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# Boosting the achievement of children in care

Understanding and supporting neurodiversity

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Training notes and materials  
for parents and carers

British Dyslexia Association

Patoss

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Funded by Department for Education

# Notes to Training

## Slide 1

Use this slide to present the context for the training.

This training has been designed by British Dyslexia Association in partnership with Patoss and Bernadette McLean, former CEO of Helen Arkell. It has been funded by the Department for Education.

The training aims to awareness of specific learning differences (SpLD) and the impact that these have, especially when they go unrecognized. It also presents a range of strategies for parents and carers to support children and young people at home.

## Slide 2

This training session is divided into three parts.

In the first part, we'll look at the concept of neurodiversity and how it can help with our understanding of SpLD. We'll share a new animation about dyslexia and discuss how its message applies more broadly across the neurodiversity spectrum.

The second part looks at some of the issues facing many looked after children and young people in education.

And the third part explores ways of identifying and supporting the needs of children and young people who are exhibiting behaviours often associated with SpLD.

## Slide 3

This slide introduces a discussion of neurodiversity.

The yellow star on this slide indicates a suggested activity, in this case, a short discussion around the idea of neurodiversity. How many of the parents / carers in your group have heard this word before? What do they understand by it? Ask delegates to discuss, in pairs or groups, what they understand by the term. You may want to take feedback from this discussion or to move on straight away to the explanation given below.



The term 'neurodiversity' was first coined around 1998/99 and since that date it has come to mean different things to different groups of people. To some, 'neurodiversity' still applies only to the autistic community and even, specifically, to high-functioning autism. To others, it refers to anyone who has a learning difference, such as dyslexia, dyspraxia, ADHD, and so on.

However, we'd like to take a broader view of the term.

## Slide 4

This summarises how the American writer and academic, Nick Walker, defines neurodiversity (please note, it is useful to read quotes aloud for the benefit of any delegates who have problems reading from the slides).

Notice that Walker includes the influence of environmental and personal factors in the development of the human mind.

He goes on to say...

## Slide 5

Note that Walker is including everyone in the human species in his definition of neurodiversity. This is an important point. He isn't just speaking about people who have learning differences; he sees everyone as being part of the spectrum and is calling out for us to respect all the differences which are innate within our species.

This view presents a radical shift from traditional ways of viewing learning differences.

Often, those who learn or think differently have been classed as having a 'disorder'. The Neurodiversity movement, on the other hand, asks us to view these differences as a normal part of human variation and as valuable to human diversity, in the same way as different types of plant or animal life are valuable to bio-diversity.

## Slide 6

\*A useful activity at this point would be small group discussions or whole group Q and As to ensure that the different SpLD included in this diagram are familiar to all delegates.

NB - For further information about each of the conditions listed, draw delegates attention to the Guide to SpLD, available for free download from the BDA website.

Within the spectrum of neurodiversity are learners who may be identified as having SpLD, such as dyslexia, developmental language disorder (previously known as Specific Language Impairment or SLI), ADHD, Dyspraxia/DCD, ASD, or dyscalculia. Other conditions, such as Tourette's syndrome, may also be included in this diagram.

What's important here is to realise that learning differences such as these do not occur in isolation. Back in 2001, the American academic, Bonnie Kaplan, stated that 'In developmental disorders, comorbidity is the rule, not the exception.' When she said this, Kaplan was acknowledging that learning differences overlap, and they do so to the extent that each individual has a unique profile which may combine traits from a number of different 'conditions'.

The consequence of this view is that we can't regard people with dyslexia or dyspraxia or ADHD as being a homogenous group (in the same way as we can't view people who don't have SpLD as being homogenous). Rather, we have to see each person as unique, with their own distinctive profile of strengths and challenges.

## Slide 7

This slide is hyperlinked to the 'See Dyslexia Differently' animation ([www.youtube.com/watch?v=11r7CFIK2sc&t=1s](http://www.youtube.com/watch?v=11r7CFIK2sc&t=1s)).

Introduce the animation by explaining that it has been produced to increase understanding of dyslexia. However, the underlying messages of the animation apply to a range of other SpLD. Many of the traits associated with dyslexia – such as slower processing skills, visual stress, weak working memory, embarrassment, anger and frustration – are also experienced by children and young people with dyspraxia or ADHD. It is also the case that those with other SpLD can have strengths and talents in other areas that we need to recognize and encourage.

You may want to follow up the animation by taking feedback from delegates.

## Slide 8

It is important to note that not all learning difficulties arise from SpLD, and it is not the intention of this training session to imply that this is the case.

FASD, trauma, and attachment issues may play a crucial role in a child's development and, while it is beyond the scope of this training to cover these conditions, it is important that parents and carers are both cognizant of them and alert to the possibility that they may be present in a child or young person's profile.

It is equally important to note that not all research focusses on negative outcomes for young people who have experienced trauma.

Post Traumatic Growth (PTG) has attracted research interest this century. Although the adversity hypothesis is well established, researchers had tended to focus on the negative consequences of traumatic or stressful events – namely Post Traumatic Stress Disorder.

The literature focussed on PTG, however, refers to three reported benefits following adversity. These are:

- finding strength and abilities,
- improving good relationships, and
- a positive change in priorities and philosophies.

The literature and research evidence is mixed when it comes to explaining the link between PTG and wellbeing. Three main hypotheses have been put forward, which are:

- PTG leads to positive life changes and this improves wellbeing,
- PTG does lead to life changes but this is stressful and so leads to lowered wellbeing, and
- PTG is a coping strategy and its effectiveness as a coping strategy mediates the relationship between PTG and wellbeing. Research is inconclusive as to which hypothesis is accurate.

What, then, can we draw on for our Looked After Children? Giving them a sense of worth, security and positive role models can only enhance and increase their life chances. In a home where education is valued and care is taken to value and nurture learning – we can only be giving children and young people the best opportunities. We know many children thrive as good foster care can and does make a difference.

## Slide 9

A place marker for the second part of this training, which looks at some of the issues behind the training, in particular, the educational outcomes for looked after children.

## Slide 10

All foster or adoptive parents and carers want the best for the children and young people in their care. However, it's important to be aware of the challenges they may face.

## Slide 11

This slide presents the percentage of looked after and other children who reach the expected standard at Key Stages 1, 2 and 4.

You may want to explain the graphic to your audience. Each figure represents 10% of children. The red figures are children in care, and the blue, children not in care.

As a looked after child progresses through school, statistics show that they are likely to fall ever further behind their peers. The information below is taken from national statistics provided by the DfE (see references below).

According to National Statistics (March 2017), at Key Stage 1, an average of only 53% of LAC are achieving the expected standard across tests in reading, writing, maths and science. This compares with 78% of non-LAC. That's a difference of 25 percentage points.

By Key Stage 2, the picture has deteriorated, with only 39% of LAC achieving the required standard across tests of reading writing, maths, and SPAG (spelling, punctuation, and grammar), compared with 67% of other children. The difference here is 28 percentage points.

By KS4, the picture is worse still. Only 14% of LAC achieve five or more GCSEs at grades A\* - C, compared with 53% of non-LAC.

Progress at KS4 is now also measured through Attainment 8. Here, the average score for a looked after pupil is only 23, compared with 48 for a non-looked after pupil.

Generally, then it can be seen that the outcomes for LAC worsen as they progress through school.

It is worth noting that by the time these young people leave school the situation worsens again. In 2017, of the 10,870 care leavers aged 19-21, 40% were not in education, training or employment (NEET), compared with 13% of all other 19-21 year olds.

At the same time, the percentage of LAC identified as having Special Educational Needs and Difficulties stands at 57%, compared with 14% in the non-looked after population.

Of the children in care identified with SEN, 27% have an EHCP compared with 3% of all other children.

By far the largest proportion of LAC in this group are identified as experiencing Social, Emotional, and Mental Health issues (followed by Moderate Learning Difficulties and Speech Language & Communication Needs, in that order).

However, a recent survey by Dyslexia Association of Ireland found that 91% of teachers agreed that: 'Unidentified dyslexia can have a huge toll on an individual's self-esteem as their literacy skills fall further and further behind.'

This suggests that, although SEMH issues are those most frequently identified, they may, in some cases, be exacerbated by unidentified SpLD such as dyslexia.

## Slide 12

This slide presents an opportunity to stop and discuss the issues presented so far, as well as those shown on this slide. What do delegates feel about the statistics they've heard and do they agree with the five key issues listed by the Social Exclusion Unit? What may be some of the causes for children missing out on education? What will be the impact on

their learning and social, emotional and mental health? What can parents and carers do to help?

## Slide 13

This slide leads on from the above discussion by introducing the third and final part of this session – Understanding behaviours and supporting your child at home, the key message of the training.

One of the key aspects of the neurodiversity movement is looking beyond the label and understanding the strengths and talents that make up each individual profile. When we're looking at the profile of a child or young person, it's important to see beyond surface appearances; not just for the reasons that may underlie outward facing behaviour, but also for the strengths and talents that may be hidden below the surface.

## Slide 14

One of the greatest challenges for the non-expert is to know the signs to look out for that may indicate that a child or young person is at risk of dyslexia or another learning difference. One of the risks is that, because of a fear of wrongly 'labelling' a child, no action is taken.

To help avoid this situation and to provide a framework through which to observe behaviours that are often associated with SpLD, we've developed the Neurodiversity Profiler.

\*A hyperlink has been added to this slide which will take you to the BDA webpage where you can find all forms of the Neurodiversity Profiler – Early Years, Primary, Secondary, and Post 16 (<http://www.bdadyslexia.org.uk/about/projects/webinar-training-understanding-and-supporting-neurodiversity>).

The profiler is designed primarily for the use of professionals; however, input from the child or young person and their family is essential; therefore, some familiarity with the profiler is recommended for parents and carers.

This slide presents an opportunity to show the profiler and to discuss how it is used.

The neurodiversity profiler is potentially a very useful and powerful tool for use in building a holistic picture of children and young people.

Most important is that it should be used with the child or young person and their parent / carer in a collaborative process. The first step should always be to explain fully and clearly the purpose of the profiler - how it works, and what the results will be used for.

The profiler is part of a process which aims to provide suitable and relevant support for the child or young person. It is crucial that it is followed up by appropriate actions, whether these involve further assessment or support mechanisms and/or interventions in education.

Used properly, the profiler should enable greater understanding both for the individual of their own neurocognitive profile, for their families, and for the professionals who work with them.

For parents and carers, it is important to know that the Neurodiversity Profiler is available as a free tool to be used by social work and virtual school teams. If their child hasn't been through the profiling process, they may want to draw it to the attention of their social worker or school.

## Slide 15

This slide introduces our eight case cameos: Josie aged 5, Olly aged 7, Daisy aged 8, Connor aged 9, Ali aged 11, Dan aged 12, Aimee aged 15, and Carly aged 17.

All share possible unidentified specific learning differences.

For each of our case cameos, upheaval in their lives has caused feelings of anxiety. This, coupled with feelings of guilt, can cause behaviour to deteriorate and learning needs to become increasingly concerning. This situation can only be worsened if the child or young person is struggling with unidentified learning differences which are making their life at school problematic.

Each case cameo presents an opportunity for delegates to consider what strategies might be appropriate to increase the support that can be provided at home.

Profiler results for Connor, Aimee, and Chelsea are provided in the [Appendix](#) of this booklet so that delegates can see how the use of the profiler can provide an enhanced understanding of the child or young person.

## Slides 16 - 31

These slides provide an opportunity for delegates to examine a range of case cameos and to discuss appropriate strategies to help support these children and young people at home.

Each case cameo is supported with a background story and a list of suggested support strategies, available in the [Case Cameos section](#) of this document.

Full examples of the Neurodiversity Profiler Forms A and B, and an example one page Profile are provided for Connor (age 9), Aimee (age 15), and Chelsea (age 17). These can be found in the [Appendix](#).

It is by no means necessary to work through all the examples. You should choose the case cameos whose ages are most relevant to your group.

Provide delegates with:

- background stories for your selected case cameos;
- Neurodiversity Profiler Forms A & B, and one page Profile, where available;
- the booklet, Support Strategies for Parents and Carers;
- the Guide to SpLD (optional).

Begin by reading through the background story. You may wish to read the story out loud to the group before looking at the summary of strengths and challenges presented on the profile slides. When you look at the slide, delegates may wish to suggest other strengths and challenges that they would like to have included.

After considering the profile slide, delegates should work together in pairs or groups, using the Support Strategies booklet, to select appropriate strategies for the child or young person. (If you feel the group needs guidance, you may find it useful to begin by selecting one case cameo to work through together.)

Follow up by either moving straight on to look at the list of suggested support strategies (available as a slide as well as a one page printout); then invite the group to add any suggestions of their own. Or take suggestions first and then look at the list together.

## Slides 32 – 33

There are a number of generic issues which can affect individuals with SpLD - these include attention deficit, weak memory skills, processing issues, and low self-esteem. The support strategies listed here are appropriate for many of these children and young people.

Using simple, clear language helps to support those with developmental language difficulties, dyslexia, dyspraxia, ADHD and ASD. Asking the child or young person to repeat back what you've said to them can be a really useful way to check that they've understood.

Remember that individuals with SpLD can have weak short term and working memory, so chunking information and instructions into one step at a time will help to ensure that they are not overloaded.

Slower processing skills are a feature of many SpLD, so allowing extra time for information to sink in and giving time for the child or young person to formulate a response, is crucial. Try to avoid rushing them or interrupting their thought processes before they have a chance to give you an answer to a question.

All children and young people with SpLD are likely to experience frustration and even anger as a result of the difficulties they experience. Those who have to deal with the additional stress of being in care are likely to be even more prone to these feelings.

Understanding the causes that may underlie challenging behaviour is key to dealing with it. It's also important to remember that other behaviours may have their origin in SpLD; for example:

- difficulties with speech and language may cause the child or young person to seem uncommunicative or rude;

- undiagnosed ASD and associated social differences may give the impression of unfriendliness or rudeness and may cause the child or young person to become more withdrawn and uncommunicative;
- dyslexic or dyspraxic difficulties may lead to problems with organisation, which may be interpreted as willful carelessness;
- poor memory may be wrongly understood as being difficult or 'just not trying';
- an uneven pattern of strengths (e.g. good verbal abilities coupled with poor literacy skills) may also give the impression that the child or young person isn't trying; instead, discrepancies of this kind should act as an alarm bell for SpLD.

At all times, communication is key. Speak to the child or young person and try to find out what makes them tick. Show that you are really interested by listening carefully to what they have to say. Find out what works for them, what they enjoy doing, and respect their differences. Just as biodiversity is essential to the well-being of the planet, so neurodiversity is essential to the success of our species. Demonstrate that you fully embrace this idea and recognise the ways in which all our lives are enhanced and enriched by that diversity. Help the children and young people in your care to see that they have a role to play and are valued for it.

## Slides 34 – 35

These slides list the websites of the principal UK charities who support children and young people with SpLD and their families.

## Slides 36 – 37

The resources listed here provide links to materials which support or are referred to in this training, as well as websites that specialise in products for learners with SpLD.



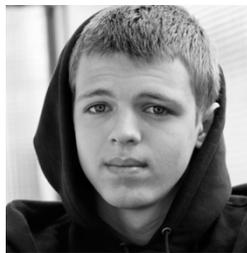
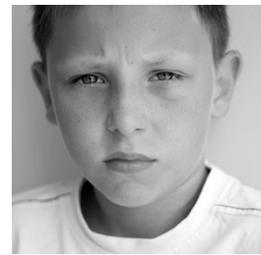
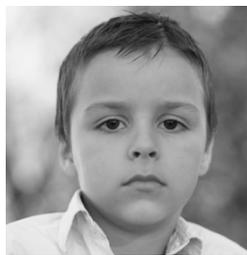
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# Case cameos

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## Case Cameo 1 – Josie

### Josie's story

Josie is 5 and a half and has been in care since the age of 2. She has no contact with her parents.

She has a history of speech difficulties and struggles to express herself; she often answers questions inappropriately and irrelevantly. However, she also has a history of ear infections.

Josie has difficulty with a number of physical activities, such as learning to ride a bike, and catching a ball. She also tends to be clumsy and often bumps into things.

At school and home, she hasn't learned nursery rhymes and can't remember songs for school concerts. She also often has difficulties with instructions and concentration; she seems to constantly need to fiddle with something.

On the positive side, Josie likes playing games and doing puzzles. She is popular and has a lot of good friends.

## Josie – suggested support strategies

Problem	Support strategy
Speech difficulties & ear infections	<ul style="list-style-type: none"> <li>• Refer to GP for hearing check.</li> <li>• Ask at school for assessment for Speech, Language and Communication issues.</li> <li>• Help Josie to develop her language skills by modelling what you want her to say.</li> <li>• Read stories to Josie and talk about them so that she can develop her vocabulary.</li> <li>• Play word games, especially involving rhyme.</li> <li>• Sing songs and nursery rhymes together; develop her awareness of rhythm by playing clapping games.</li> </ul>
Difficulties with gross motor skills	<ul style="list-style-type: none"> <li>• Give Josie plenty of support at home with practical and physical activities.</li> <li>• Let the school know about Josie’s problems with motor skills so that they can avoid putting her into situations where she is challenged.</li> </ul>
Concentration and remembering instructions	<ul style="list-style-type: none"> <li>• Only give Josie one instruction at a time to avoid overloading her memory.</li> <li>• Allow her to fiddle with a pipe cleaner or elastic bands and let her school know that this can help her concentration.</li> </ul>

## Case Cameo 2 – Olly

### Olly's story

Olly is 7 years old and has been in care with the same family since he was 4.

He is an August birthday so is one of the youngest in his Year 3 class, though, because he is a large child, he looks older than his age.

He mentions when reading that he can't keep his place at the end of a line and he often jumps more than one line and loses his place. There are no identified sight issues, although he does have a weak eye muscle in his right eye for which he has been given exercises; this has improved the problem but it is not yet resolved.

Olly is left-handed. When younger, he had difficulties with activities such as doing jigsaw puzzles and colouring / drawing. He also had problems tying his shoelaces (this made him very frustrated but he thought it was because he is left handed).

At school, Olly has difficulties with following verbal instructions and seems to find it hard to concentrate.

He has complained that he finds it impossible to learn his times tables even though he has always been good at maths.

He also has difficulties copying from blackboard and this is having an effect on his ability to keep up with class work and to note down his homework.

Olly has had recurrent ear infections and glue ear and his hearing is tested quite often. At the last check he was considered to be in the normal range. The glue ear resolved without grommets.

In spite of this, Olly often mumbles and doesn't always hear sounds "normally". He can mishear words and get things wrong but, when he hears correctly, he fully understands. He loves playing Minecraft and all sports, and enjoys nature programmes about animals. He is interested in science and space and enjoys doing experiments.



## Olly – suggested support strategies

Problem	Support strategy
<p>Ongoing hearing difficulties</p> <p>Motor skills</p> <p>Reading difficulties</p> <p>Following instructions</p> <p>Learning times tables</p> <p>Copying from the blackboard</p> <p>Self-esteem</p>	<ul style="list-style-type: none"> <li>• Arrange for Olly’s hearing to be re-checked.</li> <li>• Try using tools designed for left-handed people.</li> <li>• Arrange for Olly to be checked by an optometrist.</li> <li>• Show Olly how to use a bookmark or ruler to help him keep his place when reading.</li> <li>• Experiment with using different colour overlays or tinted paper.</li> <li>• Give Olly one instruction at a time; ask him to repeat back to you what you’ve said. Ensure his teacher knows about his memory difficulties.</li> <li>• Olly finds rote learning difficult, so teach him how to use resources such as multiplication squares to support his understanding.</li> <li>• Negotiate with the school for Olly to be allowed to use a calculator.</li> <li>• Ask the school to provide Olly with a printout so that he doesn’t have to copy from the board.</li> <li>• Talk to Olly about his learning difficulties and ensure that he knows he is not stupid – he learns differently from others.</li> </ul>

## Case Cameo 3 – Daisie

### Daisie's story

Daisie is 8 years old and has lived with three different families since she was first taken into care at the age 3.

She has recently gone to live with a new family and this has caused her to move to a new school. Teachers there are concerned that Daisie is finding it difficult to link letters and sounds and, although she is having extra help at school, she is still finding decoding very effortful. Her parents have noticed that she can sound words out but then finds it difficult to blend the sounds together. As a consequence she cannot really understand what she is reading; she tries to guess what the words are but this does not always work.

Her strengths are in maths, and all sporting activities, as well as dancing.



## Case Cameo 4 – Connor

### Connor's story

Connor is 9 years old and has two younger siblings. He has been in care for 18 months, but only recently moved to his current placement and new school.

At the PEP review (at his previous school) concern about his literacy skills was raised. His new foster carers have observed that Connor continually moves his head close to, then away from, a book as he tries to read. They are very committed to helping him settle and their focus is on his emotional well-being as they feel progress with learning will follow only after he has adjusted to the new school.

His social worker, however, is worried that he is falling behind. She arranged for Connor and his carers to work with her to complete the Neurodiversity Profiler to try to connect with him and understand why he is finding school so challenging.

Connor sat with his social worker to complete Part B of the profiler; they talked together about his likes and dislikes. In the process, Connor confided that he is really upset that he can't read; he said, 'I'm stupid', and because of that he can't have any friends.

He also spoke about how much he loves animals and misses the pets he used to have at home. He also really misses his younger brothers.

Connor's Neurodiversity Profiler Forms A and B and single page profile are available in the Appendix.

## Connor – suggested support strategies

Problem	Support strategy
<p>Lack of friends</p> <p>Apparent difficulty with reading</p> <p>Self-esteem</p>	<ul style="list-style-type: none"> <li>• The foster carer hadn't realised that the Local Offer (part of the Local Authority SEN information) described the cub group Connor could attend as one that specialises in supporting children with additional needs. They're now keen to offer this possibility.</li> <li>• Circle of Friends intervention to widen and reinforce the positive aspects within his profile. With appropriate training for the adults this could be developed in the cub group context.</li> <li>• Explore the possibility of buying Connor a pet.</li> <li>• Arrange an appointment with an optometrist to check for visual stress issues.</li> <li>• Support Connor to use the school and local library and to choose stories / factual books about animals and any other subjects that interest him.</li> <li>• Read aloud to Connor and encourage a love of books by discussing the stories and language with him.</li> <li>• Experiment with using coloured overlays, tinted paper, and a tinted background on the computer screen.</li> <li>• Reassure Connor that he is not stupid, he just has a different way of learning.</li> </ul>

## Case Cameo 5 – Ali

### Ali's story

Ali is 11 years old.

He has been in foster care since he was five and little is known about his parents.

However, he has settled well with his carers and developed good relationships with their children.

Ali is in year six and for the last year he has been increasingly unhappy about going to school.

He has homework that he says is too difficult for him and now he is being expected to read information across the curriculum when he has not really mastered the rudiments of literacy.

He seems to have memory problems; for example, he cannot remember his house number or his birthday, and is unsure what day of the week it is.

Ali's spelling is immature. Although he manages to learn the spelling lists he is set for homework, he does not transfer these spellings through to his written work.

In maths, he has had difficulty mastering simple number bonds.

He says that sitting in the classroom and trying to listen to the teacher is too hard for him.

The only lesson he enjoys is Art.

He has friends at school and he is happy when he is in the playground and being active, but he is aware that he is falling behind his classmates and this is making him unhappy.

His carers are concerned that Ali has tummy upsets in the morning and has started to bed wet.

## Ali – suggested support strategies

Problem	Support strategy
Literacy problems	<ul style="list-style-type: none"> <li>• Read aloud to Ali or use paired reading techniques to encourage him to join in.</li> <li>• Support Ali’s spelling by talking about words when you read together.</li> <li>• Tap into Ali’s love of drawing and painting by getting him to draw a picture showing words from the same family (e.g. right, light, fight, etc)</li> <li>• Organise a trip to the library to investigate whether some of these curricular areas might be presented in a more visual format, or research what is available on YouTube videos.</li> </ul>
Numeracy	<ul style="list-style-type: none"> <li>• Use concrete materials to help Ali practise his numeracy skills; make use of everyday situations, such as laying the table, cooking, sorting the washing, etc. to practise arithmetic.</li> </ul>
Organisation	<ul style="list-style-type: none"> <li>• Work with Ali on creating visual planners showing the timetable for the week and what he needs each day.</li> <li>• Provide a calendar or annual plan so that he can see a count time to his birthday.</li> </ul>
Anxiety and mental health	<ul style="list-style-type: none"> <li>• Arrange a visit to the GP to discuss anxiety issues.</li> <li>• Discuss Ali’s issues with his school; see if homework can be adapted to make it more manageable for him.</li> </ul>
Self-esteem	<ul style="list-style-type: none"> <li>• Make plenty of time for leisure activities where Ali can demonstrate his strengths.</li> </ul>

## Case Cameo 6 – Dan

### Dan's story

Dan is 12 years old and has been in foster care since he was seven.

He was initially unhappy with his new family as he had been separated from his sister, to whom he was very attached. There is no contact now between these siblings, and although Dan used to talk about his sister, he hasn't mentioned her in a long time.

Primary school was uneventful in terms of Dan's achievement; he mastered early decoding and, with effort, learned his times tables. Some comments were made about his lack of understanding in maths and reading comprehension activities but he never received any investigation or support for these observed difficulties.

Dan had a history of speech and language difficulties as a child and still mumbles a lot in his speech. Little is known about whether he received any treatment for these difficulties as a child, and there are no known written reports. He is not very talkative and tends to just shrug his shoulders if asked how he is getting on at school.

Dan is now in his first year at secondary school. His new school seems to expect more in the way of achievement and this, combined with the increased curriculum and a range of teachers, is clearly beginning to cause more pressure. Because there are no siblings for his carers to compare him with, they are unsure of his progress, but they have noticed that he is now spending more time in his room with his Play Station rather than joining them for some television shows that they had previously shared together. There is no evidence that he is forming new friendships in his new school. Few other children from his old school have transferred to this particular school.

Dan's carers have also noticed that he has become very picky about his eating as well as showing no interest in his clothing or his appearance. They are beginning to worry about adolescence and more emotional problems. When he was younger, Dan relished opportunities for all sporting activities, which his carers tried to encourage and facilitate. They would like to encourage him to take up these interests again in his new school.

## Dan – suggested support strategies

Problem	Support strategy
Social and behavioural issues	<ul style="list-style-type: none"> <li>• Continue to arrange for leisure activities which involve sport and the opportunity for Dan to build up friendships based on shared interests.</li> <li>• Consider a birthday activity for Dan where he asks children from his new class.</li> <li>• Think about playing board games, nothing taxing but simply involving turn taking and creating a non-threatening opportunity to engage in simple conversation.</li> <li>• Involve Dan in household activities, such as preparing meals or gardening.</li> </ul>
Possible learning difficulties	<ul style="list-style-type: none"> <li>• Discuss possible anxiety issues with Dan’s social worker.</li> <li>• Talk to Dan’s school about comprehension and language difficulties. Suggest further investigation as no records remain from early childhood.</li> <li>• Find out what support is available and what extra-curricular activities might be appropriate.</li> <li>• Ask if there is a homework club where he could do his homework with some of his peers.</li> </ul>

## Case Cameo 7 – Aimee

### Aimee's story

Aimee is 15 years old. She is an only child of a single mother who has a life limiting medical condition and this necessitated Aimee being taken into care 6 months ago. She is extremely anxious about her mum, as is understandable, and likes to text her frequently to check that she's ok.

Her foster carer has noticed that she is very clumsy and has difficulty with using cutlery, scissors and pens/pencils; her handwriting is barely legible.

Aimee often complains of tummy ache and is reluctant to attend school on some days. These days seem to follow a pattern and are linked to activities requiring any quantity of hand written work.

Aimee often complains about being tired. She rarely finishes any work and homework is often not completed. However, she has good ideas and is able to talk about these very confidently at home.

Aimee's teacher felt it would be useful for her to complete the Neurodiversity Profiler, along with her carers.

The profiler highlighted that Aimee has a number of behaviours consistent with dyspraxia, which should be supported.

While completing Form B of the Profiler, Aimee also revealed that, at her previous school, she was a member of the school choir and often performed in school concerts. This is something that she now really misses.

Aimee's Neurodiversity Profiler Forms A and B and her single page profile are available in the Appendix.

## Aimee – suggested support strategies

Problem	Support strategy
Often tired	<ul style="list-style-type: none"> <li>• Check sleeping habits and diet.</li> <li>• Limit phone usage at night; phone to be left downstairs at bedtime.</li> <li>• Aimee to message her mum between 4:00 - 6:00pm; mum’s carer to take a lead responsibility so Aimee knows every day that her mum is thinking of her.</li> </ul>
Difficulty with fine motor skills	<ul style="list-style-type: none"> <li>• Seek advice from an occupational therapist.</li> <li>• Seating – make sure Aimee is positioned with her bottom at the back of the chair and her feet on the floor; the table should be at correct height - able to rest her forearms comfortably with shoulders relaxed.</li> <li>• Tools – writing tools should be the correct weight for the Aimee’s hand. Encourage Aimee to try out different styles to find which works best for her. Aimee should also be allowed to use a laptop to complete work whenever possible.</li> </ul>
Missing taking part in musical activities.	<ul style="list-style-type: none"> <li>• Aimee’s Head of Year will be asked to facilitate greater involvement with school music department and support Aimee in auditioning for a role in the upcoming school musical.</li> </ul>

## Case Cameo 8 – Chelsea

### Chelsea's story

Chelsea is now 17 and has had many moves of school since she was 9 years old. The types of school have varied between very small village schools, large primaries, a Pupil Referral Unit and finally a newly opened academy. She didn't do well in her GCSEs but has just started a hairdressing course at her local FE college.

Chelsea has no contact with her parents. She remembers that her mum was a hairdresser and she has always been fascinated by hair colours and styles. She has excellent practical skills – quickly picking up how to make and create when it's a 'hands on' activity. This extends to an enjoyment of practical activities at home, such as cooking and baking. However, she does get stressed with too many instructions. When this happens she can get very emotional and argumentative.

She is also becoming stressed by some of the technical requirements of her course, such as applying ratios when preparing dyes. Her tutor has noticed she reverses numbers (e.g. 12, 21) and freezes when any maths is required. Chelsea says 'maths is a waste of time' and nothing to do with hairdressing. She is questioning why she has to do more when she hated the subject at school.

Chelsea's neurodiversity profiler has indicated that she is dyslexic and has particular difficulties with auditory and visual-spatial memory. This appears to be the main cause of her difficulties and frustration with maths and her problem with retaining instructions.

Chelsea's Neurodiversity Profiler Forms A and B and her single page profile are available in the Appendix.

## Chelsea – suggested support strategies

Problem	Support strategy
<p>Maths difficulties.</p> <p>Difficulties with memory.</p> <p>Moodiness and arguing.</p>	<ul style="list-style-type: none"> <li>• Use Chelsea’s interests, such as cooking, to practice using ratios and measurements.</li> <li>• Avoid giving Chelsea multiple instructions simultaneously.</li> <li>• Break information into small chunks.</li> <li>• Use visual reinforcements, e.g. pictures, to support verbally presented or written information.</li> <li>• Try to understand and empathise with the root causes of Chelsea’s mood issues.</li> <li>• Support, rather than criticise, her difficulties with maths and memory.</li> <li>• Boost Chelsea’s self-esteem by encouraging her to do the things she is good at. Remind her that her difficulties are not due to her being stupid, but are because she learns differently to others.</li> <li>• Use positive role models, e.g. celebrities who are dyslexic, to help boost Chelsea’s confidence.</li> </ul>

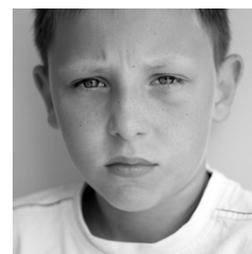
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# Appendix

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# ABOUT ME



Name: Connor

DoB: 7/9/2008

## My story

I am 9 years old and I have two brothers, Charlie is six and Nathan is four. They don't live in the same house as me. I've been in care for more than a year and have just moved to a new family and a new school. I don't have many friends at school and I don't like it there. The other kids laugh at me because I can't read well and can't keep up with the work.

I miss my brothers and the pets we used to have at home with my mum.

## Results from the Neurodiversity Profiler Form A

Difficulties identified in the areas of

- Speech & Language – phonological awareness, vocabulary, fluency of speech
- Literacy – reading, spelling, writing
- Behaviour – attention, self-esteem, anxiety, friendships

Difficulties consistent with possible Dyslexia and / or Developmental Language Disorder. Further investigation recommended.

## Support strategies

Things I find difficult	How you can support me
Self-esteem	<ul style="list-style-type: none"> <li>• Remember that I am not stupid; I just have a different way of learning.</li> </ul>
Reading	<ul style="list-style-type: none"> <li>• Give me colour overlays or print materials on tinted paper</li> <li>• Use a large, clear font for written materials</li> <li>• Don't ask me to read in front of people</li> <li>• Read with me and help me with the words I don't know</li> </ul>
Writing	<ul style="list-style-type: none"> <li>• Allow me extra time to complete tasks</li> </ul>
Spelling	<ul style="list-style-type: none"> <li>• Be patient and never call me stupid!</li> <li>• Help me to sound out words and remember spelling patterns</li> </ul>
Attention	<ul style="list-style-type: none"> <li>• Allow me to sit at the front of the class</li> <li>• Give me one instruction at a time</li> </ul>
Things I enjoy	How you can use these to help me
Playing with animals	<ul style="list-style-type: none"> <li>• Help me to use the library and to choose books and stories about animals</li> </ul>
Playing outdoors	<ul style="list-style-type: none"> <li>• Help me to join in with outdoor activities</li> </ul>



## Connor – Neurodiversity Profiler Form A

Dyslexia, Developmental Language Disorder (DLD)	Difficulty with phonological awareness	sometimes
Dyslexia, Developmental Language Disorder (DLD)	Difficulty in finding the right word to describe things	sometimes
Dyslexia, Developmental Language Disorder (DLD)	Mispronounces words	sometimes
Dyslexia, Developmental Language Disorder (DLD)	Needs additional time to produce an oral response	sometimes
Dyslexia, Developmental Language Disorder (DLD)	Responds to social interaction but does not initiate it	often
Developmental Language Disorder (DLD)	Slow or struggles to respond when given an instruction or asked a question	sometimes
Developmental Language Disorder (DLD)	Difficulties understanding non-literal language such as idioms, metaphors and multiple meanings	sometimes
Developmental Language Disorder (DLD)	Might respond to just part of an instruction, usually the beginning or end	sometimes
Developmental Language Disorder (DLD)	Difficulty learning and using new words	sometimes
Developmental Language Disorder (DLD)	Knows a word but can't remember it or says a word that's similar	sometimes
Developmental Language Disorder (DLD)	Difficulty making longer sentences	sometimes
Developmental Language Disorder (DLD)	Sentences sound muddled or confused	sometimes
Developmental Language Disorder (DLD), Trauma	Pauses a lot while talking or restarts sentences	sometimes
Developmental Language Disorder (DLD)	Finds it hard to understand and make up stories	sometimes
Developmental Language Disorder (DLD)	Difficulty joining in and keeping up with conversations	sometimes
Developmental Language Disorder (DLD)	Loses track of what they are saying mid sentence	sometimes
Trauma	Lack of fluency in reading	often
Dyslexia	Inaccurate word decoding	often
Dyslexia	Difficulty with reading comprehension	often
Dyslexia, DLD	Lack of enjoyment of reading	often
Dyslexia, DLD	Persistent and marked difficulty with spelling	often
Dyslexia	Takes longer than average to complete written tasks	often
Dyslexia, Dyspraxia/DCD	Difficulty copying from the board	often
Dyslexia, Dyspraxia/DCD	Written work doesn't reflect verbal ability	often
Dyslexia, Dyspraxia/DCD, DLD	Mixes up similar looking numbers	sometimes
Dyscalculia	Often good with practical tasks	often
Dyslexia, DLD	Has obvious good/bad days	sometimes
Dyslexia	Low self esteem	often
Dyslexia, Dyspraxia/DCD, DLD, ASD, Trauma	Classwork rarely finished	sometimes
Dyslexia, Dyspraxia/DCD	Attention difficulties	often
Dyspraxia/DCD, ADHD, Dyslexia, DLD, Trauma	Not seeming to listen when spoken to directly	sometimes
ADHD, DLD, Trauma	Easily distracted by extraneous stimuli	sometimes
ADHD, Trauma	Forgetful in daily activities	sometimes
ADHD, Trauma	Appears inattentive/day dreamer	sometimes
ADHD, Trauma	Difficulty sustaining attention in tasks	sometimes
ADHD, DLD	Difficulty reading social interactions	sometimes
Autism Spectrum Disorder (ASD)	Difficulty maintaining friendships	often
ASD	Resistant to change	sometimes
ASD	Experiences anxiety and heightened behaviours in new situations	sometimes
ASD	Difficulty joining in and following games	sometimes
DLD	Hypervigilant and aware of changes in environment	sometimes
Trauma	Takes longer to process information	sometimes
Dyspraxia/DCD, DLD		



## Connor – Neurodiversity Profiler Form B

This is how I feel about these activities

Really like it.  
Love doing this.



It's ok.  
Quite like it.



Not sure.  
Have never done it.



Really don't like it.  
It's boring.



"It's scary."  
Don't want to do it."



	Really like it. Love doing this.	It's ok. Quite like it.	Not sure. Have never done it.	Really don't like it. It's boring.	"It's scary." Don't want to do it."
Making up and telling stories				✓	
Writing				✓	
Drawing, painting, or photography		✓			
Making things e.g. models		✓			
Cooking or baking			✓		
Singing				✓	
Playing a musical instrument				✓	
Drama					✓
Sports	✓				
Dancing				✓	
Swimming		✓			
Being with my friends		✓			
Outdoors activities	✓				
Watching TV		✓			
Playing computer games	✓				
Talking to adults				✓	
Learning facts about my favourite hobby			✓		
Doing sums or solving problems				✓	
Coding			✓		
Looking after younger children		✓			
Looking after animals	✓				
Being on my own		✓			
Reading books				✓	
Chatting with my friends		✓			
Listening to the teacher talking				✓	
Telling the teacher my ideas			✓		
Walking my dog	✓				



# PROFILE



Name: Aimee

DoB: 16/6/2002

## My story

My name is Aimee and I'm 15 years old. I've been in care since the summer because my mum is too sick to look after me.

I'm worried about my mum because I'm not there to look after her. We text each other every day, though.

My favourite subject is music and I really enjoy singing. When I'm singing, I forget about everything else. At my old school, I was in the choir and we sang in concerts. Once I got to sing solo and that was cool.

## Results from the Neurodiversity Profiler Form A

Difficulties identified in the areas of

- Praxis – fine and gross motor skills; posture / hypermobility; stamina
- Occasional difficulties with organization & time management; self-esteem.  
Difficulties consistent with possible Dyspraxia/DCD. Further investigation recommended.

## Support strategies

Things I find difficult	How you can support me
Self-esteem	<ul style="list-style-type: none"> <li>• Remember that I am not stupid; I just have a different way of learning.</li> </ul>
Writing by hand	<ul style="list-style-type: none"> <li>• Allow me to use a laptop or pen grip</li> <li>• Make sure my table and chair are at the correct height</li> <li>• Don't criticise my hand-writing</li> <li>• Mark my written work for content rather than presentation</li> </ul>
Using tools	<ul style="list-style-type: none"> <li>• Show me how to use tools for practical activities</li> </ul>
Co-ordination	<ul style="list-style-type: none"> <li>• Take time to allow me to learn how to do things. Don't shout at me or make fun of me if I'm clumsy and make mistakes.</li> </ul>
Things I enjoy	How you can use these to help me
Music & singing	<ul style="list-style-type: none"> <li>• Encourage me to take part in the school choir and to join in with musical events</li> </ul>
Being with friends	<ul style="list-style-type: none"> <li>• Allow me to work in a group with my friends when possible</li> </ul>

## Aimee – Neurodiversity Profiler Form A

Poor structure/organisation of written work	Dyslexia, DLD	sometimes
Difficulty copying from the board	Dyslexia, Dyspraxia/DCD	sometimes
Slow speed of writing	Dyslexia, Dyspraxia/DCD	often
Difficulties handling tools and equipment	Dyspraxia/DCD	often
Movements appear awkward/effortful	Dyspraxia/DCD	often
Handwriting difficulties (speed)	Dyspraxia/DCD	often
Handwriting difficulties (presentation)	Dyspraxia/DCD	often
Poor posture/hypermobility	Dyspraxia/DCD	often
Lack of stamina	Dyspraxia/DCD	often
Struggles with team games	Dyspraxia/DCD	sometimes
Unexplained problems with mobility, coordination or balance	Trauma	often
Stiffness in body posture, possibly with lack of sensitivity / numbing in parts of the body	Trauma	sometimes
Has obvious good/bad days	Dyslexia	sometimes
Low self esteem	Dyslexia, Dyspraxia/DCD, DLD, ASD	sometimes
Appears inattentive/day dreamer	ADHD, Trauma	sometimes
Difficulty sustaining attention or completing tasks	ADHD	sometimes
Resistant to change	ASD	sometimes
Experiences anxiety and heightened behaviours in new situations	ASD	sometimes
Poor time management	Dyslexia, Dyspraxia/DCD	sometimes
Loses things and is disorganised	Dyslexia, Dyspraxia/DCD, ADHD	sometimes
Sudden and dramatic changeability in mood or demeanour	Trauma	sometimes



## Aimee – Neurodiversity Profiler Form B

How do you feel about each of the following?	Really enjoy	Quite enjoy	Don't mind	Don't enjoy	Really don't enjoy
Speaking in public, e.g. debating, making a speech, speaking in class				✓	
Vlogging or making youtube videos				✓	
Using social media	✓				
Writing stories, keeping a diary or blogging			✓		
Drawing, painting, or photography				✓	
Cooking and / or baking				✓	
Sewing, knitting or dressmaking				✓	
3D design, e.g. pottery, sculpture, making				✓	
Car, motorbike, or bike maintenance					✓
Singing	✓				
Making music, e.g. playing an instrument, sampling, DJ, etc	✓				
Drama		✓			
Dance		✓			
Fashion, make-up, or hairdressing		✓			
Learning a foreign language					✓
Individual sports, e.g. athletics, tennis, body-building					✓
Team sports, e.g. football, netball, rugby					✓
Swimming					✓
Spending time with my friends	✓				
Outdoors activities e.g. walking, climbing, sailing				✓	
Playing computer games			✓		
Spending time with adults			✓		
Learning facts about my favourite hobby			✓		
Solving mathematical problems				✓	
Computer coding					✓
Looking after young children or the elderly			✓		
Looking after animals			✓		
Being on my own		✓			
Being in a group	✓				
Reading - books, magazines, etc		✓			
Lessons where the teacher does lots of talking			✓		
Answering questions in class (especially when I've no time to think)			✓		
Chatting to people I don't know		✓			
Spending time with my mum	✓				

# PROFILE



Name: Chelsea

DoB: 4/3/2000

## My story

I'm Chelsea and I'm 17. I've been in care since I was 9 years old so I've moved about a lot. I'm not in touch with my mum and dad.

I took my GCSEs last year and the results weren't as good as they should have been, but I'm doing a course in hairdressing now at a local FE college. My mum was a hairdresser and I think I must take after her because I've always loved hair colours and styles. I love coming up with different styles. My ambition is to work for a really good stylist and then, eventually, to start up my own business.

## Results from the Neurodiversity Profiler

Difficulties identified in the areas of

- Speech & Language – remembering and following instructions; complex vocab.
- Literacy & Numeracy – maths and number.

Some issues with attention, organization, and memory.

Difficulties consistent with possible dyscalculia (and dyslexia?). Further investigation recommended.

## Support strategies

Things I find difficult	How you can support me
Self-esteem	<ul style="list-style-type: none"> <li>• Remember that I am not stupid; I just have a different way of learning.</li> </ul>
Maths	<ul style="list-style-type: none"> <li>• Use concrete examples to teach me about maths; help me to revise things I don't understand</li> </ul>
Mixing up numbers	<ul style="list-style-type: none"> <li>• Give me extra time to read numbers; try using colours to help me discriminate</li> </ul>
Remembering instructions	<ul style="list-style-type: none"> <li>• Give me a maximum of 2 instructions at a time</li> <li>• Use images &amp; pictures to help me remember things</li> </ul>
Time management	<ul style="list-style-type: none"> <li>• Help me to prepare a timetable and log my tasks</li> </ul>
Things I enjoy	How you can use these to help me
Hair styling	<ul style="list-style-type: none"> <li>• Relate maths problems to subjects and situations that I enjoy and help me to see how I can use maths concepts in real life</li> </ul>
Fashion	
Cooking	

## Chelsea – Neurodiversity Profiler Form A

Difficulty following instructions	Dyslexia, Dyspraxia/DCD	sometimes
Slow to answer when spoken to, or needs to ask for information to be repeated	Dyslexia, DLD	sometimes
Difficulties learning and understanding more complicated vocabulary	Dyslexia, DLD	sometimes
Longer pieces of speech or writing don't have enough detail or are hard to follow	DLD	sometimes
Prefers practical tasks at school but finds the language for these difficult	DLD	often
Poor structure/organisation of written work	Dyslexia, DLD	sometimes
Checks and re-checks answers to questions	Dyscalculia	often
Confusion with number direction, e.g. 92 or 29	Dyscalculia, Dyslexia	often
Fixed into one method of working out calculations	Dyscalculia	often
Difficulty recognising the appropriate mathematical strategy	Dyscalculia	often
Difficulties with the concept of space and/or direction	Dyscalculia	sometimes
Takes a long time to complete mathematical tasks	Dyscalculia	often
Problems with estimating	Dyscalculia	often
Problems with the planning of maths activities	Dyscalculia, Dyslexia, DLD	often
A poor understanding of place value and its use in calculations	Dyscalculia	often
Poor practical application of maths, e.g. money	Dyscalculia	often
Problems with orientation/direction/maps/diagrams	Dyscalculia	sometimes
Mixes up similar looking longer numbers	Dyscalculia	often
High levels of debilitating anxiety related to maths	Dyscalculia	often
Problems copying numbers and geometric shapes	Dyscalculia	often
Difficulties recalling basic maths facts/equations/times tables	Dyscalculia	often
Poor concept of time and reading analogue clocks/watches	Dyscalculia, Dyslexia	sometimes
Poor ability to carry out mental maths tasks	Dyscalculia	often
Directional difficulties	Dyspraxia/DCD	sometimes
Inconsistent performance	Dyslexia	sometimes
Low self esteem	Dyslexia, Dyspraxia/DCD, DLD, ASD, Trauma	sometimes
Inability to control emotions	ADHD, Trauma	sometimes
Appears inattentive/day dreamer	ADHD, Trauma	sometimes
Difficulty remembering sequential information	Dyslexia	sometimes
Weak short term memory and/or working memory	Dyslexia	sometimes
Takes longer to process information	Dyslexia, Dyspraxia/DCD, DLD, ASD	sometimes
Poor concept of time	Dyslexia, Dyspraxia/DCD	sometimes
Difficulty in organising tasks/activities or knowing where to start	Dyslexia, Dyspraxia/DCD, ADHD	sometimes
Difficulty working independently and prioritising	Dyslexia, Dyspraxia/DCD, ADHD	sometimes



## Chelsea – Neurodiversity Profiler Form B

How do you feel about each of the following?	Really enjoy	Quite enjoy	Don't mind	Don't enjoy	Really don't enjoy
Speaking in public, e.g. debating, making a speech, speaking in class			✓		
Vlogging or making youtube videos			✓		
Using social media	✓				
Writing stories, keeping a diary or blogging				✓	
Drawing, painting, or photography				✓	
Cooking and / or baking	✓				
Sewing, knitting or dressmaking		✓			
3D design, e.g. pottery, sculpture, making			✓		
Car, motorbike, or bike maintenance					✓
Singing					✓
Making music, e.g. playing an instrument, sampling, DJ, etc					✓
Drama			✓		
Dance			✓		
Fashion, make-up, or hairdressing	✓				
Learning a foreign language					✓
Individual sports, e.g. athletics, tennis, body-building			✓		
Team sports, e.g. football, netball, rugby		✓			✓
Swimming		✓			
Spending time with my friends	✓				
Outdoors activities e.g. walking, climbing, sailing					✓
Playing computer games				✓	
Spending time with adults			✓		
Learning facts about my favourite hobby				✓	
Solving mathematical problems					✓
Computer coding					✓
Looking after young children or the elderly			✓		
Looking after animals			✓		
Being on my own			✓		
Being in a group	✓				
Reading - books, magazines, etc		✓			