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# Boosting the achievement of children in care

Understanding and supporting neurodiversity

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Training notes and materials  
for social work and virtual school teams

British Dyslexia Association

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Funded by Department for Education

# Notes to Training Part 1

## Materials

- Boosting the achievement of children in care, Part 1 – slides
- Neurodiversity Profiler (primary, secondary, post 16)

All materials are available for free download from

[www.bdadyslexia.org.uk/about/projects/webinar-training-understanding-and-supporting-neurodiversity](http://www.bdadyslexia.org.uk/about/projects/webinar-training-understanding-and-supporting-neurodiversity)

## Slide 1

Use this slide to present the context for the training.

This is the first of two webinars designed for professionals - social workers and virtual school teams - who work with looked after children. Our aim in developing this training is to increase awareness of neurodiversity so that specific learning differences (SpLD), such as those associated with dyslexia, dyspraxia, dyscalculia, developmental language disorder, and so on, can be identified and effective support strategies put in place at as early a stage as possible.

These support strategies will be linked to case cameos that focus on children and young people across the age ranges - from primary to post 16, and these will form the basis of the second part of the training.

## Slide 2

This slide presents an overview of the content of Part 1.



'Defining the challenge' highlights why we think this training will be of benefit to you. It looks at some current statistics around looked after children and their educational outcomes.

In 'What is neurodiversity?' we consider current definitions of neurodiversity and explain why we've made this a focus of these webinars.

Finally, in 'Holistic profiling', we'll talk about the importance of seeing the whole picture of the child or young person, and identifying strengths as well as challenges. We'll also introduce a new tool to help with carrying out this task.

### Slide 3

A place marker for the first section of this training session.

### Slide 4

A key focus here is Pupil Premium Plus. This is a valuable additional resource – how effective are the decisions we make about how best to use it?

The monies that come via central government for LAC is there to support their emotional, social and educational development. Research shows that the 5 threads shown on this slide are critical factors.

Early Intervention is defined as an intervention which is timely - it can occur at any time in a child's life. This promulgates a coherent strategy for systematic change under the themes shown on this slide.

What are the implications of these themes for those in care?

Virtual School Heads have an overarching responsibility.

Foster carers need to be proactive if they are at all concerned about the educational journey of a child in their care.

If social workers and designated teachers are accessing additional funding for children's education, they should consider seeking advice on how best to support learning, most especially if the young person has specific difficulties.

Some of the stand out key messages:

International research suggests that the most successful programmes tend to share common characteristics:

- they target specific populations;
- they are intensive; they focus on behaviour;
- they include both parents and children;
- and they stay faithful to the programme.

Effective local practice is characterised by clarity of purpose; interventions are informed by a comprehensive evidence base; there is a clear analysis of local needs, including feedback from children, families and practitioners; and, critically, there is a baseline to enable the intervention to be tracked at key stages following its implementation to measure impact on outcomes.

(For all references, please see p11 below).

## Slide 5

This slide introduces a key element of the challenge: statistics around educational outcomes for looked after children compared with their non-looked after peers.

## Slide 6

On slides 6-10, percentages are represented by a row of 10 figures. You may want to explain this graphic to your audience.

A feature of this series of slides is the worsening picture as we move from KS1 to KS4. According to National Statistics (March 2017) an average of only 52.75% of LAC are achieving the expected standard across Key Stage 1 tests in reading, writing, maths and science. This compares with 77.5 % of non-LAC. That's a difference of 24.75 percentage points.

## Slide 7

By Key Stage 2, the picture has deteriorated, with only 39.4% of LAC achieving the required standard across tests of reading writing, maths, and SPAG (spelling,

punctuation, and grammar), compared with 67.4% of other children. The difference here is 28 percentage points.

## Slide 8

By KS4, the picture is worse still. Only 13.6% of LAC achieve five or more GCSEs at grades A\* - C, compared with 53.1% of non-LAC.

## Slide 9

Progress at KS4 is now also measured through Attainment 8. Here, the average score for a looked after pupil is only 22.8, compared with 48.1 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.

## Slide 10

At the same time, the percentage of LAC identified as having Special Educational Needs and Difficulties stands at 57.3, compared with 14.4% 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.'

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

## Slide 11

The Social Exclusion Unit have identified these five key issues as affecting outcomes for LAC.

Allow delegates a few minutes to read through the points (please note, it is useful to read quotes aloud for the benefit of any delegates who have problems reading from the slides).

Implications are that children in care may need extra support in education, either because they have missed out on schooling and appropriate support, or because they have SEN / SpLD, or both.

And, if SpLD are not identified at an early stage in a child's education, this is likely to have an impact on behaviour, mental health, and educational outcomes.

## Slide 12

\*The orange star in the top left-hand corner of Slide 12 indicates a suggested activity.

At this point, a discussion activity would provide a good opportunity for delegates to process the information covered up to this point and to consider the role the 'Five golden threads' may play in combatting the issues outlined in the preceding slides.

## Slide 13

This slide introduces the second part of this session – a discussion of neurodiversity.

\*If there is sufficient time, it would be useful to ask delegates to discuss, in pairs or groups, what they understand by this 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 14

This is how the American writer and academic, Nick Walker, defines neurodiversity (as above, 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 15

Note that Walker includes everyone 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.

## Slide 16

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. You may also want to include conditions such as Tourette's syndrome in this diagram.

\*It would be useful at this point to ensure that the different SpLD included in this diagram are familiar to all delegates. This could be done through small group discussions or whole group Q and As. For more information on these SpLD, refer delegates to the Guide to SpLD included in the accompanying resources.

What's important here is to realise that learning differences such as these do not occur in isolation. 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 17

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 are amongst the issues that 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 professionals are both cognizant of them and alert to any tell-tale signs that they may be present in a child or young person's profile.

## Slide 18

This slide marks the third and final part of this session – Holistic profiling, which introduces 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. The iceberg is an image that may be very familiar, but, nevertheless, is useful as a reminder of the importance, when we're looking at the neurological profile of a child or young person, 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 19

\*The lists of strengths and challenges given on slides 19 and 20 are far from exhaustive. A useful activity here would be a discussion of what other ideas delegates would add to these lists.

Children and young people who demonstrate behaviours associated with SpLD such as ADHD or dyslexia, often have a wealth of strengths which may be masked by their



apparent learning difficulties in areas such as reading and writing. These may include any of the talents listed here. The list of famous dyslexic people includes actors, singers, architects, painters, entrepreneurs, scientists - people from all walks of life.

## Slide 20

Similarly, the list of challenges we've compiled here can be added to.

It would be useful here to check that delegates are familiar with concepts such as automaticity and also that they understand the implications of difficulties with processing, attention, time management, etc.

What is important is to remember, as we've already said, that no two individuals who are dyslexic, or dyspraxia, or autistic, will be alike. Everyone is different. Everyone has their own set of challenges. We recognize, too, that, for a child or young person in care, there are additional barriers. So dyslexia, for example, is not just about difficulties with reading and writing. Some dyslexic people may not even have extreme difficulties in these areas. Dyslexia, as with other SpLD, can cause difficulties in all kinds of areas.

\*A further activity here might be to discuss other presentations of dyslexia, ADHD, dyspraxia, etc. and the impact that this might have on a child or young person. Refer delegates to the accompanying Guide to SpLD for more information.

## Slide 21

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 greatest 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 profiling tool. We'll be looking at how to use the profiler in more detail in the next session, but will briefly introduce it now so that delegates can take an opportunity to look at it in more detail before attending Part 2.

\*A hyperlink has been added to this slide

<http://www.bdadyslexia.org.uk/about/projects/webinar-training-understanding-and-supporting-neurodiversity>), this will take you to the online profiler. It is recommended that you introduce the profiler now and set delegates the task of completing the profiler – either individually or in pairs – with a particular child or young person in mind. This will form the basis for discussion in the second part of the training.

## Slide 22

This slide contains the key references for the preceding slides. An extended list of references is given below.

## References

- Blanden, J. (2006) 'Bucking the trend': What enables those who are disadvantaged in childhood to succeed later in life? DWP Working Paper No.31
- Centre for Excellence and Outcomes in Children and Young People's Services  
(2010) Grasping the nettle: early intervention for children, families and communities. London. Available from [http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/125717early\\_intervention\\_grasping\\_the\\_nettle\\_full\\_report.pdf](http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/125717early_intervention_grasping_the_nettle_full_report.pdf)
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- Walker, N (2013) Neurocosmopolitanism. Available from [neurocosmopolitanism.com](http://neurocosmopolitanism.com)

## Websites

[www.breakingnews.ie/ireland/91-of-teachers-agree-that-unidentified-dyslexia-damages-childrens-self-esteem-808062.html](http://www.breakingnews.ie/ireland/91-of-teachers-agree-that-unidentified-dyslexia-damages-childrens-self-esteem-808062.html) (Accessed 23/10/17)

# Notes to Training Part 2

## Materials

- Boosting the achievement of children in care, Part 2 – slides
- Neurodiversity Profiler (primary, secondary, post 16)
- Case cameo materials: stories, neurodiversity profiler forms, one page profiles – available in this booklet, ps 25 – 37
- Understanding Neurodiversity: a Guide to Specific Learning Differences

All materials are available for free download from

[www.bdadyslexia.org.uk/about/projects/webinar-training-understanding-and-supporting-neurodiversity](http://www.bdadyslexia.org.uk/about/projects/webinar-training-understanding-and-supporting-neurodiversity)

## Slide 1

In the first of our two training sessions, we looked at some of the challenges facing looked after children in education. We presented the concept of neurodiversity as a spectrum encompassing all human cognitive variation. And we discussed the notion of holistic profiling using the Neurodiversity Profiler.

We hope that delegates have had an opportunity between sessions to try out the profiler for themselves.

## Slide 2

In this, the second part of the training, we're going to look at using the profiler in more detail and to discuss how it can help us develop a greater understanding of children and young people to ensure that they are given the support that they need.

We're going to introduce three case cameos: all three share possible unidentified specific learning differences.

For each of them, a move between schools / college coincided with entry into care or a change of placement, increasing upheaval and levels of anxiety. Separation anxiety and 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 will present an opportunity for delegates to consider the insights offered by using the profiler and to think about what support strategies might be appropriate in each case.

### Slide 3

Please meet our three case cameos: Connor, a primary school pupil; Aimee, who is 15 and at secondary school; and 17 year old Chelsea, who is at FE college.

We hope that their stories may ring some bells and that delegates may recognise some aspects of their stories and some of the issues that they are facing.

All materials for this part of the training can be found in the Case Cameos pages in this document.

### Slide 4

\* Supply delegates with a copy of Connor's story and Neurodiversity Profiler Forms A and B. You should also ensure that delegates have access to the Neurodiversity Profiler Support Strategies spreadsheet and the Guide to SpLD.

Do not share Connor's Profile page until after Support Strategies have been discussed at Slide 6.

You may want to begin by reading Connor's story aloud and inviting comments from the group. Ask delegates to discuss the information in pairs or small groups, identify key

points, and share thinking on possible solutions (they can refer to the Support Strategies spreadsheet and the Guide to SpLD for ideas) before viewing the next slides (5 & 6).

NB – if delegates do not work with children at primary level, you may opt to omit this case cameo and go straight to the secondary and/or post 16 examples.

## Slide 5

This slide summarises the key points from Connor's profile.

\*Ask delegates if they would add any other points based on what they've read.

On the plus side, he is clearly an empathetic and caring boy, especially with regard to his relationship with his brothers and his love of animals. However, he has difficulty with making friends and is often on his own in the playground. He links his difficulty in making friends with his problems in the classroom, where he appears to have difficulty focusing on tasks and he is struggling to read, possibly due to issues with visual stress.

## Slide 6

These support strategies have been recommended to help build on Connor's interests and to support his areas of difficulty. Again, if time allows, delegates may be asked to add any ideas of their own to the list.

Problem	Support strategy
Is calm and quiet when he is with a small peer group but isolated and uncommunicative in the playground.	<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.</li> </ul>

	With appropriate training for the adults this could be developed in the cub group context.
Not able to maintain focus during a whole class activity – turning around, fidgeting, tapping, etc. Has difficulty planning tasks. Could be due to Ambivalent Attachment (he must scan the room as he doesn't feel safe) or there may be an unidentified specific learning difficulty.	<ul style="list-style-type: none"> <li>• Making sure Connor is positioned so he can see the whole class will help.</li> <li>• For key adults, making sure that in class there is validation of his feelings 'I can see you're upset / unable to concentrate ... Let's break it down so you don't feel so overwhelmed... we'll focus on this one part of the whole task first'.</li> <li>• An assessment of his cognitive profile alongside the information already gathered using the SpLD profiler will be helpful.</li> </ul>
Limited progress with reading	<ul style="list-style-type: none"> <li>• Check for Visual Stress.</li> <li>• School to provide an evidenced based reading intervention that is structured, systematic and cumulative.</li> <li>• Foster carer to support Connor to use the school library and the librarian asked to make a special collection of stories / factual books about animals.</li> <li>• Having books and stories read aloud to him will help Connor develop a genuine love of books.</li> <li>• Scottish Libraries have produced a report on the impact of school libraries on learning, which you may find useful to download for delegates' use. See <a href="http://scottishlibraries.org/research-skills/impact-of-school-libraries">http://scottishlibraries.org/research-skills/impact-of-school-libraries</a></li> </ul>



Following discussion of support strategies, share Connor's Profile page (see Case Cameos, below). A one-page profile document which gives the child or young person ownership of their story and support needs can be a very effective way to share information. The document presented here is a suggested template; it can be modified as required.

## Slide 7

\*Slides 7 – 9 concern Aimee, a secondary school student. These materials should be used in the same way as the profile above.

\*Supply delegates with a copy of Aimee's story and Neurodiversity Profiler Forms A and B. You should also ensure that delegates have access to the Neurodiversity Profiler Support Strategies spreadsheet and the Guide to SpLD.

Ask them to discuss the profile in pairs or small groups, to identify key points, and share thinking on possible solutions (they can refer to the Support Strategies spreadsheet and the Guide to SpLD for ideas) before viewing the next slides (slides 8 & 9).

Do not share Aimee's Profile page until after Support Strategies have been discussed at Slide 9.

For delegates who do not work with this age group, slides 7 – 9 can be omitted.

## Slide 8

This slide summarises the key points from Aimee's profile.

\*Ask delegates if they would add any other points based on what they've read.

Aimee's profile revealed a range of strengths and challenges.

She has particularly strengths in oral language and music, especially singing. Her relationship with her mother reveals a very sensitive and caring nature.

However, her mother's illness is causing anxiety issues for Aimee and a lack of sleep is affecting her energy levels and her ability to concentrate at school.

In addition, Aimee has problems with fine motor skills and this affects her written work.

## Slide 9

These support strategies have been recommended to help build on Aimee's interests and to support her areas of difficulty. Again, if time allows, delegates may be asked to add any ideas of their own to the list.

Problem	Support strategy
Struggles to complete class work in time and tires quickly.	<ul style="list-style-type: none"> <li>Foster family asked to check sleeping habits and diet. Aimee using her phone late into the night, constantly checking to see if she had a WhatsApp message from her mum. Foster carer and mum agreed that messages would be sent between 4:00-6:00pm and mum's carer would take a lead responsibility so Aimee knew every day that her mum was thinking of her. Supper would be relaxed without Aimee needing to rush off before she had finished her meal to check messages. Phone to be left downstairs at bedtime.</li> </ul>
Profiler identified difficulty with fine motor skills	<ul style="list-style-type: none"> <li>The social worker agreed with foster carers that she appears to have very flexible finger joints difficulty gripping, lifting and manipulating small objects. It was agreed that the school should seek advice from an OT.</li> <li>In the meantime, actions should include: 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</li> </ul>

	<p>to rest her forearms comfortably with shoulders relaxed.</p> <p>Tools – writing tools should be the correct weight for the Aimee’s hand. There are a variety of different pen types and her foster carers are keen to let her try out which works best for her. Aimee should also be allowed to use a laptop to complete work whenever possible.</p>
<p>Profiler identified that she had a previous passion for singing and is missing taking part in musical activities; these contribute a great deal to Aimee’s sense of well-being and self-esteem</p>	<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>

Following discussion of support strategies, share Aimee’s Profile page (see Case Cameos, below). A one-page profile document which gives the child or young person ownership of their story and support needs can be a very effective way to share information. The document presented here is a suggested template; it can be modified as required.

## Slide 10

\*Slides 10 - 12 concern Chelsea, an FE student. These materials should be used in the same way as the profiles above.

\*Supply delegates with a copy of Chelsea’s story and Neurodiversity Profiler Forms A and B. You should also ensure that delegates have access to the Neurodiversity Profiler Support Strategies spreadsheet and the Guide to SpLD.

Ask them to discuss the profile in pairs or small groups, to identify key points, and share thinking on possible solutions (they can refer to the Support Strategies spreadsheet and the Guide to SpLD for ideas) before viewing the next slides (slides 11 & 12).

Do not share Chelsea's Profile page until after support Strategies have been discussed at Slide 12.

For delegates who do not work with this age group, slides 10 - 12 can be omitted.

## Slide 11

This slide summarises the key points from Chelsea's profile.

\*Ask delegates if they would add any other points based on what they've read.

Identifying these strengths and challenges is an important step in building a profile of Chelsea and putting support for her in place.

Chelsea's enthusiasm for the course she's now following is a major asset, and her talent for creative and practical skills should be used to build her self-esteem.

Chelsea's issues with numeracy and following instructions point to SpLD and it is important that her challenges in these areas are supported quickly to avoid any further anxiety or loss of confidence.

## Slide 12

These support strategies have been recommended to help build on Chelsea's interests and to support her areas of difficulty. Again, if time allows, delegates may be asked to add any ideas of their own to the list.

Problem	Support strategy
<p>Maths difficulties.</p> <p>Chelsea's specialist tutor identified dyslexia. Key areas of weakness were:</p>	<ul style="list-style-type: none"> <li>• Help Chelsea to understand her own profile and to work with her tutor on identifying and agreeing appropriate support strategies.</li> </ul>

<ul style="list-style-type: none"> <li>• auditory short-term memory</li> <li>• auditory working memory</li> <li>• visual-spatial short-term memory.</li> </ul> <p>These abilities are required for reading, comprehension, free writing, maths, spelling, following verbal instructions and conversations.</p> <p>Short term memory is used to store information that is kept in mind for a short period of time.</p> <p>Working memory enables the student to hold information in the memory while manipulating it, e.g. when performing mental maths, following conversations, listening and taking notes at the same time, composing text and comprehending text whilst reading. Difficulties in these areas can also impact on concentration and losing focus in lessons.</p> <p>Visual memory, like her visual ability, is very good and shows that she can increase her effort</p>	<ul style="list-style-type: none"> <li>• Small group tuition and a chance to revisit earlier misconceptions, e.g. address conceptual understanding of number bonds and multiplication via access to concrete apparatus, making sure all the foundation techniques were understood and thoroughly practised (e.g. mental addition such as bridging to 10, understanding of place value).</li> <li>• Address the barrier to learning caused by a lack of self-belief.</li> <li>• Avoid giving Chelsea multiple instructions simultaneously.</li> <li>• Break information into small chunks.</li> <li>• Use visual reinforcements of verbally presented or written information to support memory.</li> <li>• Make learning more personal and meaningful and tap into areas of interest, e.g. hairdressing, cooking, etc.</li> <li>• Enable learning by experience rather than by being told.</li> </ul>
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and focus her attention when engaged and interested.	
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Following discussion of support strategies, share Chelsea's Profile page (see Case Cameos, below). A one-page profile document which gives the child or young person ownership of their story and support needs can be a very effective way to share information. The document presented here is a suggested template; it can be modified as required.

## Slide 13

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

Most important is to bear in mind that it is a tool to be used **with** the interviewee 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 and for the professionals who work with them. We hope that this greater understanding will lead to enhanced self-esteem, resilience and success.

## Slide 14

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.

## Slide 15

No training session is complete without considering what the next steps will be.

Decisions regarding this will depend on the existing levels of knowledge of the group and any gaps they've identified during this training. This slide presents an opportunity to gather feedback on the training delivered and any ideas delegates have about moving forwards.

We would expect teams to put in place at least one workshop session for delegates to practise completing the Neurodiversity Profiler, working in pairs or small groups to share ideas.

It may also be useful to consider more in-depth training on the SpLD or other issues which may affect learning outcomes identified in these sessions. Links to organisations who provide CPD training are included in the Guide to SpLD.

It can also be useful to create a library of resources about neurodiversity and SpLD, either online or in hard copy or both, and to encourage staff to share anything that they've found useful. There is a wealth of free materials available online, especially on the

websites of the organisations listed in the Guide to SpLD, and we would recommend you to explore these.

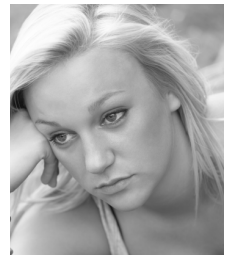
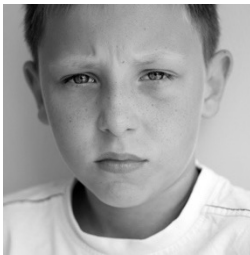
## Slide 16

The resources and links given here provide references for the documents referred to in this session. Alongside the references from Part 1, they provide a starting point for further reading and exploration of neurodiversity.

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## Case cameos

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## Case Cameo 1 - 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 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 is aware that Connor loves animals and they decided to use the profiling tool to try to connect with him and really 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 – gradually building a picture that would triangulate with Part A of the checklist from the school and his foster carers. In the process Connor confided that he's really upset that he can't read; he said, 'I'm stupid', and because of that he can't have any friends.

Connor's foster carer had observed that he continually moves his head close to, then away from, a book as he tries to read.

Part A of the checklist was undertaken separately with carers and his teacher and a clear pattern of strengths and areas for development began to emerge.

There were elements that they hadn't considered before and the process of sharing the discussion helped the key adults supporting Connor to begin to see things from his perspective.

# 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
Trauma	Loses track of what they are saying mid sentence	sometimes
Dyslexia	Lack of fluency in reading	often
Dyslexia	Inaccurate word decoding	often
Dyslexia, DLD	Difficulty with reading comprehension	often
Dyslexia, DLD	Lack of enjoyment of reading	often
Dyslexia	Persistent and marked difficulty with spelling	often
Dyslexia, Dyspraxia/DCD	Takes longer than average to complete written tasks	often
Dyslexia, Dyspraxia/DCD	Difficulty copying from the board	often
Dyslexia, Dyspraxia/DCD, DLD	Written work doesn't reflect verbal ability	often
Dyscalculia	Mixes up similar looking numbers	sometimes
Dyslexia, DLD	Often good with practical tasks	often
Dyslexia	Has obvious good/bad days	sometimes
Dyslexia, Dyspraxia/DCD, DLD, ASD, Trauma	Low self esteem	often
Dyslexia, Dyspraxia/DCD	Classwork rarely finished	sometimes
Dyspraxia/DCD, ADHD, Dyslexia, DLD, Trauma	Attention difficulties	often
ADHD, DLD, Trauma	Not seeming to listen when spoken to directly	sometimes
ADHD, Trauma	Easily distracted by extraneous stimuli	sometimes
ADHD, Trauma	Forgetful in daily activities	sometimes
ADHD, Trauma	Appears inattentive/day dreamer	sometimes
ADHD, DLD	Difficulty sustaining attention in tasks	sometimes
Autism Spectrum Disorder (ASD)	Difficulty reading social interactions	sometimes
ASD	Difficulty maintaining friendships	often
ASD	Resistant to change	sometimes
ASD	Experiences anxiety and heightened behaviours in new situations	sometimes
DLD	Difficulty joining in and following games	sometimes
Trauma	Hypervigilant and aware of changes in environment	sometimes
Dyspraxia/DCD, DLD	Takes longer to process information	sometimes



# 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.

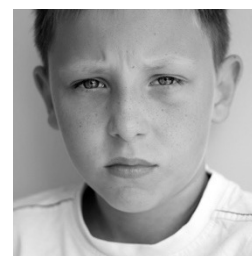


"It's scary."  
Don't want to do it."



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	✓				

# 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>



## Case Cameo 2 - 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 doesn't want to attend school on some days. 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. Days that she is reluctant to attend school and complains of tummy ache follow a pattern and are linked to activities requiring any quantity of hand written work.

Aimee rarely finishes any work and homework is often not completed. However, in class she has good ideas and is willing to join in with group work and discussions. At her previous school, she was a member of the school choir and often performed in school concerts.

There is a planned PEP meeting in six weeks' time and the school have invited carers in for a pre-PEP meeting.

Aimee's carers, Aimee herself and her Head of Year sat down to complete Part A of the Neurodiversity Profiler and explore her profile in depth.

Aimee also worked separately with the SENCo on Part B and a rich picture was easily developed that was used to support the upcoming PEP meeting.

## 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: 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	Show me how to use tools for practical activities
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>



## Case Cameo 3 - 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. However, she does get stressed with too many instructions. Her lead tutor has noticed she sometimes seems to completely ignore instructions and 'zones out'.

In her technical classes, she is struggling to apply 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 was asked to complete Part B of the profiler. She did so with interest and appeared to enjoy the process – she added several more interests to the list and these gave a different insight into how she was thinking.

The tutor and Chelsea then sat down together to work through Part A. The information gathered alongside Chelsea's own self-reported profile really helped a meaningful conversation about what helped and hindered her.

The succinct and clear descriptors translated into meaningful provision to best meet her needs.

# 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		✓			



# 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	



Name:

[photo]

DoB:

My story	
Results from the Neurodiversity Profiler	
Support strategies	
Things I find difficult	How you can support me
Things I enjoy	How you can use these to help me



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Key sources of secondary research and an evaluation  
of their contribution to the development of the  
webinars

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## Literature review

The literature review identified sources of secondary data – i.e. books, guidelines and factsheets. The literature review was undertaken between September – November 2017, using publications from 2006 onwards and the internet. A full set of search results appears in Appendix One. The following search terms were used:

- Early Intervention
- Looked After Children and best practice
- Behavioural Support for children and young people
- Attachment (with reference to adopted and looked after children in local authorities)
- Good practice examples of Early Intervention
- Good practice examples of behavioural support
- Sources of funding for Early Intervention
- Social finance for children and young people
- Funding for academic studies

## Evaluation of secondary research sources

The literature review identified sources of secondary data – i.e. books, guidelines and factsheets related to Looked After Children and effective practice. All data sources were deemed to be reliable and credible, valid to the objectives set out above, with relevant and current information (and where this is not current, there is an explanation of why the source is valuable) and ethical, i.e. the research has been carried out with integrity.

Secondary Source and type	Where it can be found
<i>What is early intervention?</i>	<a href="http://www.eif.org.uk/what-is-early-intervention">www.eif.org.uk/what-is-early-intervention</a>

Secondary Source and type	Where it can be found
Website article from the Early Intervention Foundation (EIF)	
Why useful?	<p>The EIF is both a charity and Government What Works Centre. Families: supporting relationships, parents and the early years. Promoting social and emotional skills and resilience. High risk: protecting vulnerable children and young people. Creating system change to support early intervention. Investing in early intervention.</p> <p>Funding supports a range of activities under these key headings from What Works reviews of the evidence to supporting effective early intervention activity in local areas or with particular workforces, evaluation, policy analysis.</p> <p>Worth noting: range of funding bodies from individuals, charitable trusts and government departments; range of research staff and also an Early Intervention Conference on 11 May 2017. Early Intervention seems to be confined to 0-5 years.</p> <p>Relevant publications: Foundations for Life: What Works to Support Parent Child Interaction in the Early Years.</p> <p>The evidence is strongest for programmes that target based on early signals of risk, such as child behaviour problems, insecure attachment, delayed development of speech and lack of maternal sensitivity, although other types of programmes have also been found effective. This is relevant to children taken into care.</p>
<p><i>Early Intervention: The Next Steps</i></p> <p>Cabinet Office (2011)</p> <p>An Independent Report to Her Majesty's Government</p> <p>Graham Allen MP, UK Government</p>	<p>via website:</p> <p><a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf</a></p>
Why useful?	<p>Recommendations to the Prime Minister about setting up an independent Early Intervention Foundation; Early Intervention is defined by interventions related to the 0-3 age group and the older age group. This Report is fundamental to the direction of travel for policy and strategy for Early Intervention practices since its publication in 2011 and marks a shift in paradigm towards evidence-based programmes, with impact and cost analyses.</p>

Secondary Source and type	Where it can be found
<i>Understanding why</i> National Children's Bureau (2006)	ISBN 1-905818-02-5
Why useful?	Publication stemmed from a project entitled 'Taking Care of Education' that aimed to give advice to teachers, teaching assistants, lecturers, school nurses, education support staff for looked after and vulnerable children, foster and other carers, residential care workers, and parents of children and young people.  Worth noting: Practical and accessible advice outlined within the project summative booklet.
<i>Overview of Early Intervention</i> Centre for Parent Information and Resources (last updated 2014)	<a href="http://www.parentcenterhub.org/repository/ei-overview">www.parentcenterhub.org/repository/ei-overview</a>
Why useful?	A US organisation to support parents with resources and information. Less useful for UK strategy and policy but some good practice models are cited that can be viewed through the lens of social work teams responsible for LAC.
<i>Early Intervention</i> Foundation Years, Great Early Years & Childcare (2017)	<a href="http://www.foundationyears.org.uk/health-integration-in-practice/early-intervention">www.foundationyears.org.uk/health-integration-in-practice/early-intervention</a>
Why useful?	This website is supported by The Children's Partnership, which is a partnership of 4Children and the National Children's Bureau. The Children's Partnership was the Department for Education's Voluntary and Community Sector strategic partner for 2013-15. The website is run by Action for Children and provides an online resource and information centre targeted at parents.
<i>Positive Behavioural Support</i> Priory Education and Children's Services (2017)	<a href="http://www.priorychildrensservices.co.uk/media/15074/oliver-house-school-behaviour-support-policy.pdf">www.priorychildrensservices.co.uk/media/15074/oliver-house-school-behaviour-support-policy.pdf</a>

Secondary Source and type	Where it can be found
<p>Why useful?</p>	<p>This Policy reads more like a standard operating procedure but does make reference to primary and secondary prevention and the stages of crisis. It's catered to a residential educational setting and as such is useful if the webinars are to be used by residential care staff within their CPD.</p> <p>Written by Priory Education Services who provide accommodation and education for LAC as part of their range of services.  <a href="https://www.priorychildrensservices.co.uk/parents-and-carers/">https://www.priorychildrensservices.co.uk/parents-and-carers/</a></p>
<p><i>Challenging behaviour: a guide for family carers on getting the right support for teenagers</i></p> <p>Social Care Institute for Excellent (2011)</p>	<p><a href="http://www.scie.org.uk/publications/ata glance/ata glance39.asp">www.scie.org.uk/publications/ata glance/ata glance39.asp</a></p>
<p><i>A better education for children in care</i></p> <p>Department for Education (2003)</p>	<p><a href="http://www.social exclusion unit.gov.uk">www.social exclusion unit.gov.uk</a> (Web Archive)</p>
<p>Why useful?</p>	<p>Considers the 'five big issues' of: instability, time out of school, help with their education, support and encouragement, emotional, mental or physical health and wellbeing. The project outcomes gave clear direction to minimise the impact of effective barriers for children in care.</p>
<p><i>Grasping the Nettle: early intervention for children, families and communities,</i></p> <p>Centre for Excellence and Outcomes (C4EO) (2010)</p>	<p><a href="http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/125717early_intervention_grasping_the_nettle_full_report.pdf">http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/125717early_intervention_grasping_the_nettle_full_report.pdf</a></p>
<p>Why useful?</p>	<p>Early Intervention appears to be defined as an intervention which is timely which can occur at any time in a child's life. This promulgates a coherent strategy for systematic change under the following themes:</p> <p>Five golden threads</p> <ul style="list-style-type: none"> <li>• The best start in life</li> </ul>

Secondary Source and type	Where it can be found
	<ul style="list-style-type: none"> <li>• Language for life</li> <li>• Engaging parents</li> <li>• Smarter working, better services</li> <li>• Knowledge is power</li> </ul> <p>Worth noting: Some of their stand out key messages:</p> <p>International research suggests that the most successful programmes tend to share common characteristics: they target specific populations; they are intensive; they focus on behaviour; they include both parents and children; and they stay faithful to the programme.</p> <p>Effective local practice is characterised by clarity of purpose; interventions are informed by a comprehensive evidence base; there is a clear analysis of local needs, including feedback from children, families and practitioners; and, critically, there is a baseline to enable the intervention to be tracked at key stages following its implementation to measure impact on outcomes.</p>
<p><i>About the Centre</i></p> <p>The Tizard Centre (2017)</p>	<p><a href="https://www.kent.ac.uk/tizard/About/about.html">https://www.kent.ac.uk/tizard/About/about.html</a></p>
<p>Why useful?</p>	<p>Part of the School of Social Policy, Sociology and Social Research at the University of Kent at Canterbury, the Tizard Centre is an academic group based in the UK working in learning disability and community care.</p>

## Other sources of secondary research not included in the Literature Review

### School Exclusion Data and Impact of Disruption

Department for Education (2016), Permanent and Fixed Period Exclusions in England 2014 to 2015, via website:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/539704/SFR\\_26\\_2016\\_text.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539704/SFR_26_2016_text.pdf) Useful exclusions data for demographic groups.



Times Educational Supplement (TES) (2016), *Five trends revealed in today's SEND and exclusion statistics*, website article via website: <https://www.tes.com/news/school-news/breaking-news/five-trends-revealed-todays-new-send-and-exclusion-statistics>

Summary with headlines about the percentage of pupils who have an ECH plan has remained constant at 2.8% from 2007 – 16. In the same period the number of children classified as needing SEN support has declined. Pupils with SEND support were more than seven times more likely to receive a permanent exclusion than other pupils in 2014-15. The most prevalent reason for exclusion was persistent disruptive behaviour.

Commentary on *Below the Radar* by Ofsted about the impact of low level disruption and the teaching time lost. Some interesting information relevant to proving the impact of interventions.

### Learning from the Early Intervention Foundation (EIF)

*Getting it Right* (EIF 2014) reviewed 20 EIPs recommends service coordination around the family and an integrated approach. Person centred coordinated care for people using both health and social care services is promulgated. A review of the Healthy Child Pathway and Early Years Foundation Stage services. Integration here is used at bringing together services around the child and parent / carer in a coherent manner. It is also about how services are experienced by a beneficiary. Outcomes aimed for include parental mental health, parental sensitivity, children's social and emotional development, and language and communication skills.

Examples of interventions used include:

- The Incredible Years Parenting Courses;
- Newborn Behavioural Assessment Scale;
- Video Interactive Guidance;
- Positive Parenting Programme (PPP);
- Family Nurse Partnership;
- Five to Thrive; and
- Parent / carer child communication and language interventions.

The core pathways include:

- Parent infant attachment;
- Parental mental health;
- Communication and language;
- Social, emotional and behavioural;
- Employment and skills;
- Young parents;
- Special needs and disability;
- Maternal health in pregnancy;
- Domestic abuse; and
- Drugs and alcohol.

The majority of feedback cited in *Getting it Right* was still at the qualitative stage.

Feedback stated included the following as beneficial from a practitioners' perspective:

- Co-location
- Increased understanding of roles and responsibilities
- Relationship building and trust
- Joint professional ownership of families
- Joint supervision and opportunities for training

Whilst not directly linked to LAC – the exemplars and principles are relevant and helpful.

Foundations for Life What Works (EIF 2016)

The EIF published research on 75 EIPs which aimed at improving outcomes for children through positive parent-child activities. It has also developed a set of service standards (based on NESTA evidence standards) to evaluate these models and an online Guidebook (please see box below). The EIF have also set out a unit cost rating for interventions and found that the majority of programmes fell into the low-medium indicative unit cost rating (£100 - £999 per unit)

## Effectiveness

The evidence for targeted support was generally stronger than evidence for universal services and those that focussed on early signs of risk could evidence effectiveness. Signs of early risk cited:

- Child behaviour problems
- Insecure attachment
- Delayed development of speech
- Lack of maternal sensitivity (EIF 2015)

The Review focussed on three key areas of child development:

- Attachment/parental sensitivity
- Behaviour, social and emotional skills
- Early cognitive development, early literacy and use of language and found that evidence of effectiveness was more forthcoming in the interventions which supported children's behavioural development and this is an aspect that needs to be considered alongside learning. The EIF Guidebook is an online resource which provides information about evaluated Early Intervention Programmes and can be accessed here:

<http://guidebook.eif.org.uk/> Published in March 2017, so this is a new initiative.

## Recommendations from the EIF

One of the recommendations for commissioners from this Review is co-designing with providers and testing interventions to provide evidences bases which are currently less developed in the areas of attachment and early cognitive development. The Review also recommends family-based interventions and the importance of strengthening the child-parent/carer relationship.

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- Brown, Rosa Elena et al. (2012). *A Chance to Change. Delivering effective parenting programmes to transform lives*. London: Centre for Mental Health.
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Sylva, K. (2015). *Organisation, services and reach of children's centres. Evaluation of children's centres in England*. London: Department of Education

School Exclusion Data

Times Educational Supplement (TES) (2016), Five trends revealed in today's SEND and exclusion statistics, website article via website: <https://www.tes.com/news/school-news/breaking-news/five-trends-revealed-todays-new-send-and-exclusion-statistics> accessed April 2017

Department for Education (2016), Permanent and Fixed Period Exclusions in England 2014 to 2015, via website:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/539704/SFR\\_26\\_2016\\_text.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539704/SFR_26_2016_text.pdf) accessed April 2017

EdLounge (2015), Report on Low-Level Disruptive Behaviour White Paper, via website:  
<https://7bcd11989afda0992f1-1a38a407dd20ed6779c667a4e87f6418.ssl.cf3.rackcdn.com/1433249922-Report-Low-Level-Disruptive-Behaviour.pdf> accessed April 2017

Eastern Daily Press (2016), *Number of pupils being expelled from Norfolk schools rises by 70 pc*, via website: <http://www.edp24.co.uk/news/education/number-of-pupils-being-expelled-from-norfolk-schools-rises-by-70pc-1-4398151> accessed April 2017

Norfolk Early Help

Norfolk County Council, Practice Guidance, Early Help Process, via website:  
<https://www.norfolk.gov.uk/children-and-families/early-help> accessed April 2017

## Appendix One: Literature Review

Web search under terms:

- Early Intervention

Early Intervention Foundation (2016) What is early intervention? Website:

<http://www.eif.org.uk/what-is-early-intervention/> accessed April 2017.

Cabinet Office (2011), *Early Intervention: The Next Steps, An Independent Report to Her*

*Majesty's Government* Graham Allen MP, UK Government, via website:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/284086/early-intervention-next-steps2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf) accessed April 2017

Centre for Parent Information and Resources (last updated 2014), *Overview of Early Intervention*,

Website: <http://www.parentcenterhub.org/repository/ei-overview/> accessed April 2017

Foundation Years, Great Early Years & Childcare (2017), *Early Intervention*, website:

<http://www.foundationyears.org.uk/health-integration-in-practice/early-intervention/>

Excluded entry: "Early Intervention: BEAT" the eating disorders charity, but worth noting that the Garfield Weston Foundation is *supporting the transformation phase of Beat's early intervention strategy*

Heron Norfolk & Waveney (2017) Early Intervention Service – Central Norfolk (NSFT), Website

entry: <http://www.heron.nhs.uk/heron/organisationdetails.aspx?id=20575> accessed April 2017

The service entry states that: *The Early Intervention Service is for young people aged between 14-35 with a first episode of psychotic illness where a diagnosis is uncertain.*

Douglas Silas Solicitors (2016), What Is Early Intervention, website:

<http://www.specialeducationalneeds.co.uk/early-intervention.html> accessed April 2017.

The team of solicitors specialise in children with SEN and *help parents of children with SEN throughout the assessment, including those who need to appeal to the Special Educational Needs and Disability (SEND) Tribunal.*

- Behavioural Support for children and young people

Department for Education (2017) *Principles into Practice: emotional and behavioural difficulties*, accessed via website:

[https://www.education.gov.uk/consultations/downloadableDocs/45\\_9.pdf](https://www.education.gov.uk/consultations/downloadableDocs/45_9.pdf) April 2017

Priory Education and Children's Services (2017), *Positive Behavioural Support*, 2015 accessed via website: <https://www.priorychildrensservices.co.uk/media/15074/oliver-house-school-behaviour-support-policy.pdf> April 2017

Social Care Institute for Excellent (2011), *Challenging behaviour: a guide for family carers on getting the right support for teenagers*, 2011 SCIE, accessed via website: <http://www.scie.org.uk/publications/atagance/atagance39.asp> April 2017

- Good practice examples of Early Intervention

Early Intervention Foundation (2014) *Getting it Right for Families*, via website:

<http://www.eif.org.uk/wp-content/uploads/2014/11/GETTING-IT-RIGHT-FULL-REPORT.pdf> accessed April 2017

Centre for Excellence and Outcomes (C4EO) (2010), *Grasping the Nettle: early intervention for children, families and communities*, via website: [http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/125717early\\_intervention\\_grasping\\_the\\_nettle\\_full\\_report.pdf](http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/125717early_intervention_grasping_the_nettle_full_report.pdf) April 2017

KPMG (2014), *Early childhood intervention – an overview of best practice*, via website:

[http://www.communityservices.act.gov.au/\\_data/assets/pdf\\_file/0007/635695/Early-Intervention-Best-Practice.pdf](http://www.communityservices.act.gov.au/_data/assets/pdf_file/0007/635695/Early-Intervention-Best-Practice.pdf) accessed April 2017

Easton, C. and Gee, G. (2012). *Early intervention: informing local practice* (LGA Research Report).

Slough: National Foundation for Educational Research, via website:

<https://www.nfer.ac.uk/publications/LGLC02/LGLC02.pdf> accessed April 2017

A review of early intervention approaches to inform local government, with reviews of practice that benefits children and young people and addressing the value for money aspects of these models. Useful background material, but superseded by the EIF publications.

NESTA (National Endowment for Science, Technology and the Arts) (2013) *Standards of Evidence an Approach that Balances the Need for Evidence with Innovation*, via

website: [http://www.nesta.org.uk/sites/default/files/standards\\_of\\_evidence.pdf](http://www.nesta.org.uk/sites/default/files/standards_of_evidence.pdf)  
accessed April 2017

Excluded: Unesco research paper on *Action Research in Family and Early Childhood*, 1997 via  
website: <http://unesdoc.unesco.org/images/0011/001107/110784Eo.pdf> accessed April  
2017

- Good practice examples of behavioural support

Learning Disability Review (2005), *Positive Behavioural Support: Definition, Current Status and Future Directions*, VOLUME 10 ISSUE 2, TIZARD, University of Kent, via website:  
[https://www.researchgate.net/profile/Kathy\\_Lowe/publication/239781533\\_The\\_Management\\_and\\_Treatment\\_of\\_Challenging\\_Behaviours/links/0a85e52e12e70d3e9e000000.pdf#page=4](https://www.researchgate.net/profile/Kathy_Lowe/publication/239781533_The_Management_and_Treatment_of_Challenging_Behaviours/links/0a85e52e12e70d3e9e000000.pdf#page=4) accessed April 2017

A summary of the historical development of PBS which is useful as background information. The information in this document is likely to have been superseded due to its age.

Positive Behavioural Support (PBS) Coalition (2015), *Positive Behavioural Support, A Competence Framework*, via website: <http://www.skillsforcare.org.uk/Document-library/Skills/People-whose-behaviour-challenges/Positive-Behavioural-Support-Competence-Framework.pdf>  
accessed April 2017

British Institute of Learning Disabilities (BILD) (2017), *BILD Books - Positive Behaviour Support*, web article via website: <http://www.bild.org.uk/our-services/books/positive-behaviour-support/> accessed April 2017

Challenging Behaviour Foundation (2014) *Good Practice Examples*, via website:  
<http://www.challengingbehaviour.org.uk/learning-disability-files/Good-practice-examples-July-14-Final.pdf> accessed April 2017

The Tizard Centre (2017), *About the Centre*, website article via website:  
<https://www.kent.ac.uk/tizard/About/about.html> accessed April 2017



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The Children's Society (2016), *Early intervention funding faces 70% cut*, website article via

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National Children's Bureau (2015), *Cuts that cost: trends in funding for early intervention services*, via website:

[https://www.childrenssociety.org.uk/sites/default/files/NCB\\_Cuts%20that%20cost\\_report\\_Final.pdf](https://www.childrenssociety.org.uk/sites/default/files/NCB_Cuts%20that%20cost_report_Final.pdf) accessed April 2017

- Social finance for outcomes for children and young people

Big Lottery Fund (2017), *Social Investment*, web article via website:

<https://www.biglotteryfund.org.uk/research/social-investment> accessed April 2017

- Funding for academic studies

Research Councils UK (2017), *Areas of Research*, web article via website:

<http://www.rcuk.ac.uk/research/areas/> accessed April 2017

Medical Research Council (2017), *Funding*, web article via website:

<https://www.mrc.ac.uk/funding/> accessed April 2017

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NESTA (2017), *Funding*, web article via website: <http://www.nesta.org.uk/get-funding> accessed April 2017