage your child's difficulties. So, as part of this, we ask both parents and school staff to follow a graduated approach and to put in place support strategies over a period of time. The benefits are twofold: they provide you with strategies to support your child effectively at home, and they can also highlight the need for further support from the ADHD or ASD team of specialist nurses. In some cases, a referral is not necessary as children are able to manage their needs in school.

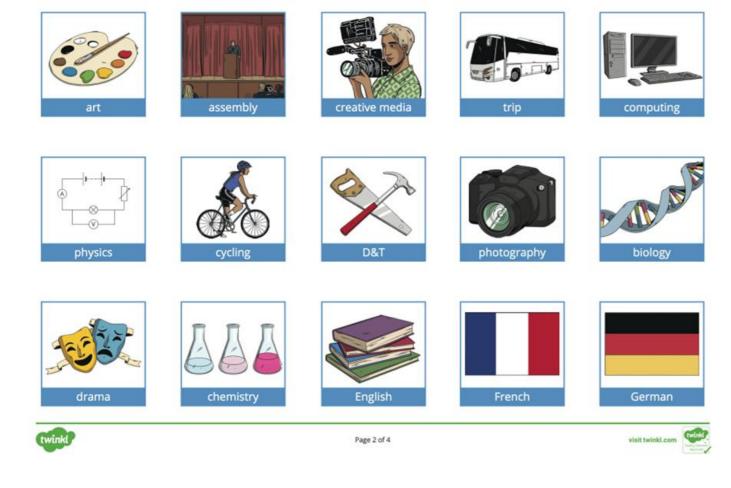
For referrals for ADHD and ASD, the CDC also request that parents have accessed support via Addvanced Solutions. Their local offer can be found here: For Families in Warrington | What we offer | ADDvanced Solutions (https://www.addvancedsolutions.co.uk/our-offers/our-offer-in-warrington.html)

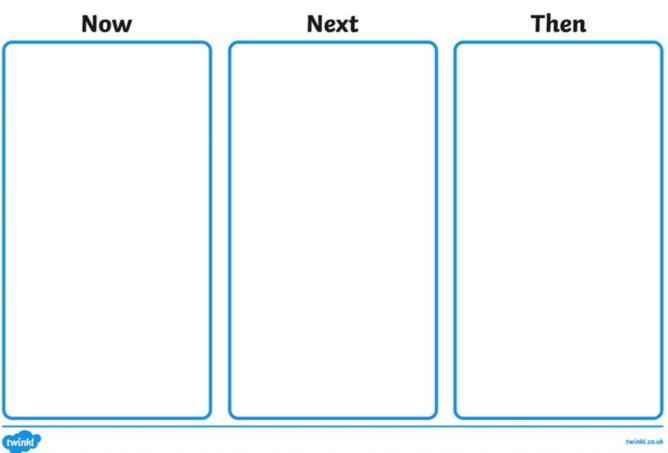
If there is enough evidence to support a referal, then all referrals are made via the Child Development Centre in Warrington, Children's Community Paediatric Medical Services (Doctors & Consultants) -Warrington – Bridgewater Community Healthcare NHS Foundation Trust (https://bridgewater.nhs.uk/ warrington/paediatriccommunitymedicalservices/) (Note: for children living in other local authorities, the referral system is unique to that authority).











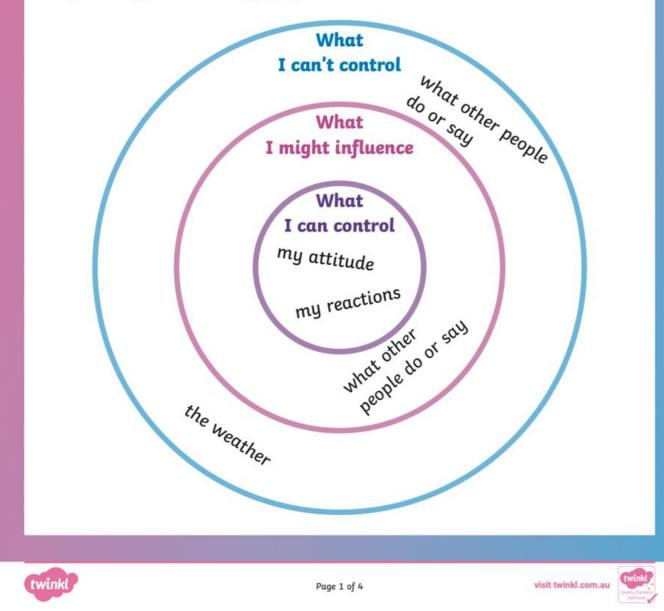
Circle of Control

Sometimes things can cause us worry or stress. Use this circle of control activity to think about what you can and can't control so that you can learn to worry less.

The Outside Ring: This is where you put the things that are out of your control, things that you can't do anything about.

The Middle Ring: This is where you put the things that you may have some influence over but they are not fully in your control.

The Inner Ring: This is where you put the things that you can control, things that you can change if you need to.





Emergency - you need help from an adult e.g. fire, someone needs to go



Gigantic problem - you can change this with a lot of help e.g. someone

Medium problem - you can change with someone you don't like, someone takes something of yours, you have to do something you don't want to do etc.

Little problem - you can change with a little reminder e.g. not being first in line, not taking turns, not winning a



Glitch - you can fix this yourself e.g. getting changed for PE, forgetting a





Processing Your Emotions

Can you think of two different times when you have experienced two different emotions?

Can you think of one **positive** and one **negative** emotional situation? These may include situations where you felt anger, worry, happiness, excitement, pride, jealousy, envy and/or empathy.

Answer the following questions about each of these emotional situations. You could write down your answers or discuss them with the adult you are with.

Once you have completed the questions for both emotional situations (positive and negative), then try to talk about any similarities or differences that you notice.



Describe what happened.

- What caused the situation?
- Who was there?
- What did people say?
- What did people do?



How did you feel when the situation was happening?

- What feelings did you experience?
- What do you think your body language told other people?



On a scale of 1-10, with 1 being the weakest and 10 being the strongest, how strong do you think the emotion was that you were feeling?

 How do you know it was that score?



Page 1 of 2





4	What do you think your effect was on the other people involved? • How do you think other people felt?
	 How do you know they felt like that?
	 What did their body language show you?

5

What was the effect on you after the event had finished?

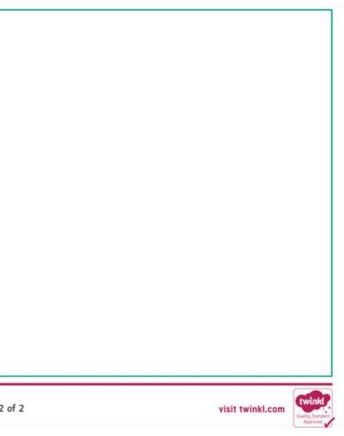
- How did your body feel physically?
- How did you feel emotionally?



What would you change about more positive?



What would you change about the event or situation to make it





Tourette's Syndrome (TS) - FAQs By Lisa Rudge





What is Tourette's Syndrome (TS)?

Tourette's Syndrome (TS) is a complex neurological condition, characterised by sudden, involuntary movements and/or sounds called tics. TS is a spectrum condition; at one end of the spectrum, tics could be mild and not impact on a person's day to day life, whilst at the other end of the spectrum, tics can be distressing and disabling.

What causes Tourette's Syndrome?

The exact cause of TS isn't yet known, but current research indicates it involves a part of the brain called the basal ganglia and a dysfunction of the neurotransmitters (chemical messengers in the brain). There's strong evidence to suggest it is a hereditary condition.

Is Tourette's Syndrome rare?

No. It is estimated that prevalence is similar to that of ASD, at 1.1%. Meaning that 1 in every 100 school-aged children have diagnosable TS.

What are tics?

Tics are chronic (long-term) repetitive and involuntary sounds and movements. Tics usually start at around the age of seven years, and some people may see their symptoms disappear as they get older. For others, however, tics will remain into adulthood. A person can have lots of different types of tics. Some may stay and others may change over time.



Vocal tics are unwanted and involuntary noises. These can include things like sniffing, throat clearing, whistling, squeaking, humming, coughing, and screaming. Sometimes tics can be full words or even sentences.

What about swearing?

What are vocal tics?

Most people with Tourette's don't swear. This symptom of TS only affects approximately 10-15% of people. The correct name for this is Coprolalia.

Is Tourette's associated with any other conditions?

More than 85% of people with TS have more than just tics. Co-occuring conditions (sometimes called co-morbidities) can include Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), Autistic Spectrum Disorders (ASD), Anxiety and Depression.



Tics are involuntary movements and it is helpful for a person to be able to tic when they need to. Tics are not caused by behaviour and cannot be disciplined away. If a person feels unable to tic, for example due to being in a busy environment, in school, at work etc, they may be able to suppress their tics. Suppressing tics is exhausting and takes a lot of energy and concentration. Bringing attention to tics can make a person feel self-conscious and can prompt further tics, so it's more helpful to ignore the tic wherever possible. However, it is important for families to be able to talk freely about Tourette's and how it may impact on the individual.

What makes tics worse?

Things like stress, anxiety, excitement and tiredness often negatively impact tics. Some people find that certain foods and drinks increase their tics, especially those that contain caffeine and artificial colours or preservatives. Some people find that seasonal changes impact their tics.

What makes tics better?

Being in an environment where people understand TS will have a positive impact on tics. Some people find that their tics reduce when they're engaged or absorbed in certain activities; this may be something like playing sport, swimming, drawing, singing or something else the person finds engaging.

info@adhdfoundation.org.uk

S 0151 541 9020

www.adhdfoundation.org.uk

info@adhdfoundation.org.uk



How is Tourette's Syndrome diagnosed?

Two or more motor tics and at least one vocal tic must be present over a period of a year without a break of more than three months for a diagnosis of Tourette's Syndrome.

Ignore? Acknowledge? Discourage?

www.adhdfoundation.org.uk



Visual Processing Difficulties

The Orthoptic Visual Processing Difficulties (VPD) Clinic is a clinic run by Orthoptists to help children with eye problems related to or contributing to a reading or learning difficulty.

Visual Processing is the way the brain makes sense of visual information.

An Orthoptist is an eye specialist who is trained to diagnose and to treat eye movement disorders in adults and children and to help children with poor vision.

In the Orthoptic Visual Processing Difficulties clinic, they look at problems such as eye movements during reading and other vision related problems such as visual perception difficulties. The purpose of the service is to identify and correct visual difficulties that will in some way contribute to a child having a reading or general learning difficulty.

https://whh.nhs.uk/services/orthoptics/orthopticvisual-processing-difficulties-clinic



Sensory Support -Hearing Impairment

The Hearing Impairment Team in the Sensory Support Service supports children and young people who are deaf or have a hearing impairment.

The team also provides support to parents/carers and the school/settings.

The type and level of support depends on the severity of the child's deafness and includes:

- Personalised, practical and emotional support to families on how to help their child learn and develop.
- Supporting families and educational settings to understand the implications of a hearing loss on a child's language development.
- Specialist assessments of need including hearing tests and speech tests.

- Testing of audiological equipment, eg. hearing aids and microphone transmitters.
- Direct teaching in schools and settings.
- Training and advice to staff in schools and settings.

The team may become involved with a child from birth and the amount and type of support depends on the child's needs.

https://www.mylifewarrington.co.uk/kb5/ warrington/directory/advice.page? id=F93ThH4loAg&&localofferchannel=0

https://bridgewater.nhs.uk/warrington/ childrensaudiology/

https://dsnonline.co.uk

https://bridgewater.nhs.uk/warrington/ paediatricspeechandlanguagetherapy/



Sensory Support -Vision Impairment

The Visual Impairment Team in the Sensory Support Service team supports children and young people who have a visual impairment. The team also provides support to parents / carers and the schools/settings. The type and level of support depends on the severity of the child's visual impairment and includes:

- practical, and emotional, support to families on how to help their child learn and develop
- specialist assessments of need
- direct teaching in schools and settings
- advice to staff in schools and settings
- training for staff in schools and settings
- mobility training for children and young people

- modification of materials and resources for schools
- a parent/toddler group, See Urchins, for pre school children with a visual impairment and their parents/carers. Sessions are also available for the See Urchins group in the hydro pool at the special school.

The team may become involved with a child from birth and they may remain involved with a child/ young person until they are 19 (25 for young people with complex needs). The amount and type of support depends on the severity of the child's impairment.

Who to contact

Contact Name:Teresa DumencicTelephone:01925 442917Email:tdumenc@warrington.gov.uk

Speech and Language Therapy Service

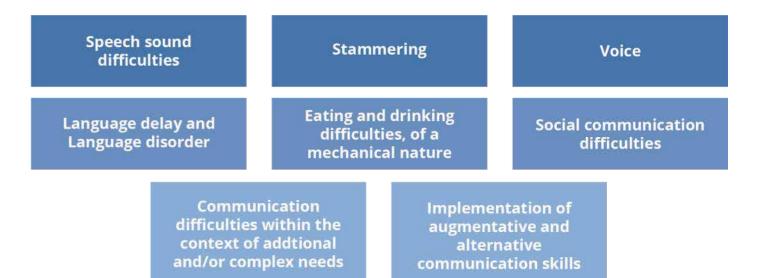
What the Speech and Language Therapy service does

Our aim is to provide a high quality speech and language therapy service to children and young people with speech, language and communication difficulties and/or eating and drinking difficulties in the Warrington area.

This service is delivered by a specialist team of staff in partnership with all those working with the child/ young person.

The focus is on supporting children and young people to maximise their ability to communicate and participate in education, at home and in their community. The aim of the services is to support children and young people to reach their full potential and the child/young person and/or their parents/carers will be able to confidently manage their communication.

This service also has an impact on children/young people's social interactions, emotional and educational development.



How to use the service

We have an open referral system: anyone can refer to the speech and language therapy service including parents/carers. Parents/carers must give consent if a referral is being made.

The service referral form must be used. It includes referral information, consent and age specific criteria.

The referral form is available on our <u>website</u> <u>referrals page</u> or by contacting our office on 01925 946686.

All referrals are considered by experienced speech and language therapy staff before being accepted for assessment.

Any referral that cannot be accepted is sent back to the referrer with an explanation or requesting additional information so that the referral can be reconsidered.

The referral form has specific criteria for different age ranges.

Children, young people and their families can access expert knowledge in the following aspects of communication:



The Local Offer in Warrington



Community Network oporting you to find the answers



Our offer in Warrington

Through community-based groups, programmes, and opportunities that raise awareness; develop skills; share learning experiences; and build confidence, we support children, young people, and families living with neurodevelopmental conditions, learning difficulties and associated mental health needs.

Open Access Community Network Group

If you have concerns about your child's behaviour or progress at school, our community network groups offer support to help you learn, understand and meet the needs of your child and family. Find out more.

Family Learning Programmes and Workshops

Structured programmes and workshops that give parents, carers, and supporters the skills, knowledge and confidence to enable you to better recognise, understand and meet the needs of your family living with neurodevelopmental conditions, learning difficulties and associated mental health needs. Find out more.

Family Activity Days

Join us and other families on our family activity days. Taking place during school holidays they include trips to the park, fun days, walks with the ranger, cookery activity days and days out.

Awareness Raising Training for Professionals

Designed to improve professionals' understanding of neurodevelopmental conditions, how they may present and how one condition may overlap with another. Professionals attending this training will develop knowledge, skills and confidence to better support families living with neurodevelopmental conditions and learning difficulties. Find out more.

Supporting children & young people

A learning programme developed for children and young people aged 11-14 and 15-18 to help them to: Better understand and manage themselves, identify and make the right choices, develop social skills to make friends & maintain friendships, keep themselves safe. For children and young people whose parents have completed the ND conditions Family Learning Programme. Contact us.

https://www.addvancedsolutions.co.uk/uploads/media/files/newsletterswarrington/Warrington%20Whats%20On%20Newsletter%20Autumn%202.pdf

Warrington's Local Offer | Ask Ollie (mylifewarrington.co.uk)

Support for pupils with physical disabilities



The Wheels for All programme provides inclusive cycling opportunities for all



Mobility trust is a charitable organisation that raises funds to supply powered mobility equipment to people with disabilities who cannot obtain them through statutory or other charitable means. They also organise and pay for Occupational Therapist assessments and can provide insurance, maintenance and servicing.

Who to contact

Telephone	0118 4660195
	0118 9842588
E-mail	mobility@mobilitytrust.org
Website	Mobility Trust

You can apply for a Disabled Facilities Grant from Warrington Borough Council if you're disabled and need to make changes to your home.

Find out more about the grants on the government's website: www.gov.uk/disabled-facilities-grants.

To apply, contact the council's Adult Social Care First Response Team in the first instance.

Who to contact

Telephone 01925 443322 asc@warrington.gov.uk E-mail Website Adult Social Care



g.uk



Education, Health and Care Plans

6.63 ... Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care Needs assessment. To inform its decision, the local authority will expect to see evidence of the action taken by the school as part of SEN support.

An Education, Health and Care plan ("EHC plan") is a legal document which describes a child or young person's special educational needs, the support they need, and the outcomes they would like to achieve.

The special educational provision described in an EHC plan **must** be provided by the child or young person's local authority ("LA"). This means an EHC plan can give a child or young person extra educational support. It can also give parents and young people more choice about which school or other setting the child or young person can attend.

An EHC plan can only be issued after a child or young person has gone through the process of an Education, Health and Care needs assessment.



Source: IPSEA - Independent Provider of Special Education Advice (known as IPSEA) is a registered charity (number 327691) operating in England. IPSEA offers free and independent legally based information, advice and support to help get the right education for children and young people with all kinds of special educational needs and disabilities (SEND).

You can request an EHCP Needs Assessment Request via the SENDCo, or your local authority. Each Local Authority has a different process for this.

Warrington: https:// www.mylifewarrington.co.uk/kb5/warrington/ directory/advice.page? id=018dfMM1mWw&localofferchannel=0

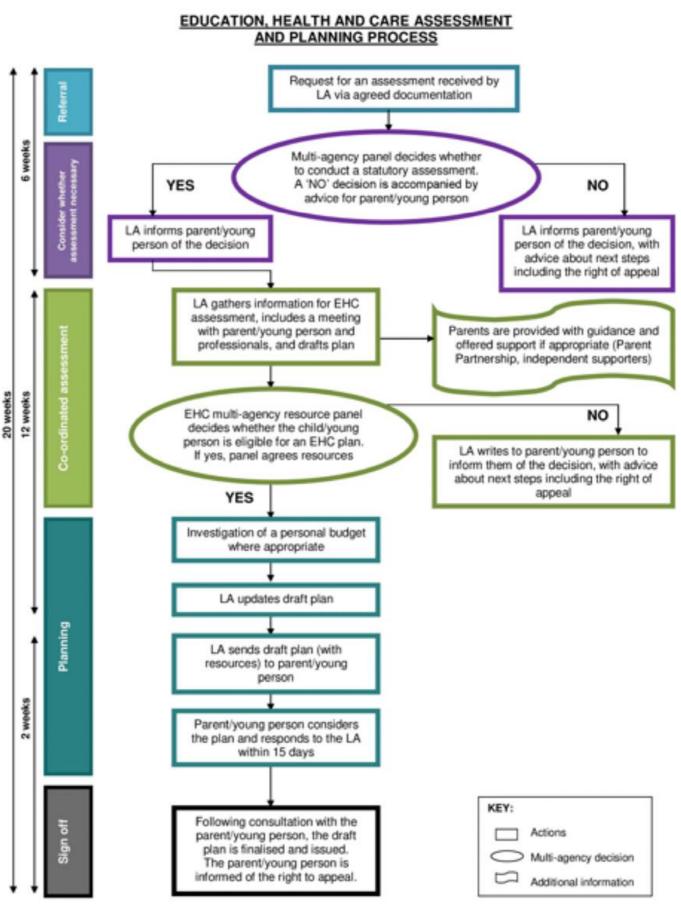
Trafford:

https://www.trafforddirectory.co.uk/kb5/ trafford/fsd/advice.page?id=ENwJu8LY550

Cheshire East:

https://www.cheshireeast.gov.uk/livewell/localoffer-for-children-with-sen-and-disabilities/ education/supporting-send-in-education/ehcassessments-plans/ehc-needs-assessments-andplans.aspx

Cheshire West and Chester: https:// www.livewell.cheshirewestandchester.gov.uk/ Information/Details/5081?categoryId=5081



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Lymm High School, Oughtrington Lane, Lymm, Cheshire, WA13 0RB 01925 755458 l info@lymmhigh.org.uk www.lymmhigh.org.uk