

chip+

Parent Pack



For parents and carers in Highland whose child may have an additional support need



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The pack would not have been made possible without the professionals included taking time out of their very busy schedules to contribute their services' information.

All families and individuals whose photographs have been used in the pack gave their permission to use them and we want to say a massive thank-you!

We have used 'he', 'him', 'she' or 'her' in the pack as the information would apply to either gender.

CHIP+ is committed to protecting the personal data that we collect and process. Our aim is to be clear and transparent in how we collect, use and protect your personal data. You can read our Privacy Notice in full on our website. www.chipplus.org.uk/privacy

We offer a confidential service. This means we do not talk about our contact with you to anyone outside CHIP+ without your permission, unless there are serious concerns about a child or young person's safety and well-being. In this instance we have a duty to follow Highland Child Protection Guidance.

The photo on the front cover is of Katie Russell.

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Hello,

You've been given this pack because a Professional thinks your child may have an Additional Support Need. As a parent who's been in that situation, I understand that this can be a scary and uncertain time for you, whether you're a first-time parent or not.

The information in this pack will help to give you some idea of who you might be meeting in the coming weeks and months. I know it seems a lot of information so it's better to dip in and out rather than trying to read it all at once.

Contact us here at CHIP+ for advice and support on the information in the pack or anything else that comes to mind; benefits, conditions, support groups and more. It's a free and confidential service.

Best wishes,
Karen Macknight and the CHIP+ team

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Children in the Highlands Information Point

WHAT IS AN ADDITIONAL SUPPORT NEED?

The term “additional support need” means just that; any child that needs extra support at some time in their lives, perhaps for a short time, perhaps for the rest of their lives, to develop to their full potential. If there is a concern about your child, you may be told soon after her birth by a professional. Differences may not be apparent until your child is older and starts nursery or even school, milestones may not be reached in line with other children of the same age. You yourself may have had thoughts that all was not well, thoughts confirmed by a Health Visitor, Nursery Teacher, relative or friend. Processes may be started to look further at concerns about your child.

Emotions within you and in the family will be near the surface as this is such a difficult time; we all want our children to be safe and happy. A diagnosis of a condition however, doesn't mean your child is any different from how they were yesterday; they are still the same child that they always were, pushing the boundaries, making you laugh, being cute, all that they were before.

Support from groups or other parents can be a lifeline; they know what you're going through and what's to come. They get it.

We haven't included local support groups in the pack as they can change contact details and names frequently, often they're run by parents as busy as you! Contact us at CHIP+ for up-to-date support groups.

One that has been going for 20 years and more is 'Friends of the Birnie Centre', based in the grounds of Raigmore Hospital in Inverness.

WHO ARE FRIENDS OF THE BIRNIE?

'Friends of the Birnie' is a charity made up of a group of parents and carers who have children with additional special needs. We run a support group in The Birnie Centre on Wednesdays every week during term time for children aged 0-5 years.

Through fundraising, Friends of the Birnie provide;

- Weekly drop-in sessions for children with additional special needs.
- Specialist therapy toys and equipment.
- A Play Specialist who sets up play opportunities for the children.
- Outings and Christmas parties.
- Funding to purchase equipment for The Birnie Centre.

Contacts:

Kevin Byrne – 01463 782075

Gillian Gunn – 07753 192072

Find them on facebook under “Friends of the Birnie playgroup and Parent/Carer support group”.

GIRFEC – GETTING IT RIGHT FOR EVERY CHILD

THE HIGHLAND PRACTICE MODEL

“Getting it right for every child” (GIRFEC) is outlined in the Children and Young People Act 2014. It aims to improve outcomes for all children and young people by promoting a shared approach that builds solutions with and around children and families. It enables children to get the help they need when they need it; supports a positive shift in culture, systems and practice and involves agencies and services working together to make things better. In Highland, the Highland Practice Model has been developed in keeping with the principles of Getting it Right.

The desired national outcomes for children and young people, from the Curriculum for Excellence, are that all children should be:

- Confident Individuals
- Effective Contributors
- Successful Learners
- Responsible Citizens

To achieve this all children need to be **Safe, Healthy, Active, Nurtured, Achieving, Respected and Responsible and Included**. These are known as the ‘wellbeing indicators’ and are known as **S.H.A.N.A.R.I.**

The Highland Practice Model will ensure that children and their carers are central to the process of finding solutions and having their needs met. Everyone working with children is expected to use one consistent and equitable approach, actively sharing information to agreed protocols and working more effectively together to improve outcomes for children.

Everyone needs to be clear about their personal responsibility to do the right thing for each child. Parents and children, together with schools, professionals and others working with children will benefit from a collaborative approach which results in the development of a Child’s Plan to meet all the child’s needs.

The Highland Practice Model operates throughout the Highland area. It affects the working practices of all staff in Care & Learning along with Police, Children’s Reporter and Voluntary Agencies who work with children and families, including services to adults who are also parents.

The current responsibility to act if a child is at risk of harm does not change. All staff should follow Child Protection Procedures.

However, there is now a wider responsibility to consider a child’s wellbeing across the **S.H.A.N.A.R.I.** spectrum.

Each child will have a **Named Person** in Universal Services (health and education) who is the point of contact for the child, parents, professionals and the community. This will be the family health visitor for pre-school children and a designated person in school for school age children. Where a concern about wellbeing is raised and there is no risk of harm to the child, consent should be gained from the child and parent to share this information with the **Named Person**. In partnership with the parents, child and, with consent, the **Named Person**, organisations/carers will consider what additional support is needed to meet the child's agreed needs. If there is a risk of harm to a child, information will be shared without seeking consent.

Where a child's support needs require different agencies/services to collaborate and work together, a **Child's Plan** will be developed. At this stage a **Lead Professional** will be appointed to ensure the **Child's Plan** meets the identified needs and everyone is doing what they agreed.

It must be clear to all involved in the **Child's Plan** what the actions are to be taken. It will also outline the desired outcomes and reviewing process for the child. This may be as simple as a particular strategy to ensure a child's inclusion in certain activities to something more specific such as administering medication or providing personal care.

The **Lead Professional** will ensure the active involvement of a child and family and ensure the **Child's Plan** is reviewed with progress and challenges noted. Partners contributing to the plan may be asked to contribute to this review.

More information about the Highland Practice Model can be found at:

<http://bit.ly/2W8E8no>

SOME OF THE PEOPLE YOU ARE LIKELY TO MEET

HOSPITAL PAEDIATRICIAN

A doctor who works in a hospital and treats children who are acutely ill or have a disability. To contact your Hospital Paediatrician telephone their secretary at the appropriate hospital.

COMMUNITY PAEDIATRICIAN

A Community Paediatrician is a doctor who specialises in child health and development. They work with children who have a wide range of disabilities, liaising with a wide range of professionals. To contact your Community Paediatrician contact their secretary.

PHYSIOTHERAPISTS

A physiotherapist may see your child to assess developing movement skills. They will show you the best way to handle your child and to assist with their physical development.

OCCUPATIONAL THERAPISTS

Occupational Therapists are concerned with children's overall development in terms of their visual and manipulation abilities including mobility, play learning and activities of daily living. They can advise on special equipment – bathing, seating etc.

SPEECH & LANGUAGE THERAPISTS

Speech & Language Therapists work with children who have communication needs. They can also help with eating and swallowing difficulties.

CLINICAL PSYCHOLOGISTS

A Clinical Psychologist assesses your child's behaviour and emotional development in the context of the family. If there are problems with a specific aspect of the child's behaviour, they will offer advice and a management programme.

EDUCATIONAL PSYCHOLOGISTS

Educational Psychologists are part of the education service. They advise on child development and education. They work closely with other members of the team to help assess your child's strengths and pressures and to identify additional support needs and possible ways of meeting these.

PRE-SCHOOL HOME VISITING TEACHER

Home Visiting Teachers work under the direction of a Senior Educational Psychologist. Any child with needs which may adversely affect their educational progress and development may be referred to them.

SOCIAL WORKER

A Social Worker can help families who have a disabled child. They may be able to help with practical problems such as finance, extra support at home and can advise on other difficulties you may be having.

HEALTH VISITOR

Health Visitors are trained nurses with specialist qualifications who can give advice on child care and development. They may see you at home.

CHILDREN'S SERVICES WORKER

Children's Services Workers are based in a wide range of Highland schools to provide support for families and children who are experiencing behavioural, emotional or social difficulties. They can visit children and families at home to provide assistance and support with any issue that can affect school performance.

COMMUNITY LEARNING DISABILITY NURSE

A CLDN can provide specialist nursing care to children with a Learning Disability e.g. health promotion, behaviour management, independent living skills and specialist information.

PRIMARY MENTAL HEALTH WORKER

A PMHW has particular experience working with children and families where there are concerns about a young person's mental health.

SPECIALIST NURSES

There are a number of specialist Paediatric Nurses to help your child if they have complex health needs. These include; Cystic Fibrosis, Diabetes, Endocrine, Epilepsy, Oncology & Eczema. You will usually be referred to their services by another Health Professional.

ADVANCED ADHD NURSE PRACTITIONER

Their role is as a specialist nurse working to support children and young people who have a diagnosis of ADHD and their families. They are involved in complex assessments, delivering parenting support in the form of groups and at times individual input where appropriate. They are involved with complex cases, where medication management requires more intensive input and also develop and provide training.

USEFUL TELEPHONE NUMBERS

CHIP+	-	01463 711189
Birnie Centre	-	01463 704419
Paediatrician's Secretary	-
Social Worker	-
Educational Psychologist	-
Health Visitor	-

SOME USEFUL DEFINITIONS

OTHER PROFESSIONALS YOU MIGHT MEET

Audiologist	Measures your child's hearing. Will see you either in Inverness or at one of the centres in the North.
Cardiologist	A doctor who specialises in looking after hearts.
Dietitian	Helps with all sorts of feeding problems and may lend you equipment to cope. Ask for an appointment through your doctor.
Neurologist	Specialist doctor who works with patients with epilepsy and problems of the brain.
Ophthalmologist	Specialist eye doctor.
Orthoptist	Works with eye doctor particularly with children with eye problems e.g. Squints.
Orthopaedic Consultant	Specialist doctor who works on legs, arms or spine.
Orthotist	A person who makes splints, callipers and provides specialist shoes

ABBREVIATIONS

PMHW	Primary Mental Health Worker
S<	Speech & Language Therapist
CLDN	Community Learning Disability Nurse
HV	Health Visitor
OT	Occupational Therapist

PLACES

A & E	Accident and Emergency Department
E.N.T. Clinic	Ear, Nose and Throat Clinic
S.C.B.U.	Special Care Baby Unit (often pronounced skibu)

MEDICAL TERMS

Acute	The short-term crisis phase of an illness
Chronic	Persisting for a long time
Congenital	Present at birth
Cranial	Relating to the skull
Gastrostomy	Surgical opening into the stomach from the outside to enable a feeding tube to be inserted
Genetics	Branch of biology that deals with hereditary conditions
Prognosis	The forecast of the course and probable outcome of a disease
Respiratory	To do with breathing

CONDITIONS

ADHD	Attention Deficit Hyperactive Disorder
ASD/C	Autistic Spectrum Disorder/Condition
CP	Cerebral Palsy
CF	Cystic Fibrosis
DCD	Developmental Co-ordination Disorder
DS	Down's Syndrome
MD	Muscular Dystrophy
VI	Visually Impaired

BENEFITS

CA	Carers Allowance
DLA	Disability Living Allowance
PIP	Personal Independence Payment
SDS	Self Directed Support
UC	Universal Credit

LEGISLATION

ASL	Additional Support for Learning Act (2004) and as amended 2009
AWI	Adults with Incapacity Act (2000)
DDA	Disability Discrimination Act (1995) Standards in Scotland's Schools etc. Act 2000 Equality Act 2010

EDUCATION

ASN	Additional Support Needs
CSP	Co-ordinated Support Plan
IEP	Individualised Educational Programme
GIRFEC	Getting It Right For Every Child
SFM	Solution Focussed Meeting
CSW	Children's Services Worker

OTHER ORGANISATIONS

CAB	Citizens Advice Bureau
EHRC	Equality and Human Rights
DWP	Department of Work & Pensions

HEALTH VISITORS

ROLE OF HEALTH VISITORS

Health visitors are registered nurses or midwives who have had further training so they can work to promote the health of children and families. The role of the health visitor as the main contact for families with young children, is well established. The Children and Young People's Bill formalises that role and the Health Visitor is now the '**Named Person**' for all preschool children.

HOW WE WILL CONTACT YOU

We will contact you around the time your baby is 10 to 14 days old. Your health visitor will give you your Parent Held Child Health Record (better known as the Red Book) and explain its contents. It will have a variety of useful information including contact numbers, details of when your baby will be offered vaccinations and developmental checks and helpful tips and advice.

Your health visitor or another member of the health visiting team is available to offer any additional information, advice or support that you may require. You can phone us or we can even visit you at home.

Health visitors work in teams based around secondary and primary schools.

If you are part of the Family Nurse Partnership programme you won't have a Health Visitor until your child has their second birthday. Until that time your Family Nurse will have regular contact and act as your child's 'Named Person'.

Your health visitor's contact number should be written in the Red Book but if you don't know who your health visitor is please contact the team leader for your area.

- Inverness East including Culloden, Westhill, Balloch, Nairn & Ardersier – 01667 422832
- Inverness West – 01463 732450
- Inverness Central, Badenoch & Strathspey – 01463 702296
- Lochaber – Lochaber health visiting team – 01349 781462 or 01349 781450
- Skye and West Ross – 01478 612943
- Sutherland – 01408 635360
- Caithness – 01955 608123
- East Ross and Mid Ross – 01349 868578

COMMUNITY PAEDIATRICIANS

ROLE OF COMMUNITY PAEDIATRICIANS

Community Paediatricians provide a secondary, specialised health service to children with a range of additional support needs, developmental disorders and disabilities, pre-school and up until school leaving age.

The service provides assessment, diagnosis and follow-up as appropriate of children with additional support needs which may include:

- Neurodevelopmental difficulties
- Developmental Delay
- Physical Disabilities
- Visual impairment
- Hearing impairment
- Social/ Communication difficulties
- Looked after children
- Children at risk
- Complex Health needs

Community Paediatricians work in partnership with other agencies (multi-agency working and referrals to other Professionals):

Health: e.g. Hospital specialists, GPs, School Nurses, Health Visitors, Therapists, Dental services, Child and Adolescent Mental Health Services, Community Nurses, Dieticians.

Education: e.g. Teaching staff, Educational Psychologists.

Social Services: e.g. Social Workers, Respite Care Staff.

The Voluntary Sector: e.g. CHIP+

Appointments are arranged at various centres e.g. The Birnie Centre, or other NHS centres around Highland. Referrals are accepted from Health, Education and Social Work professionals. We do not accept self-referrals from parents or carers.

The Department is led by a team of doctors with expertise in Community Paediatrics. In addition, there are a number of specialist clinics jointly with additional Consultants including Neuro-disability, Epilepsy, Combined Orthopaedic and Special Care Baby clinics.

Community Paediatricians contribute to the assessment of children referred with social communication difficulties as part of locality multi-agency teams with speech and language therapists and other professionals.

OCCUPATIONAL THERAPY

WHAT IS OCCUPATIONAL THERAPY?

Occupational therapy enables people to participate in daily life to improve their health and wellbeing. Daily life is made up of many activities (or occupations.) Occupations for children or young people may include self-care (getting ready to go out, eating a meal, using the toilet) being productive (going to nursery or school, or volunteering), and leisure (playing with friends or doing hobbies).

WHO DO OCCUPATIONAL THERAPISTS HELP?

Occupational therapists help babies, children and young people who may need support and advice if they are not able to do occupations due to illness, disability, family circumstances, or as a result of changes in their lives as they get older.

HOW OCCUPATIONAL THERAPY CAN HELP

An occupational therapist will need to identify and understand your child's usual occupations to discover what difficulties they face. They will support you and other relevant people such as teachers, to evaluate your child's challenges and strengths to help them to do those occupations that are important to you and your child.

The occupational therapist may suggest alternative ways of doing things, providing advice on learning new approaches and techniques, or making changes to the environment, for example, through using equipment or adaptations.

If your child is experiencing difficulties doing things, occupational therapy can help. Some examples are self-care, education and play & leisure.

PHYSIOTHERAPISTS

INFORMATION FOR PARENTS

Paediatric Physiotherapists assess and manage children and young people with movement disorders, caused by disability, injury or illness. They aim to improve the quality of life of children and young people by promoting independence and encouraging physical wellbeing. They work in close partnership with the child and their family to work with them to develop an effective treatment plan that takes into account their lifestyle, leisure activities, general health and what they want to get out of the treatment. Together they have a shared responsibility for meeting the child's needs.

WHICH CHILDREN SHOULD BE REFERRED TO THE PAEDIATRIC PHYSIOTHERAPY TEAM?

Children who have significant difficulty with movement, balance and mobility, over and above what would be expected at their age and stage of development, may

benefit from physiotherapy. Thus referral to a Paediatric Physiotherapist should be considered if your child has problems:

- Learning to move, roll, crawl, sit up, get up on their feet.
- Walking, managing stairs and uneven surfaces.
- Accessing and participating in play/leisure activities, such as riding a bike, swimming, playing football, soft play, etc due to difficulties with their movement, balance or mobility.
- Participating in school activities such as PE, accessing the curriculum and moving around the school.
- With their posture or movement which causes pain, functional difficulties or breathing difficulties.

REFERRAL

Referral to the Physiotherapy Service is via any Health Professional, eg Paediatrician, GP, Health Visitor, School Nurse.

When a referral is received by the physiotherapy team, additional information may be gathered and a decision will be made as to the appropriateness of the referral. If the referral is appropriate, your child will be assessed by a physiotherapist.

There may be occasions when it is decided that physiotherapy will not help your child. In these cases the referrer will be informed of the decision so they can discuss this with you.

ASSESSMENT

The primary aims of assessment are to determine:

- The impact of your child's difficulty on their life.
- The likelihood of physiotherapy effecting change at this time.

To help with this the assessment may include information gathering from medical notes, yourselves, your family and others involved in your child's life, such as education staff, before the physiotherapist meets your child.

It may also involve formal assessments or informal observation to consider your child's:

- Strength and co-ordination
- Movement development
- Posture and balance
- Quality of movement
- Function

This may take place in a variety of settings, eg home, school, leisure centre, swimming pool or hospital clinic, depending on what is most appropriate for your child.

The decision whether to offer further support from physiotherapy is based on the outcome of the assessment, ie the impact of the difficulty on your child's life and whether physiotherapy can help.

PHYSIOTHERAPISTS CONTINUED

REPORTING

Following assessment the outcome will be discussed with you and a written report will be sent to yourselves and the referrer. It may be helpful for this information to be shared with other people for your child's benefit. This will be discussed with yourselves at the assessment.

INTERVENTIONS

If it is decided that physiotherapy can offer further assistance the therapist will agree clear aims of therapy with you and your child. Other carers and education staff may be included if this is relevant.

There is a range of possible ways of providing therapy to support your child. These will always involve working with and through yourselves and others, such as classroom assistants, class teachers, learning support teachers, nursery staff or other carers and support workers.

Possible ways of supporting your child may include the following:

- Training and advice for yourselves/carers.
- Provision of individual programmes of work and ways of helping your child in different environments and by different people.
- Group therapy programmes to be carried out by school staff or other carers.
- Provision of and advice on specialist equipment and appliances.
- Liaison with education staff to support decision making around adaptations to the school building to improve access.
- Involvement with education planning and goal setting in Individual Education Plans and Co-ordinated Support Plans.
- Direct therapy individually or in groups to be carried out by a therapist in a variety of places, eg school, home, leisure centres, hydrotherapy pools, horse riding.

Your child's progress will be regularly reviewed in partnership with yourselves and others. Intervention and the level of input may change according to your child's changing needs.

DISCHARGE

Your child will be discharged from physiotherapy for one or more of the following reasons:

- They have met the goals set and further physiotherapy input is not required.
- They are not benefiting from physiotherapy at this time.
- They and/or the family do not want to continue with therapy.
- They fail to attend 2 consecutive appointments and there has been no contact from the family to cancel or rearrange appointments.
- Three appointments are cancelled in succession without a satisfactory explanation.

SPEECH AND LANGUAGE THERAPY SERVICE – CHILDREN AND YOUNG PEOPLE IN HIGHLAND

WHAT ARE SPEECH, LANGUAGE AND COMMUNICATION NEEDS?

Speech, language and communication needs can present in different ways including:

- Difficulties producing speech sounds accurately and clearly
- Stammering
- Voice problems , such as hoarseness/loss of voice
- Difficulties understanding language (making sense of what people say)
- Difficulties using language (words and sentences)
- Difficulties socially interacting with others e.g. understanding the non-verbal rules of good communication or using language meaningfully to question, clarify, describe things or express feelings.

HOW CAN SPEECH AND LANGUAGE THERAPY HELP?

Some communication needs are short term and can be addressed through effective early intervention.

Speech and Language Therapists offer information, training and support to parents, education staff and others working with children as part of their universal service. In Highland “Words Up” is an approach that is used to provide key messages to support children’s language and communication development. Speech and Language Therapists can offer support to develop and embed these skills in everyday practice. For more information about this visit www.bumps2bairns.com and www.highlandliteracy.com

Other communication needs require more specialist assessment to identify the nature of the communication difficulties and appropriate management.

Speech and Language Therapists commonly work along with families, education staff, other professionals and carers, supporting people to live with and manage communication difficulties. They also provide training and strategies to the wider workforce to improve the communication environment for children and young people and help others identify and support communication needs effectively.

The Speech and Language Therapy Service is part of a team contributing to the assessment and management of eating, drinking and swallowing difficulties, working in Special Care Baby Unit, paediatric wards and community settings.

Requests for help with eating, drinking and swallowing can be made directly to the Service on 01463 705424.

Speech and Language Therapists work in the Neurodevelopmental Assessment Service in Highland. **Enquiries and requests can be made to high-uhb.nds@nhs.net**

Anyone can make a request for assistance to the Speech and Language Therapy Service. Please contact our enquiry line if you wish to discuss a concern – details on page 17.

PAEDIATRIC DIETITIAN

ROLE OF PAEDIATRIC DIETITIAN

The Paediatric Nutrition and Dietetic service is a mainly acute, specialist service based in Raigmore Hospital, the Birnie Centre and The Pines. As part of multidiscipline teams the service provides dietetic care for children with chronic diseases as follows:

- Gastroenterology disorders (for example, Inflammatory Bowel Disease, Short Bowel Syndrome; Coeliac Disease)
- Cystic Fibrosis
- Inherited Metabolic Disease
- Type 1 Diabetes Mellitus
- Autism/ADHD

The dietitians also provide care to children and young people during admissions to the Highland Children's Unit as required. They also manage the nutritional care of children young people who receive nutrition via tube feeding e.g. gastrostomy. Several general dietetic clinics are held weekly for the management of conditions such as faltered growth, allergies, over and underweight, constipation, faddy eating, and nutritional deficiencies. Every fortnight an Infant Feeding Difficulties Clinic (IFDC) is held for infants with feeding difficulties caused by for example reflux, and a new service has just commenced, Infant Feeding Allergy Clinic (IFAC) for infants with feeding difficulties caused by allergy. In addition to clinical work, the service supports Community Dietitians who see children and also Health Visitors with regular training and frequent ad hoc queries regarding patients.

HOW TO CONTACT THE ALLIED HEALTH PROFESSIONALS (AHP) SERVICE

HIGHLAND CHILDREN AND YOUNG PEOPLE ALLIED HEALTH PROFESSIONALS (AHP) ENQUIRY LINE

Every Tuesday between 2pm and 5pm there will be AHPs available to answer questions you may have.

AHPs are Occupational Therapists, Physiotherapists, Dietitians, and Speech and Language Therapists.

The enquiry line is for all young people, parents, carers and professionals in Highland Council area to access.

Please call us on 07785 477686.

You can also email as below and use established contacts with local staff.

paediatricdietitians@highland.gov.uk

Childrens.OTservice@highland.gov.uk

Childrens.PTservice@highland.gov.uk

SLTserviceHighland@highland.gov.uk

CLINICAL CHILD PSYCHOLOGIST

ROLE OF CLINICAL CHILD PSYCHOLOGIST

Clinical Child Psychologists work with children, young people and families with a wide range of behavioural and emotional problems. They see children up to school leaving age. Typical reasons for referral include anxiety, phobias, trauma, behaviour problems, depression, obsessive behaviour and eating disorders. Referrals are also made for children with neuropsychological problems (e.g. head injury or epilepsy) or health problems (e.g. diabetes). Some Clinical Psychologists work in specialities such as Paediatric Child Psychology, where they only see children with physical health conditions.

Clinical Psychologists have specialised in using psychological ideas to help people with problems. Psychology is the study of people's behaviour, thoughts and feelings. Clinical Psychologists first complete a university degree in psychology then go on to postgraduate clinical training. Clinical CHILD Psychologists have specialised in working with children, young people and their families. (Note: People often confuse psychologists and psychiatrists: a psychiatrist's background training is in medicine.) Clinical Child Psychologists will often work alongside other health colleagues, including paediatricians, psychiatrists, speech and language therapists, primary mental health workers. They will also make links with Educational Psychologists when appropriate. Educational Psychologists have specialised in working with children in the school environment.

HOW IS THE SERVICE ORGANISED?

Clinical Child Psychology is part of the wider child and adolescent mental health service (CAMHS). Professionals from a variety of backgrounds including, psychology, psychiatry, social work, nursing, art and drama therapy work within CAMHS. These professionals specialise in providing help and treatment for children and young people with emotional, behavioural and mental health difficulties.

**CAMHS Highland is based at the Phoenix centre,
Raigmore Hospital, Inverness, IV2 3UJ. Tel: 01463 704665
More information on CAMHS is on page 20.**

HOW DO CHILDREN GET REFERRED?

Referrals are accepted by all other health professionals and social work, as well as occasionally accepting referrals from education services or direct from families themselves.

PRIMARY MENTAL HEALTH WORKER

ROLE OF PRIMARY MENTAL HEALTH WORKER

Primary Mental Health Workers (PMHWs) are people with a special understanding of emotional, behavioural and mental health difficulties and the problems they can cause for children and young people, and their families. They have training, knowledge and skills in helping to overcome these difficulties.

WHAT IS THE PURPOSE OF CONSULTATION?

Consultation considers appropriate ways of meeting the child's mental health needs in partnership with professionals already working with them.

This ensures that appropriate interventions are put in place to meet the needs of the families, children and young people and prevent duplicate or inappropriate interventions and referrals.

WHEN TO CONSULT?

Professionals are welcome to contact a Primary Mental Health Worker (PMHW) to discuss any concerns relating to the mental health of a young person with whom they are working. It may be to consider appropriateness of referral to CAMHS or to discuss ideas for your ongoing work with the child and their family.

The consultation may include:

- Advice or signposting to an appropriate service.
- Support to help you reflect and continue in your work with the young person.
- Advice to refer to CAMHS for an assessment.

From time to time, the Multi-Agency Group meets to consider how best to support the needs of specific pupils. Parents are always invited to this and if your child was able to be there we would welcome their attendance.

This Group includes School Staff (usually from Management, Guidance and Support for Learning), Educational Psychology as well as staff from Care and Learning and any other appropriate professionals.

It is important that such staff are able to share information in order to co-ordinate planning and delivery of services – the aim being to provide the best possible support to children and families.

Should there be any personal/family information that you would not want to be shared, please let the Head Teacher know at the earliest opportunity before the meeting.

PRIMARY MENTAL HEALTH WORKER SERVICE

Child and Adolescent Mental Health Services (CAMHS)

The Phoenix Centre, Raigmore Hospital (Zone 11), Inverness, IV2 3UJ

Telephone: 01463 705597

Email: nhshighland.phoenixcentre@nhs.net

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

WHO ARE WE?

Our service is known as CAMHS (Child and Adolescent Mental Health Services) and is provided by staff from a range of different backgrounds, all experienced in working with families, children and young people who need help in dealing with a variety of health and mental health problems. Our service also includes staff who have specific experience and training in working with children and young people with Learning Disabilities and Neurodevelopmental Disorders.

Our team includes people who have trained as Clinical Psychologists, Psychiatrists, Psychotherapists, Nurses and Psychological Therapists.

We are a training department and as such have trainees on placement with us. They will be supervised by a qualified member of the team.

WHAT SORT OF PROBLEMS MIGHT WE HELP WITH?

We see children, young people and families who are experiencing an emotional difficulty or have concerns which are affecting their behaviour, thoughts and psychological well-being. For example: low mood, anxiety, obsessions and compulsions, anger, behaviour problems, relationship difficulties, phobias, eating disorders.

HOW DO I GET REFERRED?

Referrals to our service come from a variety of different professionals including teachers, GPs, paediatricians, educational psychologists, nurses and community social workers. They should have discussed this referral with you before they got in touch with our department.

WHAT HAPPENS NEXT?

Once we have agreed that a referral is appropriate for our service, there could be several weeks wait before you are seen. We try our best to keep this wait as short as possible.

WHAT WE OFFER

Consultation

We offer specialist consultation to other professionals working with children/young people with complex mental health difficulties. Please see our leaflet for more information about our consultation service. This leaflet is available from CAMHS, contact details are on page 18.

Assessments

When you come along to CAMHS, the first thing we do together is to try and make sense of the difficulties you are experiencing. Dependent upon the age of the referred child/young person, this might involve talking, using art or creative materials, playing or questionnaires. We will do this at your pace and in a way that suits you. We also provide some specialist assessments, which are offered when there is a specific question we want to try and answer.

Interventions

Once we have an understanding of your difficulties, we may offer a therapeutic intervention to try and address them. As with assessment, an intervention will be delivered in a way that suits you/your child. Sometimes a combination of different interventions will work best. We will always discuss with you what type of intervention we would recommend and why.

NEURODEVELOPMENTAL ASSESSMENT SERVICE (NDAS)

WHAT IS A NEURODEVELOPMENTAL DIFFICULTY?

Neurodevelopmental difficulties can affect children and young people's development, including their learning, motor skills, communication, behaviour and/or social development. Children and young people may experience difficulties across different areas.

These areas could include:

- Independence Skills
- Motor skills
- Communication / Social Interaction / Social Communication Skills
- Play/Flexibility
- Sensory/Regulation
- Academic and Learning
- Attention, Memory, Organisation and Planning Skills
- Emotional Wellbeing / Mental Health
- Attachment and Relationships

While symptoms and behaviours often change as a child grows older, some difficulties are more long-standing. Assessing your child's profile of needs can be complex and usually involves a range of professionals. This approach is described as multi-agency or multi-disciplinary.

WHAT IS THE NEURODEVELOPMENTAL ASSESSMENT SERVICE?

The neurodevelopmental assessment service has been developed to provide an assessment process and diagnostic pathway for children and young people presenting with neurodevelopmental difficulties.

These may include Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Developmental Coordination Disorder and Foetal Alcohol Spectrum Disorder.

Many neurodevelopmental difficulties overlap and interact. The team will develop a clear profile of ongoing needs, whether or not a specific diagnosis is given at the end of the process.

WHO IS IN THE TEAM?

The team includes the following professionals:

- Community Paediatricians
- Speech and Language Therapists
- Occupational Therapists
- Clinical and Assistant Psychologists

The professionals your child will see depends on their presenting difficulties. Information and support will also be sought from a range of other professionals that currently or historically may have been involved with your child.

WHAT CAN YOU EXPECT?

All referrals received with an initial information form and consent form will be considered at a clinical planning meeting and a decision made if the referral is appropriate for the service and, if so, which professionals would be most appropriate to be involved in the initial assessment.

Parents and the Referrer will be informed of the outcome following this meeting. Further questionnaires may be sent out if further information is required. Appointments could take place in a variety of clinic settings. School observations and home visits may be arranged if appropriate. You will be kept informed about your child's progress within the service.

HOW TO ACCESS THIS SERVICE

- We would suggest that you speak with your child's Health Visitor, School or Professionals you may already be involved with.
- Alternatively you can contact us directly for advice on high-uhb.nds@nhs.net.
- Information about neurodevelopmental difficulties or this service can also be found on the CHIP+ website, which is available at www.chipplus.org.uk

Alternatively you can contact CHIP+ at:

Birnie Development Centre
Raigmore Hospital
Inverness
IV2 3UJ
Telephone: 01463 711189
Email: info@chipplus.org.uk

HIGHLAND COUNCIL PSYCHOLOGICAL SERVICE

WHAT IS THE PSYCHOLOGICAL SERVICE?

The Highland Council Psychological Service works with children, young people and their families. They are able to advise on child development and education and give support when difficulties arise. They can suggest ways to prevent, manage or resolve these difficulties. The service works in partnership with parents, teachers and other professionals, and voluntary organisations.

HOW IS THE SERVICE ORGANISED?

The psychological service is part of Integrated Children's Services. The Service includes qualified educational psychologists and specialist home visiting teachers for pre-school children with additional support needs, based in Area teams. Area teams are led by an Area Principal Psychologist, while the Principal Psychologist is responsible for the service as a whole.

HOW DO CHILDREN BECOME KNOWN TO THE SERVICE?

Requests for involvement are usually included within a Child's Plan and requests can come from:

- Parents
- Young people themselves
- Schools
- Medical services (e.g. community paediatricians, school nurses, health visitors, etc)
- Reporter to the children's panel
- Social workers

Such requests to the Service should be made with the full knowledge and agreement of the parents/carers.

CONFIDENTIALITY

All psychological service staff are bound by a code of conduct which respects confidentiality and the rights of the individual. The child/young person is kept central to all work undertaken and parents and the young person automatically receive copies of any reports written by the educational psychologist.

HOW DO PSYCHOLOGISTS CARRY OUT THEIR WORK?

They have specialist knowledge of the following areas of development:

- Educational
- Intellectual
- Behavioural
- Emotional
- Social

They use this knowledge to help children in the family, school and community. Educational psychologists offer assessment, advice and support, training and development work, to the individual, the family, the school and other agencies. Members of the service keep written records which parents and young people may ask to see.

HIGHLAND COUNCIL PSYCHOLOGICAL SERVICE CONTACTS

NORTH AREA

Highland Council Psychological Service
Highland Council Offices
Caithness House
Market Place
Wick, Caithness
KW1 4AB
Tel: 01955 609612

SOUTH AREA

Highland Council Psychological Service
11/13 Culcabock Avenue
Inverness
IV2 3RG
Tel: 01463 233494

WEST AREA

Highland Council Psychological Service
Highland Council Offices
Camaghael Hostel
Camaghael, Fort William
PH33 7NE
Tel: 01397 707352

MID AREA

Highland Council Psychological Service
Highland Council Offices,
High Street
Dingwall, Ross-shire,
IV15 9QN
Tel: 01349 868552

WEST AREA

Highland Council Psychological Service
Highland Council Offices
Fingal Centre
Viewfield Rd
Portree, Isle of Skye
IV51 9ES
Tel: 01478 614889

NORTH AREA

Highland Council Psychological Service
Highland Council Offices,
Drummuie,
Golspie
KW10 6TA
Tel: 01408 635282

PRE-SCHOOL HOME TEACHING SERVICE

ROLE OF PRE-SCHOOL HOME VISITING TEACHER

Pre-school Home Visiting Teachers (PSHVT) are part of the Highland Council Psychological Service. The core role of the PSHVT is to support children with Additional Support Needs (ASN) in their journey into and through Early Years Learning. The service can be offered to the family of any child with ASN which may affect the child's learning and development. Requests generally come to the service through the Child's Plan process.

PSHVTs recognise that the needs of families and children can vary and this will influence the type of support we offer. This support may evolve over time to meet changing needs. Types of support are:

CONSULTATION: A PSHVT MAY:

- Suggest strategies, interventions or resources to parents/carers or Early Learning and Childcare Settings (ELCS) staff.
- Work in collaboration with other professionals involved with the child or family.
- Signpost the family or staff to other agencies.
- Maintain contact to monitor the situation.
- Be available if advice is requested by parents/carers or ELCS staff should changes occur.

DIRECT WORK: A PSHVT MAY:

- Contribute to Child Plan meetings.
- Make home visits and /or visits to ELCS.
- Support ELCS staff and/or parents/carers through training and in use of strategies.
- Contribute to plans for transitions and consult with ELCS and Primary School staff.

A PSHVT may work directly at home or in an ELCS whilst working in consultation with the other. Occasionally the situation may require working directly with both home and ELCS staff. Sometimes consultation is all that is required. In some circumstances the input from the PSHVT is no longer required. Should this change at any time, consultation can take place which may lead to more direct work.

CAN A PARENT REQUEST PSHVT INVOLVEMENT?

Yes. Please contact your local Highland Council Psychological Service or talk with your Health Visitor.

WHAT WILL A PSHVT DO DURING A VISIT?

During a visit the PSHVT may play and observe your child and will listen to what you have to say about him or her. They will notice what your child does well and use this knowledge to build on their strengths. They will discuss with you how to support their learning and development. In this way they are able to support you to help your child do things as well as they can.

WHO WILL THIS INFORMATION BE SHARED WITH?

The PSHVT works collaboratively with the other professionals involved with your child, including the staff in ELCS. With your permission information will be shared with them and also in Child Plan meetings.

WHAT IS A CHILD PLAN?

This is a single plan to document targeted intervention bringing together input from parents and all professionals involved with your child. The creation and review of Child's Plans is supported by the Children and Young People (Scotland) Act 2014.

<http://bit.ly/2VuBWa1>

WHAT IF I NEED EXTRA HELP?

The PSHVT can discuss what other help might be available to you and your family and signpost you to these services

Highland Council Psychological Service 11-13 Culcabock Avenue Inverness IV2 3RG
Tel: 01463 233 494

Co-ordinator, Pre-School Home Visiting Service Care & Learning Service Fingal
Centre, Viewfield Road Portree, Isle of Skye IV51 9ET Tel. 01478 614889

<http://bit.ly/2G8Ph2o>

EDUCATION

The Education (Additional Support for Learning) (Scotland) Act 2004 came into force on 14th November 2005. This was amended by The Education (Additional Support for Learning) (Scotland) Act 2009.

Systems have been improved and modernised for identifying and meeting the needs of ALL children and young people who may need support with their learning.

The Scottish Government produced a Code of Practice in 2004 to accompany the Act which was called Supporting Children's Learning. It explained the duties on the Highland Council and set out good practice. This was updated in 2010 to take account of The Education (Additional Support for Learning) (Scotland) Act 2009.

The 2004 Act introduced a new framework for supporting children and young people in education and introduced the term Additional Support Needs. The 2004 Act and the amendments resulting from the 2009 Act have extended the rights of parents and young people with regard to additional support needs.

The term Additional Support Needs applies to children or young people who, for whatever reason, require additional support, long or short term, in order to make the most of their education.

The Acts do not just cover education. They place a legal obligation on other agencies to help the Highland Council to support children and young people with Additional Support Needs.

Parents and young people can request an assessment of their needs at any time.

The Additional Support Needs of most children and young people will be identified, and provided for by the systems which all schools have in place (e.g. Normal Classroom Practice, Differentiation, Staged Approach, Individualised Educational Programme [IEP] / Child's Plan).

Some children and young people may require help from other services/agencies and this will also be co-ordinated through the Child's Plan in line with the Highland Practice Model (see page 4).

A small number of children and young people will have additional support needs which are/arise from complex or multiple factors, have a significant adverse affect on their learning, will last for more than a year and require a significant level of support from more than one agency to benefit from education. Where this support needs to be coordinated a Co-ordinated Support Plan (CSP) may be considered as part of the Child's Plan.

The format of the Co-ordinated Support Plan is set by law. Parents can request that the Education Authority considers whether or not their child should have a Coordinated Support Plan, and that particular assessments be carried out as part of the process by writing to their Local Area Education Office. Co-ordinated Support Plans must be formally reviewed every 12 months.

Sometimes parents/young people are unhappy with a decision made by the education authority or perhaps about the support arrangements made for their child. If a local solution cannot be found there are rights for parents and young people to use mediation and dispute resolution services and to appeal to the Additional Support Needs Tribunal. Information regarding these appeal routes can be found from your school, CHIP+ or by requesting Information Sheet 10 (Working Together and Resolving Disagreements). Refer to the CHIP+ ASL Guide www.chipplus.org.uk/education

AREA EDUCATION OFFICES

SOUTH (INVERNESS, NAIRN, BADENOCH & STRATHSPEY):

The Highland Council Headquarters,
Glenurquhart Road,
Inverness,
IV3 5NX
Tel: 01463 702045

MID, EASTER ROSS & BLACK ISLE:

Council Offices
Strathpeffer Road
Dingwall,
IV15 9QN
Tel: 01349 868478

NORTH (CAITHNESS, SUTHERLAND):

Caithness House,
Market Place
Wick,
KW1 4AB
Tel: 01955 608172

WEST, WESTER ROSS, SKYE, LOCHALSH & LOCHABER:

Camaghael Hostel Offices
Fort William
PH33 7NE
Tel: 01349 781410

BROTHERS AND SISTERS

Most of us grow up with one or more brother or sister. How we get on with them can influence the way we develop and what sort of people we become. As young children we may spend more time with our brothers and sisters than with our parents. Relationships with our siblings are likely to be the longest we have and can be important throughout our adult lives too. Studies about siblings of disabled people have tended to report a mixed experience, an often close relationship with some difficulties.

Most siblings cope very well with their childhood experiences and sometimes feel strengthened by them. They seem to do best when parents, and other adults in their lives, can accept their brother's or sister's disability and clearly value them as an individual. Avoiding family secrets, as well as giving siblings the chance to talk things over and express feelings and opinions, can go a long way to help them deal with worries and difficulties that are bound to arise from time to time.

SOME OF THE ISSUES THAT OFTEN CROP UP AND SOME OF THE WAYS PARENTS HAVE FOUND TO RESPOND TO THESE:

- **Limited time and attention from parents**

Protect certain times to spend with siblings e.g. bedtime, cinema. Organise short-term care for important events such as sports days. Sometimes put the needs of siblings first and let them choose what to do.

- **Why them and not me?**

Emphasise that no-one is to blame for their brother's or sister's difficulties. Come to terms yourself with your child's additional support needs (ASN). Encourage siblings to see their brother or sister as a person with similarities and differences to themselves. If possible meet other families who have a child with a similar condition, perhaps through a support organisation.

- **Worry about bringing their friends home**

Talk over how to explain a brother or sister's needs to friends. Sometimes invite their friends round when their sibling is away. Don't expect your child to always include their sibling with ASN in their play activities.

- **Stressful situations at home**

Encourage siblings to develop their own social life. A lock on a bedroom door can ensure their privacy and avoid possessions being damaged.

- **Restrictions on family activities.**

Try to find normal family activities that everyone can enjoy e.g. swimming, picnics. See if there are holiday schemes the sibling or child with ASN can take part in. Use help from family or friends with your child or their siblings.

- **Guilt about being angry with a brother or sister with ASN's**

Make it clear that it is alright to be angry sometimes, strong feelings are part of any close relationship. Share some of your own mixed feelings at times. Siblings may want to talk to someone outside the family. Find out if there is a support group for siblings in your area.

- **Embarrassment about a brother or sister in public**

Realise that non-disabled relatives can be embarrassing, especially parents! Find social situations where the child with ASN is accepted. If old enough, split up for a while when out together.

- **Teasing or bullying about a brother or sister**

Recognise that this is a possibility and notice signs of distress. Ask your child's school to encourage positive attitudes to additional support needs. Rehearse how to handle unpleasant remarks.

- **Protectiveness about a very dependent or ill brother or sister**

Explain clearly about the diagnosis and expected prognosis, not knowing can be more worrying. Make sure arrangements for the other children can be made in an emergency. Allow siblings to express their anxiety and ask questions.

- **Concern about the future**

Talk over future plans for the care of the child with additional needs with siblings and see what they think. Find out about opportunities for genetic advice if this is relevant and what siblings want. Encourage them to leave home when they are ready.

THINGS TO REMEMBER

Get professional advice about caring tasks and handling difficult behaviour in which siblings can be included. Try to keep the family's sense of humour!

STRATEGIES FOR SURVIVAL

THINK OF YOURSELF

- Don't be ashamed to say HELP!
- Find somebody who will LISTEN (not necessarily a professional), somebody you can trust.
- Don't be afraid to think of yourself and your own needs.
- Sometimes people make insensitive comments, be prepared to cope with these.
- If you do join a group make sure you benefit from its support and are not burdened with more problems.
- It's important to have an interest outside your family, it helps to keep things in perspective.

THE FAMILY

- Try to do things as a family unit, it's easy to focus on your child with additional support needs.
- People constantly phoning or messaging is nice but sometimes can become tiresome, switch it off, relax and enjoy a quiet period.
- Have a weekly routine which you can cope with, don't give yourself more problems, you don't want to leave yourself exhausted.

LOOKING AFTER YOUR CHILD

- Get information about your child's condition through organisations like CHIP+.
- Explore the benefits system, don't be embarrassed to ask, it's your right as a parent.
- Other parents can offer good advice and helpful information gained through their own experiences.
- Don't be afraid to teach your child to be as independent as possible. It will make your life easier in the future.
- And last, remember your child's day doesn't have to be filled with something educational every minute, do things which you both will enjoy.

TALKING TO PROFESSIONALS

- Write things down when talking to professionals.
- Get a notebook and a diary.
- Keep notes of telephone calls, letters and e-mails you send and receive.
- If going to appointments try to take someone else with you for support.
- Don't be afraid to ask questions and, especially if you don't understand the words which are being used, ask for an explanation – it's your child that's being discussed and you should understand what's being said.
- Let people know in writing if things are starting to go wrong, don't wait until you are in a crisis.
- **Have faith in your own experience as a parent – you know your child better than anyone.**

TELLING YOUR RELATIVES AND FRIENDS

After you have heard the news about your child's needs you then have to face family and friends.

- What do you tell them?
- What will they say or in what way will they react?

Passing on the news is never easy; many parents find that relatives are unwilling or unable to accept the news. They may even ignore the possible condition and hope that your child's extra needs will disappear or expect that the needs can be treated and cured. This will add to your anxieties and may make life very hard.

It is important to remember that at this time emotions can run high. It can be a very stressful period. Not only do you have to come to terms with your child's extra needs, but so do your family & friends. Especially in the early days try to talk openly and calmly about the nature of your child's possible condition. Your family will also be upset and by talking to each other you can give each other support.

DIET, BEHAVIOUR AND LEARNING IN CHILDREN

NUTRITION IS IMPORTANT FOR THE BRAIN AS WELL AS THE BODY

A well fed brain is more likely to lead to good mood, behaviour and learning. Eating regular meals, and having a diet that includes a wide variety of foods, are the most effective ways of ensuring that the brain is well nourished. For those who find it hard to eat a wide variety of foods, nutrition supplements can play an important role. In addition, some children are affected by particular foods and their mood or behaviour is improved by removing these foods from the diet.

EATING REGULARLY

Many parents and teachers report that children's concentration and mood gets worse if they go too long without eating. The brains of young children in particular, need a regular supply of energy so that they can think effectively. There is evidence that eating breakfast leads to better learning than not having breakfast. It may also be helpful to eat food that is digested more slowly so that the supply of energy lasts until the next meal or snack. This means that meals including fibre may be particularly helpful for the brain.

EATING A VARIETY OF FOODS

We need nearly 40 different nutrients and the more varied our diet is, the more likely it is that we get enough of everything we need. The Eatwell Guide is a model that shows us a balanced diet. Most children would benefit from more fruit and vegetables, and fewer sugary drinks, high-fat and high-sugar snacks.

Some nutrients appear more important than others for the brain. This can be because they are actually more important, or just because they have been more thoroughly studied. Iron, iodine, zinc, selenium, magnesium and omega 3 are thought to be particularly important for the brain. Low intakes of these are relatively common.

How might specific nutrients affect mood, behaviour or learning?

There is a strong link between low iron and poor mood and concentration. There is also some evidence that omega 3 fats help with attention. There might be a link between low magnesium and anxiety as well as a link between low zinc and poor attention and sleep. The number of children who do not get enough iron, omega 3, vitamin D, magnesium or zinc is quite high. For some children, increasing their intake of foods containing one or more of these nutrients could make a difference to mood, behaviour and learning. It not likely to make a difference if you are already getting enough of course. For more information on omega 3 and vitamin D, see the BDA's Food Fact Sheets on these topics. www.bda.uk.com

WHICH IS BEST – SUPPLEMENTS OR REAL FOOD?

A varied and nutritious diet is the most reliable way to ensure that your child's developing brain and body gets everything it needs. The body often absorbs nutrients better from real food than from supplements. Red meat and pulses are good sources of iron and zinc. Green vegetables are a good source of magnesium. Oily fish is the best source of omega 3. Fish, milk, yoghurt and eggs are good

sources of iodine. Not every child accepts a varied diet so supplements can be a helpful “safety net” in some cases. A general vitamin and mineral supplement is helpful for any child with a poor diet. An omega 3 supplement might benefit a child who eats very little oily fish. Most children need vitamin D supplements.

IS OMEGA 3 JUST A “RED HERRING”?

No – eating fish in pregnancy and early childhood appears to be good for your child’s development. Whilst this may be because of other nutrients found in seafood that are good for the brain, like selenium and iodine, having enough omega 3 fat is essential and oily fish is the best source. Evidence shows that omega 3 is important in brain development and function. Children and adults should include two servings of fish a week for general health and wellbeing with at least one of these portions being rich in omega 3 like mackerel, salmon or herring. There are also plant-based sources of omega 3 like walnuts, flaxseed oil, rapeseed oil, green leafy vegetables and some fortified foods for those following a plant-based diet.

Low blood levels of omega 3 are more likely in children with conditions like ADHD, Autism, dyslexia, dyspraxia and some psychiatric disorders. Taking omega 3 supplements may improve attention but not hyperactivity in children with ADHD. There is some evidence that it can improve mood and reduce anxiety, but this evidence is mostly from studies with adults.

DOES MY CHILD HAVE A FOOD INTOLERANCE?

You may think that your child becomes irritable, hyperactive or loses concentration when they eat certain foods. This could be due to a genuine food intolerance. However, it could be just a coincidence. Removing foods that might be causing problems is called an exclusion diet. One popular example, for children with an ADHD or autism diagnosis, is a “gluten and casein free” diet. This diet excludes wheat and dairy products. However, the current evidence into the effects of these diets on mood and behaviour is inconsistent.

Artificial colours used in some soft drinks and foods can affect behaviour and attention and have no nutritional value. Look for the following warning on labels of products containing certain colouring: “May have an adverse effect on activity and attention in children”.

SUMMARY

Giving your child regular meals, and a healthy, well-balanced diet helps their development, mental wellbeing and physical health. For some children, supplements may be needed in addition to the diet. Your child might benefit from reducing their intake of foods that are low in nutritional value, especially if they also contain specific food additives. Excluding other foods from your child’s diet might also help if they happen to be sensitive to them, however it is safer to do this under the supervision of a dietitian.

BENEFITS

BENEFITS – ARE YOU CLAIMING ALL YOU'RE ENTITLED TO?

Having a child with additional support needs can have a big impact on family life. Knowing that there could be financial help available to you may help ease the extra expense on your family which often occurs when raising a child with additional support needs. Make sure you claim all you're entitled to.

WHERE TO START?

Disability Living Allowance (DLA) is claimed for children under 16 years of age and has two different parts or components; the Care component and the Mobility component. There are three different rates for the care component and two for the mobility component, these are all dependant on your child's needs.

The care component is for children needing a lot of extra personal care, supervision or watching over because of their disability. It can be awarded from the age of 3 months (or from birth for the terminally ill). Which rate of care you receive depends on the amount of attention and/or supervision your child requires, day and/or night. He must have attention or supervision needs more than the normal requirements of a person of his age.

To qualify for the higher mobility rate your child must be aged 3 or over and unable to walk or have severe walking difficulties. The lower rate is paid for children 5 and over who can walk but needs extra guidance or supervision.

Keep a diary for a week before you attempt to complete the lengthy form, it will help you remember all the extra help your child needs over and above a child of the same age, day and night; e.g. any physiotherapy or speech therapy, extra washing, if you're up during the night, how many times and for how long.

If you are awarded DLA, it could mean that you're entitled other benefits;

- Carers Allowance/Carers Credit
- Motability Scheme
- PIP (Personal Independence Payment – 16+ years)
- Universal Credit

USEFUL ORGANISATIONS THAT CAN ADVISE ABOUT BENEFITS

Highland Council Welfare Support team - 0800 090 1004

www.highland.gov.uk

Contact - 0808 808 3555

www.contact.org.uk

Money Advice Service - 0800 138 7777

www.moneyadviceservice.org.uk

Citizens Advice Bureau Scotland - 0800 085 7145

www.cas.org.uk

Self Directed Support

www.gov.scot/publications/update-users-guide-self-directed-support-scotland-2012/#res420943

WHAT DO YOU NEED TO KNOW AND FROM WHOM?

The following questions have been designed to assist you in getting as much information as possible from your specialists. He/she can often provide this information although limitations do exist and finding answers is not always possible. If your specialist cannot answer your questions, ask to be referred to someone who may know the answer. Don't forget CHIP+!

SOME QUESTIONS YOU MIGHT LIKE TO ASK

Here is a list of questions which may help you find the answers that you need. The following may point you in the right direction when forming questions of your own.

- What is the diagnosis and what does it mean?
- What is the prognosis?
- Is there a cure for this condition?
- Will my other children be affected?
- How accurate is the diagnosis?
- What can I expect my child to achieve?
- What is the treatment for this condition?
- Will my child require medication?
- What other specialists will my child need to see?
- What kind of help will my child need?
- What can I do to help my child?
- Are there any Benefits I can claim for my child?
- What are the services my child is likely to need?
- Is there a support group for this condition?
- Where can I find out more information about the condition?
- Will my child need special help at school?
- I understand that there are pre-school home visiting teachers; at what age will they become involved?

HELPFUL HINTS

- Always write down what you want to ask before going into any meetings.
- Take a pen and paper with you to write down the answers.
- You could record the meeting, but please ask if anyone minds first.
- Don't be afraid to ask what you really want to know.
- If you don't understand the answer don't be afraid to say so.
- Take a friend, they will remember more and write down the answers.

USEFUL LINKS AND OTHER SERVICES

ADDERS

ADDERS promote awareness of ADHD, providing information and free practical help to adults and children, and their families.

www.adders.org

ADVOCACY HIGHLAND

Advocacy Highland provides free and confidential independent advocacy for individuals over 16 who need to be supported to speak up about specific issues.

www.advocacy-highland.org.uk

ARMED FORCES – SUPPORT FOR FAMILIES & SCHOOLS

<http://bit.ly/2UffG49>

ASSISTIVE TECHNOLOGY SUPPORT SERVICE

<http://bit.ly/2uQQK7n>

AYE MIND

Aye Mind want to improve the mental health and wellbeing of young people – by making better use of the internet, social media and mobile technologies.

www.ayemind.com

THE BIRNIE CENTRE

Raigmore Hospital, Inverness, IV2 3UJ

01463 704419

CAPABILITY SCOTLAND

Capability Scotland campaigns with, and provides education, employment and care services for disabled children and adults across Scotland.

www.capability-scotland.org.uk

CHALLENGING BEHAVIOUR FOUNDATION

A charity for people with severe learning disabilities whose behaviour challenges, to improve understanding of challenging behaviour, empower families with information and support, and to help others to provide better services and more opportunities across the UK.

www.challengingbehaviour.org.uk

CHIP+

CHIP+ (Children in the Highlands Information Point) gives information, advice and support to the families of children and young people with Additional Support Needs, and to the professionals supporting them. Based in Inverness, it covers the Highland area to provide a friendly, reliable and confidential point of information on any issues of concern to families, from where to find funding for basic equipment, to help with challenging problems over education or health issues. Many families find CHIP+

particularly helpful at challenging times in a child's life, such as on diagnosis or when approaching transitions of various kinds.

CHIP+ was started over 25 years ago by parent/carers in the Highlands and is a first point of call for families in the Highlands who need further information, or would like to discuss, their child's situation. CHIP+ provides a telephone helpline (or access to our staff in the Birnie Centre); a range of information packs for parent/carers and others; support for families at Co-ordinated Support Plan meetings where necessary; regular updates on social media, and regular training events and workshops. Where appropriate CHIP+ acts as a first stop shop, providing information and signposting families or professionals to specialist support.

Tel: 01463 711189/720054 Email: info@chipplus.org.uk www.chipplus.org.uk

CITIZENS ADVICE BUREAU – www.citizensadvice.org.uk

CONNECTING CARERS

Connecting Carers is a voluntary organisation working throughout Highland providing information, advice, support, training and befriending services to unpaid carers.

www.connectingcarers.org.uk

THE CARERS ACT SCOTLAND (2016) AND YOUNG CARERS ACT

<http://bit.ly/2G7a4Dv>

CONTACT

Contact is a national charity which exists to support the families of disabled children whatever their condition or disability.

Tel: 0131 659 2930 www.contact.org.uk

DEAF SERVICES & HEARING SUPPORT SERVICES

Confidential independent advocacy in the Highland region for individuals over 16 years old, who need to be supported to speak up about specific issues.

<http://bit.ly/2KfYU3D>

DOWN'S SYNDROME SCOTLAND

Down's Syndrome Scotland work to help people with Down's Syndrome to reach their full potential by providing information, services & support to them, their families, carers and professionals. **www.dsscotland.org.uk**

Facebook – [DS-Scotland-Highlands-and-Islands-Branch](#)

DYSLEXIA SCOTLAND

Dyslexia Scotland support people affected by dyslexia, and campaign on their behalf, in many different ways. Whether through the helpline, branch network or online.

www.dyslexiascotland.org.uk

Facebook – [DyslexiaScotland-Inverness](#)

EDUCATION LAW UNIT – GOVAN LAW CENTRE

The Education Law Unit works in partnership with schools, education authorities, parents' groups and charities across Scotland to make pupils' rights and parents' rights in education a reality.

Tel: 0141 440 2503 www.govanlawcentre.org/education-law-unit/

EDUCATION SCOTLAND

Supporting and developing education in Scotland.

www.education.gov.scot

ENABLE

ENABLE Scotland works with families living with learning disabilities throughout Scotland. We support parents with children who have learning disabilities from birth all the way through to adulthood. We also provide parents who have learning disabilities with support. Whether you need to find a service or branch in your local area or just need some advice we can help.

www.enable.org.uk

ERIC

ERIC is a childhood continence Charity who give information and support on childhood bedwetting, daytime wetting, constipation and soiling to children, young people, parents and professionals.

www.eric.org.uk

ENGLISH AS AN ADDITIONAL LANGUAGE SUPPORT

<http://bit.ly/2UL6lng>

ENQUIRE

Enquire are the Scottish advice service for additional support for learning.

www.enquire.org.uk

EPILEPSY SCOTLAND

Scotland's voice for Epilepsy.

www.epilepsyscotland.org.uk

FAMILY FUND

They provide grants to low-income families raising disabled & seriously ill children & young people. They can help with essential items such as washing machines, fridges & clothing but also consider grants for sensory toys, computers & much needed family breaks together.

www.familyfund.org.uk

FOR SCOTLAND'S DISABLED CHILDREN

The Scottish Government has funded Children in Scotland to undertake participation work with parents of disabled children. For Scotland's Disabled Children aims to turn the good intentions of policy and legislation into better lives for families with disabled children in four key areas: Education, Short Breaks, Childcare & Education.

www.fsdco.org.uk

GIRFEC

An up to date guide on GIRFEC available through the Scottish Government website.

www.gov.scot/Topics/People/Young-People/gettingitright

GYPSIES, TRAVELLERS & INTERRUPTED LEARNERS

<http://bit.ly/2FZRRXI>

HEALTH SCOTLAND

Looking for information about how to improve your health? Visit NHS Health Scotland's series of websites for the public that give information on a range of health and wellbeing topics.

www.healthscotland.com

HI-HOPE DIRECTORY

The Hi-Hope Handbook has information about choices, opportunities and services available in the Highlands to support transition from school to adulthood.

www.hi-hope.org

HIGHLAND CARERS ADVOCACY

Advocacy is a free service supporting carers to express their views and opinions, sometimes speaking on your behalf. This can be through attending meetings with you, helping you to write letters or make phone calls.

<http://bit.ly/2G9J5r7>

HIGHLAND CHILDREN AND YOUNG PEOPLE'S FORUM (HCYPF)

Highland Children's Forum is a registered charity created by the parents/carers of children with additional support needs. The Forum aims to ensure that the voices of these children are heard in the design and provision of services in Highland.

www.highlandchildrensforum.org

LGBT

LGBT Youth Scotland – www.lgbtyouth.org.uk

KIDSCAPE

Provides the advice, training & tools to help prevent bullying.

www.kidscape.org.uk

MINDROOM

We provide one-to-one support for families affected, offer help and advice for individuals and organisations who work with people with learning difficulties, and strive to increase knowledge and understanding among policymakers.

www.mindroom.org

NATIONAL AUTISTIC SOCIETY SCOTLAND (NAS SCOTLAND)

The NAS is the leading charity in Scotland for people with autism (including Asperger syndrome) and their families. Based within The Pines the Highland Information service responds to enquires from parents, carers and young people. The information service also supports The Pines library resource. Contact them directly on 01463 720056 or email highland.informationofficer@nas.org.uk

www.autism.org.uk

NHS HIGHLAND – www.nhshighland.scot.nhs.uk

THE PINES NEURODEVELOPMENTAL SERVICE IN HIGHLAND

Drummond Road, Inverness, IV2 4NZ

01463 720030

www.pinesautismhighland.org.uk

SCOTTISH AUTISM

An organisation dedicated to enriching the lives of people with autism. Sharing their knowledge and expertise with parents, carers and other professionals in order to support the development of skills and strategies needed to provide the best care and support for people with autism.

www.scottishautism.org

SENSE SCOTLAND

Non-profit organisation working with people who have impairments to vision and hearing with or without other disabilities.

www.sensescotland.org.uk

SIBS, FOR BROTHERS AND SISTERS OF DISABLED CHILDREN AND ADULTS,

www.sibs.org.uk

SIGHT ACTION

Making life better for blind & partially sighted people.

www.sightaction.org.uk

SIGN

The Scottish Intercollegiate Guidelines Network (SIGN) develops evidence based clinical practice guidelines for the National Health Service (NHS) in Scotland.

www.sign.ac.uk

SLEEP SCOTLAND

A charity providing support to families of children and young people with additional support needs and severe sleep problems.

www.sleepscotland.org

SQA

Scottish Qualifications Authority – www.sqa.org.uk/sqa/70972.html

SKILLS DEVELOPMENT SCOTLAND

Careers Advice – www.skillsdevelopmentscotland.co.uk

THE CHILD'S PLAN – www.forhighlandschildren.org/5-practiceguidance/

THE DYSPRAXIA FOUNDATION

The Dyspraxia Foundation is a country wide charity which exists to help and inform parents and children with the condition.

www.dyspraxiafoundation.org.uk

THE HIGHLAND COUNCIL – SUPPORT FOR LEARNERS

<http://bit.ly/2G02vNW>

THE LEANNE FUND

Making a difference to the lives of young people with Cystic Fibrosis.

www.theleannefund.co.uk

THE SCOTTISH GOVERNMENT – www.gov.scot

TOURETTE SCOTLAND

A registered Charity dedicated to providing support & information to people living with Tourette Syndrome.

www.tourettescotland.org

TURN 2 US

Turn2us helps people in financial need gain access to welfare benefits, charitable grants & other financial help – online, by phone & face to face through their partner organisations.

www.turn2us.org.uk

YOUNG MINDS

Young Minds is a charity working with children, young people, their families and the professionals who support them for better mental health & wellbeing.

www.youngminds.org.uk

This is not an exhaustive list, if there's any other information you need, please contact CHIP+



Children in the Highlands Information Point

“CHIP+ was an absolute life saver; they changed our lives”
(Parent-Carer)

Do you care for a child or young person with additional support needs (ASN)?

A child or young person has ASN if they need more, or different support, to other children or young people their age, in order to realise their potential. For example, they may have a disability, chronic illness or caring responsibilities.

CHIP+ provides information, support and advice

- Confidential helpline
- Preparing for meetings
- Funding information
- Information packs
- Education issues
- Support groups
- Signposting



Photo by Rebecca Lee from Contact's My Family Exhibition 2016

“An invaluable service”
(Parent-carer)

#supportingparentcarers



SUPPORTING CHIP+

Please consider becoming a member to support and influence our work:
www.chipplus.org.uk/Membership and join our mailing list via our website to keep up-to-date with all the latest news, information, events and resources. You may also wish to make a donation to help us keep up our valuable work.

chip+

Children in the Highlands Information Point

CHIP+ Birnie Centre Raigmore Hospital Inverness IV2 3UJ
Tel: 01463 711189 Email: info@chipplus.org.uk
www.chipplus.org.uk



[www.facebook.com/
supportingparentcarers](https://www.facebook.com/supportingparentcarers)



[www.twitter.com/
InfoChipplus](https://www.twitter.com/InfoChipplus)