

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.

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.

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

Deputy SENDCo – Mrs Karen Neal

Deputy SENDCo – Neesha Lawson Corney

SEND Support Manager – Charlotte France

SEND Support Manager – Sophie Brown

All staff can be contacted via the central inbox: send@lymmhigh.org.uk



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 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.

There are four broad areas of SEND:



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)

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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)

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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)



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 high-quality 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.

(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. 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 QFT strategies to ensure individual needs are met. Lymm High School Quality First Teaching Strategies 'At Lymm High School, our intention for students with Special Educational Needs and/or Disabilities

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

Special Educational Needs and/or Disabilities (SEND)





EAM

send@lymmhigh.org.uk



Katie Yates **SENDco**



Karen Neal **DEPUTY SENDco**



Ms Lawson-Corney

DEPUTY SENDco



Charlotte France
SEND SUPPORT
MANAGER



Sophie Brown
SEND SUPPORT
MANAGER



Yvonne Poskitt
TEACHING
ASSISTANT LEADER



Jayne Bottomley
INCLUSION SUPPORT
MANAGER



Fiona Lofthous
ACTING HUB
MANAGER



Keeley Swift



Louise Rose



Maddie Boon



Chris Brownlow



Olha Salaieva



Catherine Scully



Jess Hill



Henry Whitehead



Kyla Fairhurst



Jo Pang



Gareth Powell



Andrea Rogerson



Nadia Mealor



Tom Dore



Davina Robertson



Katie Hewins



Jade Harrison
LEAD READING
INTERVENTION
TUTOR



Sadun Soykir
INTERVENTION
TUTOR MATHS /
SCIENCE



Interventions on offer at Lymm High School

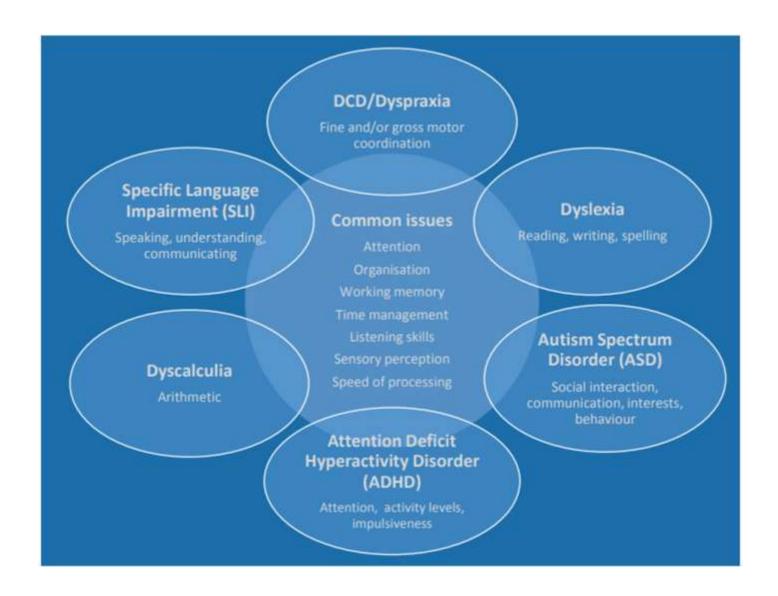
Lymm High School follows a waved approach to SEND support.

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
- 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
- Anger Management Programmes
- Handwriting support
- Dyslexia/literacy support groups
- English and Maths Booster Groups
- Inclusion Hub Support
- Physiotherapy programmes
- Counselling
- Animal Assisted Therapy
- Allotment Group for Social Skills
- Pastoral Mentoring

Neurodiversity



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

P16-A Guide to SpLD copy 2.pdf (dyspraxiafoundation.org.uk)



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.

If you suspect your child may have dyslexia, please contact <u>send@lymmhigh.org.uk</u>. 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.

How we support Students with dyslexia



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



www.patoss-dyslexia.org

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



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 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

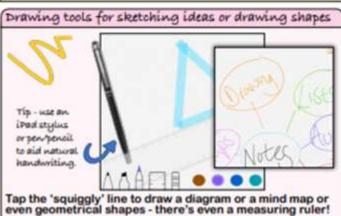
https://www.helenarkell.org.uk/

http://www.irlensyndrome.org/toolkits-for-parents-and-educators/

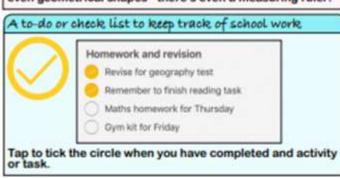
Making the most of Notes

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!

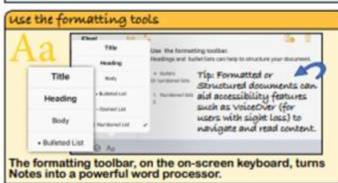


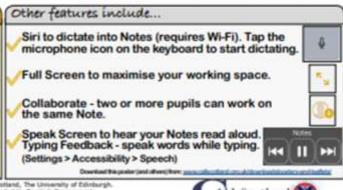












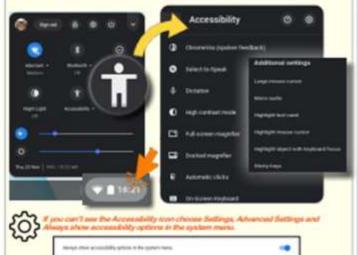
Chromebook Accessibility and Learning Tools

If you have an additional support need such as dyslexia, visual impairment, or a physical disability, you can make your Chromebook easier to use by turning on the accessibility features that work best for your needs.



Finding and turning on accessibility features

At the bottom right of the screen click or tap the 'time' icon or press 'Alt + Shift + s' on the keyboard. Select the Accessibility icon and choose the features you want to use.



Hear text read aloud - Select and Speak

Press and hold the Search key, then select content, to be read aloud, highlight the text and press the Search key + s. To pause or stop the speech press the Ctrl or the Search key. (On a touchscreen, tap and select to speak.)





Words are highlighted as they are spoken. In 'Accessibility' and 'Manage Accessibility Features' you can change the highlight colour or turn it off.



You can change the language and voice (no Scottish voices).

Mouse options

To increase the size of the mouse cursor go to: Accessibility > Additional Settings > Large mouse cursor.

Use 'Highlight the mouse cursor' (and the text caret) to help with tracking.

Set 'Automatic clicks' to automatically click icons and items on the screen. utomatically click when the mouse cursor slope

Delay before click: move a mouse but can't click the mouse buttons. stremely short (0.6a) ry short (0.8s)

19 (21) ery long (4s)

Dictation - dictate text instead of typing

Tap/click where you want to type, select the 'Microphone' icon or press the Search key + d to activate Dictation.

You can use Dictation to:

- ask questions and do searches in Google Chrome,
- dictate text in Google Docs, emails and other text fields.
- If you don't have a Chromebook you can use Voice Typing in Google Docs via your web browser.
 - go to Tools and choose Voice Typing.

For best results use a good quality microph

ChromeVox: the built-in screen reader

The ChromeVox Screen Reader (spoken feedback) reads aloud everything on the screen including:

- The Chrome browser including Google Docs, Menu items and navigation buttons,

Form fields and text boxes...and more!



Press Ctrl + Alt + Z to start and stop ChromeVox.

ChromeVox is compatible with a range of compatible USB Braille Displays.

Find out more...

For more information on Chromebook Accessibility, e.g., keyboard shortcuts, the on-screen keyboard, audio and captions visit: bit.ly/chromebook-access/bility

To extend Chromebook Accessibility download the "ChromeBook Apps and Extensions for Learners with Dyslexia" infograph from CALL Scotland: bit.ly/Chromebook-Apps-Extensions

Magnify or zoom your Chromebook screen

There are 4 different ways to magnify/zoom or increase content on a Chromebook:

- Full-screen magnification click or tap the Full-screen magnifier in Accessibility.
- Magnify the browser content; Press 'Ctrl and +' to zoom in, 'Ctrl and -' to zoom out. 'Ctrl and 0' keys to reset.
- Magnify everything on the screen. Press 'Ctrl, Shift and 3 +'. 'Ctrl. Shift and -' to decrease.
- Docked Magnifier (top section of screen is magnified) click or tap 'Dock Magnifier' in Accessibility.

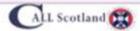


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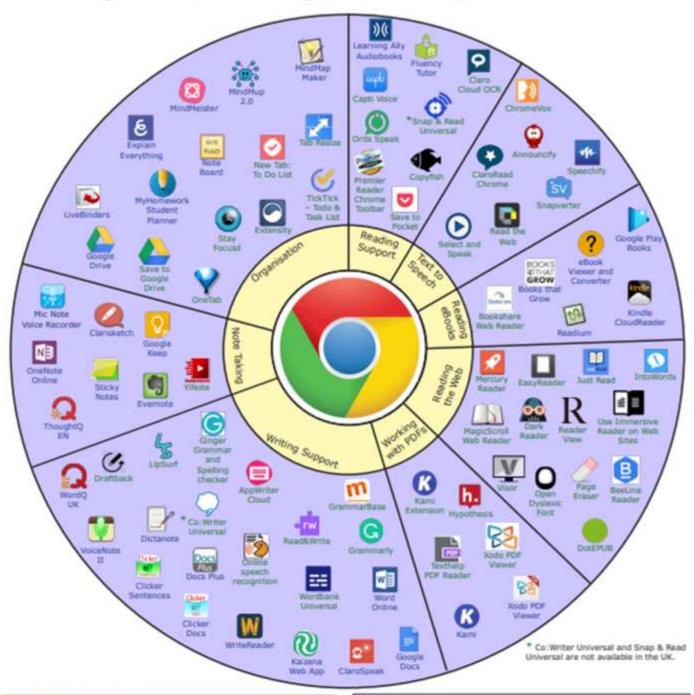
Scotland had valuable nati could also get rich by chan

re is also an option to change the colour scheme to High Contrast Mode . Click or tap Accessibility > High Contrast Mode.

Described this poster in PDF format: https://www.calbootland.org.uk/downloads/posters.ord-inariets/



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



What is a ChromeBook?

ChromeBooks 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.

ChromeBooks 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 http://www.callscotland.org.uk/downloads/posters-and-leaflets
In the electronic version, App names and icons are 'clickable' links, taking you to information about the individual App in the Google Chrome Store.

Apps and Extensions

ChromeBooks primarily use apps and extensions, available from the WebStore: https://chrome.google.com/webstore.

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 dark blue text.

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 by the use of green text.

Android Apps

The range of apps available for the Chromebook is fairly limited, but recent models are now able to access and use apps designed for Android phones and tablets, though they are not always reliable. More information can be found at: https://support.google.com/chromebook/answer/70212737hieen-GB.



Version 1.0, October 2019, CALL Scotland, The University of Edinburgh.

CALL Scotland is part funded by Scotlish Government.

www.callscotland.org.uk



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.

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 co-occurring with one or more SpLD.

There are three presentations of ADHD:

inattentive presentation (sometimes referred to as ADD)

hyperactive-impulsive presentation

combined presentation, which is the most severe

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.

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.

Support/Resources



www.adhdfoundation.org.uk

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
- find it hard to understand how other people think or feel
- find things like bright lights or loud noises overwhelming, stressful or uncomfortable
- get anxious or upset about unfamiliar situations and social events
- 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

<u>Children and Young People's</u> <u>Neurodevelopmental Pathway | My</u>



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?

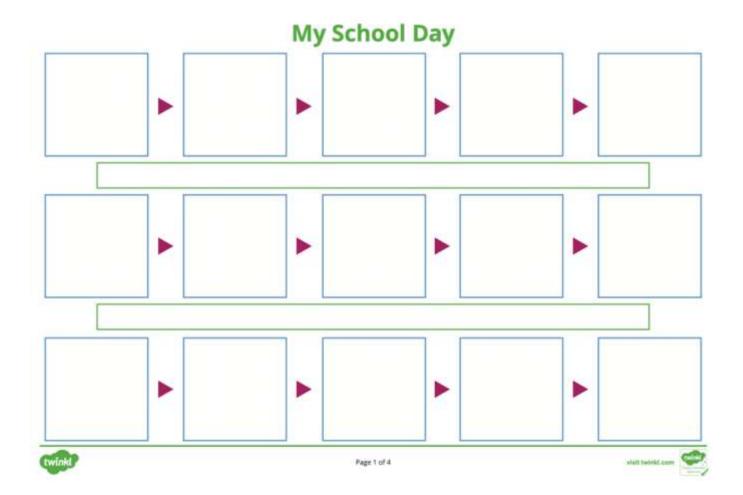
If you suspect that your child has undiagnosed neurodiversity e.g. ADHD, ASD, ADD, please contact send@lymmhigh.org.uk where you will be asked some more questions to clarify your child's needs.

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).



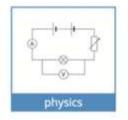
























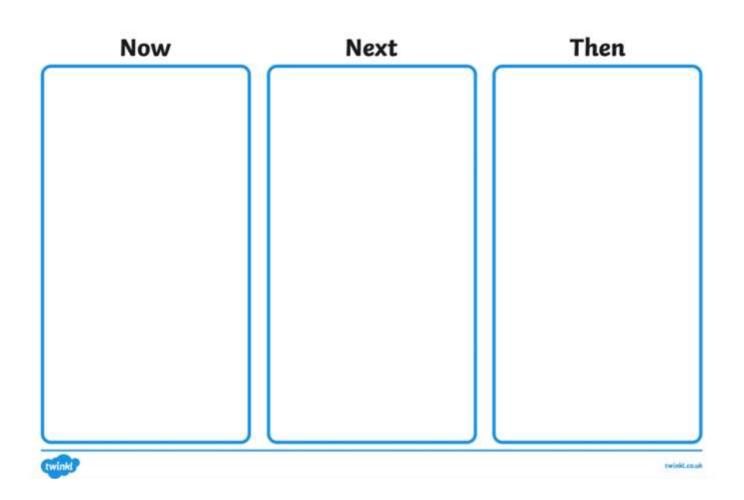












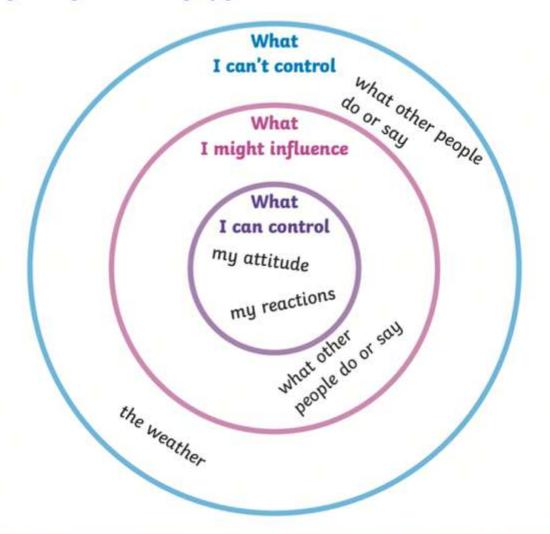
Circle of Control

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.







How big is my problem?



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



4

Gigantic problem - you can change this with a lot of help e.g. someone hurting you, hitting, bullying etc.



3

Medium problem - you can change with some help e.g. having to work with someone you don't like, someone takes something of yours, you have to do something you don't want to do etc.



2

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



1

Glitch - you can fix this yourself e.g. getting changed for PE, forgetting a favourite toy, cleaning up etc.





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.

1	4	1
	Ŧ	

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







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?



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 the event or situation to make it more positive?

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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.

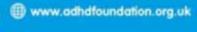
What are tics?

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.



info@adhdfoundation.org.uk

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What are vocal tics?

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?

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.



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?

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.



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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/orthoptic-visual-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 Dumencic** Telephone: **01925 442917**

Email: 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:

Speech sound difficulties

Language delay and Language disorder Stammering

Eating and drinking difficulties, of a mechanical nature

Voice

Social communication difficulties

Communication difficulties within the context of addtional and/or complex needs Implementation of augmentative and alternative communication skills



The Local Offer in Warrington





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.





WAR Autumn 1 Half Term Newsletter 2024

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.uk

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

E-mail asc@warrington.gov.uk

Website Adult Social Care



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:

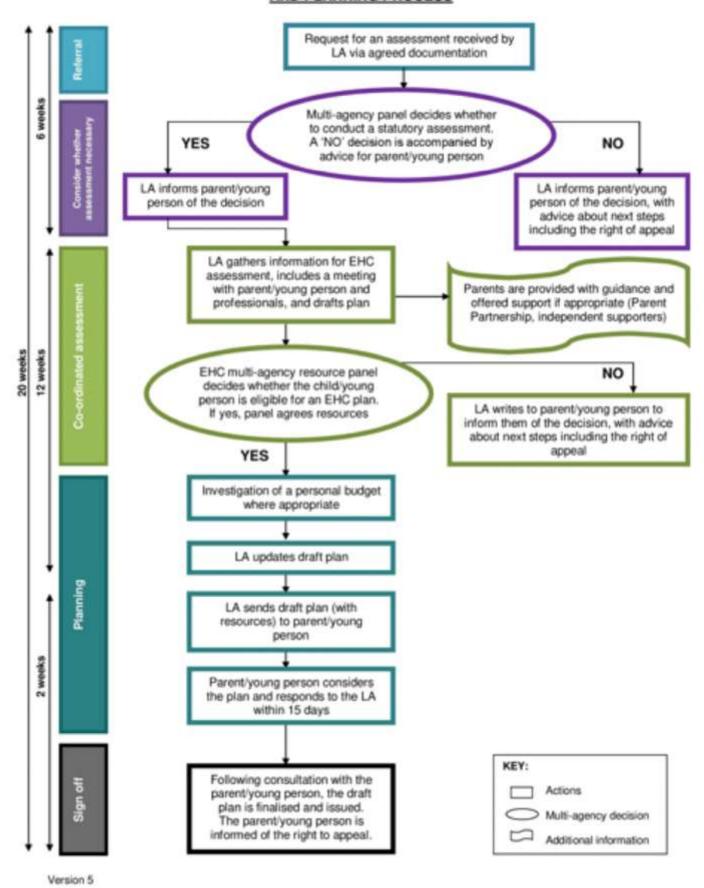
https://www.cheshireeast.gov.uk/livewell/local-offer-for-children-with-sen-and-disabilities/education/supporting-send-in-education/ehc-assessments-plans/ehc-needs-assessments-and-plans.aspx

Cheshire West and Chester:

https://

www.livewell.cheshirewestandchester.gov.uk/ Information/Details/5081?categoryId=5081

EDUCATION, HEALTH AND CARE ASSESSMENT AND PLANNING PROCESS



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