



Our child's development

Child's name:

Child's date of birth:

This "First Steps" booklet is for those caring for a child with development needs. It is a record and a guide.

As a record it is for you to hold, keep updated and share with anyone involved. Recording needs and discussing them as a family might be enough, but if you need further help (from school, friends or health professionals) you can share what you like from this booklet. This way everyone is kept on track, and you will not have to keep repeating your story.

As a guide, it takes you through a comprehensive assessment of your child. You can then focus on areas of need using the initial tips in each section, seeking help from appropriate professionals if required.

Every child is unique and develops differently. Each will struggle with different things. While some seem to breeze through life and school, others can find certain things very difficult. This can come out in their behaviour and it can be hard for families and schools to know the best way to support them.

There is never a simple explanation for why a child is struggling. Often it is a matter of trial and error to find out what works and setting realistic expectations for each individual child.

There are four parts to this booklet :

- 1) **Our child's development** – to fill in and share with anyone who is helping your child
- 2) **Support sheets** – immediate ways to support your child. We recommend doing these with a family member or someone who is involved with your child.
- 3) **Health checks** – if you think your child may need medical help
- 4) **Notes and diary sheets** –For a more detailed record

Set a time for regular discussion with the people around your child, and use this booklet to keep track.

Keeping this up-to-date, shared record and having regular discussions should help everyone around your child work together to understand and overcome their problems.

There are good toolkits at www.childrenandfamilyhealthdevon.nhs.uk. You can refer to therapists directly through this site.

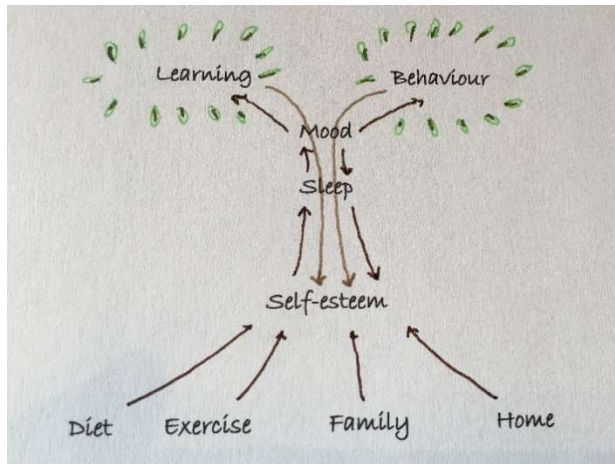
If you and the people helping your child feel that medical help is needed, you can send an email to tsdft.childhealth@nhs.net with the “your child” part scanned in and attached. The more information we receive the better we can help, so feel free to scan in as much of the booklet as you have managed to complete or just bring it along to the appointment.

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My child struggles with.....

Tell us what they are good at, and what they find difficult



Use the early years toolkit (0-4) or school age toolkit at
www.childrenandfamilyhealthdevon.nhs.uk for help and tips

If any part of your child's development has gone backwards, see a doctor.

We find help for our child here...

online resources

Courses

Family

Health Visitor

School nurse

Social Worker

Therapists

Portage

Which of these people knows you and your child best?

Provide names and contact details where you can.

It would help us to have.....

Information

Support in home/ a different home setting

Help with parenting strategies

therapy

A diagnosis

Support in school/ a different learning setting



Our Questions

What can we do to help?

Is there something we
are missing about our
Child's health or

Is our child normal?

Will our child catch up?

Are we doing the right things?

Why is our child struggling more than others?

Is there a name or a treatment for this problem?

Our aims – we would like our child to

Be less anxious

Enjoy family

Enjoy school

Behave better

Enjoy learning

Enjoy going out with friends

Be less frustrated

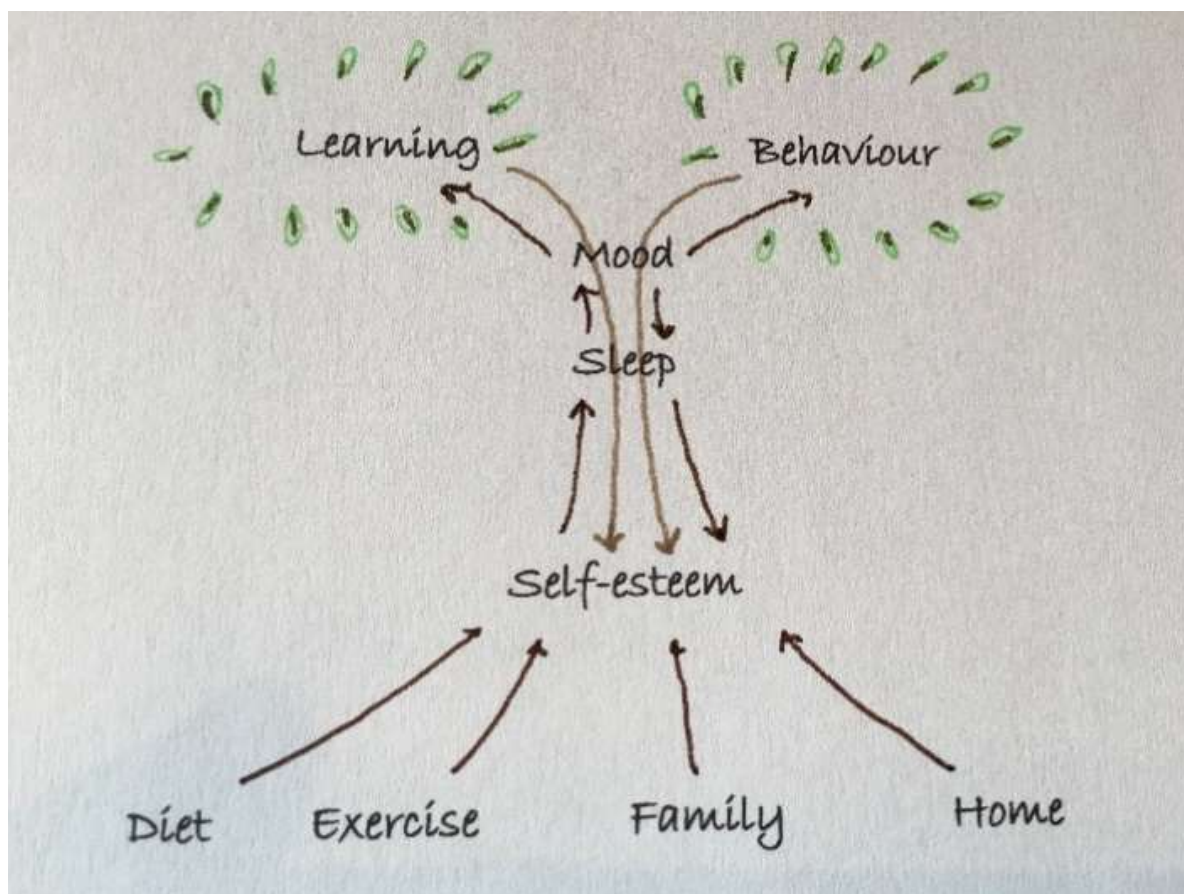
Be happier

Healthy development support sheets

Every child has their own capacity to learn and develop in their own way at their own pace.

Children with developmental needs can often struggle more than others with the basics, like sleep and self-esteem, which have a profound effect on their learning and behaviour.

Tackling these will help each child realise their full potential.



Self Esteem

Children who are struggling need to know that people around them love them and are proud of them. It is easy to underestimate how much even children who cannot speak, are aware of how they compare to others. What you think of them, affects how they think of themselves, and this has profound effect on behaviour and learning.

We can boost children's self esteem through play, well-earned praise, good goals, friends and family.

Play

The best way of boosting children's self-esteem is by enjoying your time with them. There is nothing more important than playing and having fun.

What makes your child laugh and smile?

What do you love doing that you can share with your child?

What fun activities can you and your child plan to do together? www.playtorbay.org.uk offers some local free, exciting play opportunities.

Think of a time of day that you and each of your family members can set aside some one-to-one time for doing something you enjoy with your child, that they are good at and that they find fun. This could be as short as 15 minutes and as simple as a game of snap.

Praise

Children can see-through made-up praise. Praise has to be well-earned, specific and genuine. This makes it important to set an appropriate level of expectation for your child. Take small steps towards this that you can celebrate. You may like to complete this next section with your child.

What makes you proud of your child?

What makes your child proud of themselves?



Goals

For each of the difficulties your child has, **think of a small step that they may be able to achieve that you can celebrate together.**

Friends and Family

Who else around you (family, friends, teachers) helps you and your child to manage their difficulties or just has a positive and fun influence on you?

Exercise

Sunlight, exercise and fresh air will help your child sleep and therefore learn better. Sunlight helps set the body clock and gives your child vitamin D, which gives them energy, better concentration and healthy bones.

It is recommended that children have some vigorous exercise at least 30 minutes a day.

How can you help your child to get enough exercise? (30 minutes vigorous exercise, and at least an hour total time outside each day?)

Does your child have an outside activity that they really enjoy?

Do you or any family members/friends have an outside activity that you enjoy, that you could let them join in?

What new things might your child enjoy outside?



How can you create a safe outdoor space that your child can go each day?

There are lots of online resources for fitness. Here are some to try:

- PE with Joe Wicks on YouTube
- GoNoodle
- Cosmic kids yoga on YouTube
- Dance classes with Strictly Come Dancing stars on YouTube

Diet

A healthy diet with good nutrition is really important for your child's development. Many children are offered snacks and drinks in between meals with sugar and additives, and most children and adults do not drink enough fluid. These can have important effects on concentration, behaviour and appetite. Excessive milk, lack of sufficient fibre and fluid can cause constipation, which has similar effects. Drinking at least 1.5L of water a day will keep bowels regular and improve your child's concentration and learning. Eating and drinking are things you cannot control, but you can decide what you will make available.

What fresh fruit and vegetables can you offer to your child at each meal?

Can you sit down as a family for meals?

Is there a way to make your child more comfortable at the table? (elbows can rest on table, feet supported)

Is there a way you can make mealtimes happier, without compromising what you offer? (e.g. don't pressurise your child to eat, avoid arguments)

What healthy alternatives can you offer as snacks?

How can you encourage your child to drink water instead of squash or milk? E.g. get them a favourite bottle and put a sticker on when it's finished

Sit down together a few times a day for a "drink and think"

Visit www.childfeedingguide.co.uk for strategies from psychologists for fussy eaters.



Sleep

Is your child tired? Children show this slightly differently to adults – are they:

overactive- difficult to calm down- not listening - grumpy – hard to concentrate - naughty- finding things overwhelming- ‘meltdowns’ and tantrums – “glazed over”

Does your child have enough sleep? Under 12s need at least 10 hours

Bedtime	Sleep time	Waketime	Total Sleep

Does your child do any of the following things that can disturb their sleep?

Snoring – Sweating - Irregular or heavy breathing – Restlessness – Wetting - Rhythmic leg jerking

These are worth checking with a doctor in case they have a condition such as obstructive sleep apnoea or restless legs syndrome which can run in families. If your child wakes at night or is still tired in the morning, watch them sleeping during the night for 5 minutes.

Do they have trouble with any of the following?

Getting to sleep – Nightmares - Night terrors - Sleep walking - Night waking - Waking too early

The key to improving all of these is “golden hour”. This is the hour before your child’s natural sleep time when the brain winds down and starts to produce the sleep hormone melatonin, triggered by the sun going down and other “sleep cues”.

Your child’s golden hour

Is it at the right time?

The bedtime routine should be less than an hour. Move it to the hour before your child naturally starts getting tired (yawning - becoming quiet - cuddly) but before they are overtired (hyperactive - naughty - upset). The body clock can be shifted back by 15 minutes at a time.

Have you turned off everything that wakes them up?

Light (including blue light from screens) - drink - food - exercise - negotiations!

Screens should be turned off 90 minutes before you want your child to sleep. The blue light from screens is as stimulating as sunlight. Programmes and games will wake the brain up so the best option is to remove all screens. Just dimming the light doesn’t reduce the blue light, but on some screens, there is an ‘orange night time’ mode if taking the screen away is really not an option.

Supper can be given if they haven't had much tea, but leave at least an hour before bedtime so it can be digested before sleep.

Are they happy and comfortable?

Many children have hidden anxiety over getting to sleep, being in the dark, or being separated from their parents. Anxiety which is dealt with well during the day, can come out when the brain starts to shut down at bedtime. There are many ways of dealing with this anxiety. Golden hour could start with some quiet one to one time doing something you both enjoy.

There are many sensory tips you can try (see the section on sensory needs in **health** and <http://www.sensoryintegration.org.uk/>).

Is your child on board?

If your child gets up in the night put them back in bed with minimum attention. In the morning give your child praise for staying in bed. Have a visual schedule to help your child understand the bedtime routine and a reward chart to encourage your child to fall asleep on their own.

It is worth sticking with positive changes for at least a few months, it can take a while before you see an effect. Meanwhile you will know you are doing all you can to optimise sleep and how your child deals with their day. Use the sleep diary in the appendices to help you record progress

These resources offer parent advice hotlines:

www.thechildrenssleepcharity.org.uk

www.sleepscotland.org



Emotional Needs

The following are often missed, and are common causes of difficult behaviour.

Frustration

Is there anything your child finds more difficult to do? Children are acutely aware of their own difficulties, although usually they do not talk about them.

Is your child able to tell you what they are thinking/feeling? Children who find this hard will experience immense frustration on a regular basis.

Anxieties, fears and phobias

Does your child have a strong need for routine, or other things that make them feel secure?

What shows you when they are anxious? Anxiety is often hard to recognize, and comes out in bad behavior or tantrums.

Can you identify triggers that make them anxious?

www.anxietybc.com has a comprehensive guide to tackling anxiety in children and adults.

Lack of understanding

Are there any things people do or say that your child finds hard to understand?

www.youtube.com/user/RALLIcampaign has information and help from parents and children with language impairment.

www.thecommunicationtrust.org.uk/media/174/dontgetmewrong.pdf has information on how to identify and support children with specific language disorders.

These books are available free to loan from Devon County Libraries:

How to talk so little kids listen – Adele Faber

The Incredible Years – Carolyn Webster-Stratton

Dealing with emotions

Children have strong emotions, often hidden. Many very intelligent children are unable to recognize their own feelings.

Does your child ever tell you when they feel happy/sad/angry/worried/excited/frustrated?

If not, how are you able to recognise this? How can you help them to recognise how they are feeling and tell you?

www.stageslearning.com/pages/free-autism-resources has some printable resources for language building, and real-time online support for parents.

Hyperactivity

Children become hyperactive when they are tired, some children need constant movement or stimulation. Others become easily overstimulated e.g. in a busy environment like a supermarket and show this by being unable to cope.

What situations are difficult? A quiet library? A busy supermarket? Think of as many examples as you can and see if you work out what it is that makes things difficult. The diary sheets at the back can help.

Discomfort

Does your child recognise and tell you when they are uncomfortable (hungry, thirsty, too hot or too cold)?

Children do not always recognise or vocalise these basic things. They can also be very sensitive to things we would not consider a problem. See the section on sensory needs in **health screening**.

Mood

Is your child persistently unhappy, angry or worried?

www.youngminds.org.uk Parents helpline: 08088025544

www.happymaps.co.uk Provides age specific resources to support parents

Home

Does your child have a safe space they can go when they need to be alone?

Does your child have somewhere they can run/climb on/ hang from?

Children who are struggling often have an increased need for routine, which makes them feel secure. Transitions (going from one activity to another) can create particular problems, especially when there is a limited time to do this e.g. getting ready in the morning.

How can you help your child know what to expect from each day? (e.g. talking it through, visual timetable, calendar)

Family

We often forget about ourselves when looking after children, but looking after ourselves is one of the most important ways we can help.

Have you got someone to support you when things are hard?

Do you need help for your own health or mood?

www.getselfhelp.co.uk free online cognitive behavioural therapy

Can you set aside a time for fun?



Does anyone in your family need more time or space at particular times of day?

Are there any battles that are predictable and ways to avoid them?

www.childrensociety.org.uk/news-and-blogs/our-blog/dealing-with-conflict-at-home tips for dealing with conflict

www.familylives.org.uk/about/ online and telephone support around child development, and parenting/relationship support

www.splitz.org/resources/talk-toolkits provides toolkits for addressing family issues.

Learning

Your child's school is best placed to work with you and your child to assess and support their learning needs, so do arrange a meeting with your child's keyworker, teacher, or Special Educational Needs Co-ordinator (SENCo).

Think about what you and your child's learning goals are and how you might meet them.

E.g. I want my child to learn to read so I will spend 10 minutes a day reading with my child.

Have a look at the school age toolkit on www.childrenandfamilyhealthdevon.nhs.uk and make some notes before the meeting on what you think might help your child (there is some space in appendix 7)

Does your child have enough time to complete the task? Children with additional challenges may take longer to learn something for the first time, and might feel pressurised or blamed if they sense someone becoming impatient or frustrated so it is important to be patient and allow lots of time.

If there is difficulty concentrating:

Is the work too easy to too hard?

Do you have a suitable place for learning at home? The fewer distractions the better. Some children may benefit from having a safe 'time out' area that they can choose to go to when they are feeling overloaded. It is also important to build in regular breaks so your child has a chance to get up and move around.

Does your child have any eyesight problems? E.g.

- **Difficulty with reading and catching balls**
- **Light sensitivity/headaches/eye strain? (refer to mearles-irlen checklist in the appendix)**

Does your child have difficulty in noisy environments? (refer to auditory processing checklist in the appendix)

Does your child have difficulty remembering long lists of instructions? Can you break the task into short, simple chunks that are easier to follow and give easy instructions?

This site has games to improve kids' working memory:
www.childhood101.com/short-term-memory-games/

Helping a child concentrate in school

Arrange the classroom to minimise distractions, for example a clear desk, seating pupils away from windows or others.

Include a variety of activities during each lesson, alternating physical and sitting-down activities.

Set short, achievable targets and give immediate rewards when the child completes the task.

Use large type, and provide only one or two activities per page. Avoid illustrations which are not directly relevant to the task.

Choose the child to write ideas or words on the board etc. Give the pupil special responsibilities, so that other children can see them in a positive light, while remaining fair.

Use checklists for each subject, outlining the tasks to be completed, and individual homework assignment charts.

Keep classroom rules clear and simple.

Encourage the pupil to verbalise what needs to be done - first to the teacher and then silently to themselves.

Use teacher attention and praise to reward positive behaviour.

These sites provide more tips on improving concentration.

www.pbs.org/parents/thrive/tips-for-helping-your-child-focus-and-concentrate

www.oxfordlearning.com/how-to-help-child-focus-in-school/

Does school make your child anxious? What do you think makes them uncomfortable?

Are there any friendship problems?

Is there a problem with accepting authority?

Have they ever had an educational psychology assessment, involvement with the school SENCo or do they have an Education, Health and Care Plan (EHC Plan)? (See the appendix for more information or www.babcockldp.co.uk for details of local educational support available from Devon County Council)

Behaviour

All children normally go through phases of difficult behaviour as part of growing up. **This is a sign of need.** As parents we all do our best to look after our children's needs. Equally, children all want to please their parents. It can be deeply upsetting for everyone when these things do not happen. **Remember no one is to blame.**

Some children find certain things very hard and it takes time to work out how best to help.

It is easier to change what we do, than what our children do, especially if we have a child with developmental needs.

Children love any sort of attention. What types of difficult behavior could you ignore, rather than punish?

When, and how could you give your child attention for being well behaved?

Give very **specific praise** for acceptable behaviour e.g. 'that's wonderful - you did that drawing very carefully.' Also give praise in earshot: 'J has been so helpful today'

It can help to use a visual aid such as a pasta jar, or sticker chart. Reward normal expected behavior as well as especially good behavior to help fill up that jar. Review daily, or weekly for older children, and have prizes.



Bad behavior and meltdowns

When we are annoyed, we all usually fail to hide it. Most of us try to:

- Reason with children while they or we are stressed
- Reason as though they are little adults
- Dole out a variety of punishments/threats that last varying amounts of time depending on our mood or place (or sometimes even give in!)

Think of just one small, instant punishment for every negative behaviour (e.g. removing a bit of pasta) – and stick to it.

How can you can recognise your own anger and keep calm?

If you get angry the child will mirror that emotion. Using a quiet, calm tone of voice helps both parent and child to stay calm. Some parents find it helpful to imagine switching on a Perspex shield - which separates them from emotional situations and helps them keep their cool.

Could you agree a “time out” sign and a space for each person, where everyone has a break to calm down? “No talk, no emotion” works best.

For example, choose a comfortable quiet place to be a ‘magic carpet’ or a gate they can hang on. Encourage the child to stay there until calmer. Do not try to hold or restrain a child who is having a temper tantrum, as this usually makes them even more agitated. Distraction works better.



Listening

Do you talk to your child on his/her level? For good tips on talking to children:

www.mother.ly/child/8-expert-tips-talk-effectively-kids

Get down to your child's level and make **eye contact** with your child before trying to talk to him/her. If you call out an instruction from another room he/she may not pay attention.

Keep **instructions simple** - the one sentence rule. Give them time to process each instruction, and then gently check that this has been understood. Break down tasks into instruction

What are some ways you can prevent nagging?

Provide **clear routines** so your child knows what will happen each day. Use charts or lists as reminders of events.

Give clear visual **advance warning** when something is about to finish or change. For example, use buzzers, clocks or pictures to show when something different is going to happen.

Give **two choices only**, avoiding the option of saying no. For example, 'Do you want to put your coat on now or when we get outside?'

Can you find a way of remembering to give your child enough time to respond? Children with developmental problems often take time to switch between tasks. Visual reminders such as an egg timer can help or a 10, 5- and 3-minute warning.

Further resources

www.maudsleycharity.org/familiesunderpressure/ tips on dealing with children's behaviour

www.raisingchildren.net.au advice for tackling a variety of problems in all ages

www.inourplace.co.uk free online parenting courses: enter the code 'tamar'

Telephone: Family support line 03006660126

www.challengingbehaviour.org.uk online parenting support for children with severe learning difficulties.

www.careforthefamily.org.uk/working-with-families/time-out-for-parents-children-with-special-needs-additional-parenting-course online booklets, slides, videos and diary sheets for parents of children aged 3-11 with additional needs.

Appendix 1:

Why does my child have more difficulty than others?

Here is a section to cover what doctors usually ask. Sometimes this can help us understand why your child may have more difficulty than others. Often there is no explanation. Genes play a small part. The experiences that form children's brains begin in the womb, and have long-term effects. We cannot control our own emotions and life events. There is no child that has a perfect genetic make-up or up-bringing.

Write down a few details about:

Your pregnancy with your child.

Were you well? Were you taking any medication? Were you taking any drugs or alcohol?

Your child's birth.

Were they born prematurely? Did they have to go to the neonatal unit/special care baby unit? If so, why and how long were they in hospital?

This site has a useful chart for emotional development (which is often delayed, for example, in babies born slightly early) with links to advice:

www.icdl.com/dir/fedcs/functional-emotional-developmental-levels-basic-chart

Your child's medical history.

Has your child got any medical conditions they see a doctor about regularly? Have they ever been very unwell and admitted to hospital with a serious illness? Have they got any unusual facial features or birthmarks on their skin?

Your family.

Is there anyone else in the family who has any medical, mental health or learning problems?

Difficult circumstances and events.

Babies pick up on how their mothers are feeling, even inside the womb, and this has been shown to have long-term effects on how they react to life outside.

What difficult things have you been through as a family? What age was your child?



Visit wavetrust.org for a short video explaining how early experiences affect a child's health and development.

Adults usually underestimate how much their own struggles affect children. Identify things that are difficult for you, and the people around your child. You may not be able to change them, but it can help to understand.

Are there any current difficulties?
For you?

For your family?

In school?

Appendix 2:

Health checklist

Children may be struggling due to a medical reason. Doctors will ask the following:

When did your child last have a hearing test/sight test?

Are you happy with your child's weight?

Can your child run upstairs without getting breathless?

Do they normally open their bowels once a day?

Does your child have any unusual physical features? E.g. Weight, height, unusual birthmarks e.g. pale or dark patches of skin, facial features

Has any part of your child's development gone backwards?

Do developmental problems run in your family?

Appendix 3:

Sometimes parents are looking for a greater understanding of why one particular child is a certain way. Some want a diagnostic label given, the most well known being ASD (autistic spectrum disorder) or ADHD (attention deficit hyperactivity disorder)

Benefits of a diagnostic label

They can be an easy way to describe your child's behaviour to other people.

Sometimes grouping children into categories can suggest what strategies are likely to help.

Labels can help schools to direct and plan resources, but nowadays, educational plans are based on each individual child's need, rather than them having to fulfil a set of criteria.

Rarely, labels are one piece of a jigsaw of medical problems that make up a genetic syndrome. Identifying this can be helpful in screening for other related problems.

Limitations of a diagnostic label

Medical labels are simplistic and only describe a certain aspect of your unique child.

One child labelled with ASD or ADHD will behave and respond completely different to another. No professional is likely to understand your child better than you.

Medical labels do not explain **why** your child is struggling – they are just a description of **how** they may be struggling.

Specific labels

There are some specific descriptive labels which can be useful, because they explain **what** your child finds difficult and specifically what may help. Examples of these are

Visual processing disorder

Auditory processing disorder

Sensory processing disorder

Attachment difficulties

Specific learning difficulties

Speak to your SENCO if you suspect your child may have any of these.

ASD

ASD stands for Autistic spectrum disorder. Children with autism have difficulties with social and communication skills. They see the world differently, take things literally, and have certain sensitivities. This can lead to anxiety and difficulty for that child in fitting in.

Of course, many children will have aspects of each of these things at various stages of their development. We use the word “spectrum” as there is such a wide variety of children within this group.

The diagnosis is made by a group of professionals interacting and observing your child and scoring their behaviour. With increased awareness, many parents observe aspects of ASD in their child and as a result there has been a huge rise in demand for ASD assessments.

The behaviour shown in ASD and attachment difficulties is very similar. Details of the subtle differences are described in the “Coventry grid”.

<https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/virtualschool/processesandforms/resourcesandpublications/CoventryGrid.pdf>

Children in both categories may have an increased need for reassurance, and warm, understanding parenting with consistent boundaries.

There is a parenting course called “early birds” which is specific for children diagnosed with ASD. Children with attachment difficulties may benefit more from therapeutic parenting.

Other than doing this course, not much will practically change once your child has a diagnosis.

Whether or not a child has ASD, schools have social and communication intervention teams that can offer advice to teachers. Many techniques for ASD will work well for children and there is no harm in trying them out without having to wait for an assessment. You can find them on the following websites:

National Autistic Society website

<https://www.stageslearning.com/pages/free-autism-resources> this has some printable resources for language building, and real-time online support for parents

CDC drop in advice line 01803 655549 offers families support and advice while waiting for autism assessment and afterwards.

ADD/ADHD

This stands for Attention Deficit Disorder, with or without Hyperactivity. It simply describes a child who has particular trouble paying attention and this often goes along with having an increased need for constant movement.

Most children will struggle with attention and hyperactivity at various stages of their lives to varying extents, and this is affected by so many factors: quality of sleep, what is going on around them, what is going on in their lives, how their brains are processing information, and their ability to engage with the activities set.

The diagnosis is made only for children that have persistent symptoms, that affect every aspect of their day and cause particular problems. It is made by a scoring system using two questionnaires, one sent to school and one to home, and a computer test that measures a child's attention, impulsivity and hyperactivity. Results are interpreted by a professional who has also observed the child ideally in a school setting and on several occasions.

Once a diagnosis is made, the child can be started on stimulant medication that helps them pay attention in school. There are often noticeable side effects with medication and there is evidence that it makes little difference to a child's school outcome.

Whether or not your child has a diagnosis of ADHD, teachers have many strategies to help children pay attention as long as they realise that this is a problem for your child. There are also strategies that can be found on the following websites that can help

ADHD and You (Shire): www.adhdandyou.co.uk/

ADHD Foundation: www.adhdfoundation.org.uk

Appendix 4:

Sensory Needs

Some children are particularly sensitive to certain things. This can make them genuinely anxious, uncomfortable or distracted.

Falkirk Children's Services have produced a really useful booklet for parents and carers on understanding sensory behaviour which provides lots of practical tips:

<https://www.falkirk.gov.uk/services/social-care/disabilities/docs/young-people/Making%20Sense%20of%20Sensory%20Behaviour.pdf?v=201507131117>

Sensory Integration Network <http://www.sensoryintegration.org.uk/>

Describe any sensitivities that your child has with the following.

- **Noises**
- **Lights/patterns/colours**
- **Tastes and smells**
- **Textures**
- **Open spaces/ Crowded environments**
- **Does your child have a good sense of awareness, movement and balance?**
- Some children find deep pressure calming and others need their own space when they are upset. **Does your child enjoy being wrapped in a hug?**
- **Are they constantly touching /biting/fiddling with things around them/trying to climb or jump off things?** Some children are constantly looking for sensory feedback from their environment, which can lead to them appearing badly behaved.

Appendix 5:

Visual processing Checklist

If your child has any of the following, contact the optician or ophthalmologist for a trial of coloured overlays that may help them with their work.

Light Sensitivity:

- Bothered by glare, fluorescent lights, bright lights, sunlight and sometimes lights at night

Reading Problems:

- Poor comprehension, Misreads or skips words, Problems tracking from line to line
- Reads in dim light; Avoids reading or computer use
- Reads slowly or hesitantly/Takes breaks/loses place; Words on the page lack clarity or stability; i.e., may appear to be blurry, moving, or disappear

Discomfort:

- Strain and fatigue
- Tired or sleepy
- Headaches, dizziness or nausea
- Fidgety or restless
- Eyes that hurt or become watery

Attention and Concentration Problems:

- Problems with concentration when reading and doing academic tasks
- Often people can appear to have other conditions, such as attention deficit disorder, and are given medication unnecessarily.

Writing Problems:

- Trouble copying
- Unequal spacing/ letter size
- Writing up or downhill
- Inconsistent spelling

Depth Perception:

- Clumsiness, difficulty catching balls or judging distances

Appendix 6:

Auditory Processing Checklist

Difficulty listening/processing and auditory memory check list.

If your child has any of the following, there are special techniques that can be used to filter sound and they may benefit from an auditory processing consultation.

Please tick all that apply,

☐ ☐ Is suspected of having a hearing loss even though hearing is well within the normal range.

☐ ☐ Has difficulty locating a sound source.

☐ ☐ Has difficulty hearing in noisy background and is easily distracted by other noises.

☐ ☐ Is very sensitive to loud noises or feels uncomfortable in noisy places.

☐ ☐ Has difficulty listening when there is more than 1 person talking.

☐ ☐ Confuses similar sounding words.

☐ ☐ Often asks for repetition or clarification and often asks for instructions to be repeated.

☐ ☐ Has difficulty making sense of and focusing on what others are talking about.

☐ ☐ Has difficulty following spoken instructions especially multi-step directions.

☐ ☐ Has difficulty finding words to express themselves.

☐ ☐ Prefers the use of gestures and facial expressions to words.

☐ ☐ May speak with words out of order or muddles sentences (e.g. 'Daddy car red').

☐ ☐ Mispronounced words, especially long words.

☐ ☐ Has a short attention span and forgets information.

☐ ☐ Gets tired of listening and tunes out after a while.

☐ ☐ Performs better in a one-to-one setting.

☐ ☐ Has difficulties taking notes in class.

☐ ☐ Has difficulty with dictation.

Appendix 7:

Education Health and Care Plans (EHCPs)

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 local authority can give a child or young person extra educational support.

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. These assessments can be requested by school, or by parents/guardians via the local authority website.

A number of different professionals will contribute to the assessment such as your consultant paediatrician, speech and language therapist, occupational therapist or physiotherapist, an educational psychologist as well as the child or young person's school.

Not every child with additional needs will need an EHC plan, as the special educational needs (SEN) support in their educational setting may provide the extra help they need. If you feel your child is still making less progress than expected at school, or if a medical condition is impacting upon their ability to engage with education, then please discuss this with school. There are other learning plans that can be put in place.

What do you think will help your child in school?

Appendix 8: Sleep Diary



Day/ Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activities before bedtime							
Time put to bed (record any difficulty)							
Time went to sleep							
Time of waking during the night and how long for							
Time woke for the day and mood on waking							
Record any daytime naps, where, time and length							

Appendix 9: Behaviour Diary

Writing things down can reveal clues. Here is a table for you to describe persistent, problematic behaviours in your child and try to break the cycle. Completing it might give you ideas of how to prevent the behaviour, or deal with it differently. It can help to discuss these ideas with others who know your child e.g. a family member or a teacher at school.

For each of the behaviours, think about when they happen and how you respond. If your child is old enough, you might be able to talk about it with them

What my child does	What happens before?	What happens after?	What can I change?

What my child does	What happens before?	What happens after?	What can I change?

Appendix 10: Tackling problems diary

This is for you to record the nitty-gritty of everyday life. Recording this can help you and your family tease out ways of making things easier. Don't lose heart – the failures teach you as much as the success!

Use the table to describe any scenarios that currently happen, strategies used and whether they work. We have given an example.

Challenge	Strategy	Success	What could I do different next time?
<i>Example:</i> Getting dressed – leads to tantrum and siblings fighting, late for school	<ul style="list-style-type: none"> • talk about it the night before • turning socks inside out and laying clothes out ready • Brother to help sister get dressed and then do a card game 	No -makes her anxious Better but she's cross at change This works but then hard to stop game	Talk about it towards end of breakfast Get her to lay them out herself Change to shorter game

Notes

This is a space to keep track of your child's progress and any changes you have made. Many parents like to review things regularly with your child and a family member and/or teacher, for example each month.

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Our parents, children and young people