Thriving Families

Improving the lives of families in the Highlands

Family Guide

Empowering families in Highland
to improve their lives and help them to thrive

ACKNOWLEDGEMENTS

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With thanks to all families who took time to give their views and feedback on the contents as well as the professionals who contributed their services' information.

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

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

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

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Hello,

You've been given this pack because someone thinks your child may have an Additional Support Need (ASN). This means they might need some extra help and support to thrive. As a parent who's been in that situation, I understand that this can be a scary and uncertain time for you, whether you're a first-time parent or not. We are here to support and enable families to improve their lives by building confidence and empowering you to recognise your personal expertise, know your rights and have your voices heard.

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

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

Best wishes
Karen Macknight and the Thriving Families team

Thriving
Families

OUR SERVICES AT THRIVING FAMILIES

An additional support need is anything which means a child needs more, or different, support to another child the same age to make the most of their lives.

A child can need extra help for lots of reasons, including having a disability, having an illness or long-term condition, being looked after or in care, being a young carer, having a difficult family situation, being bullied or suffering a bereavement.

Some children may need a lot of support all the way through their life; others may need only a small amount for a short time. There does not have to be a formal diagnosis for you to access support.

OUR SERVICES

- **Information, support and advice service** for anyone involved in the care of children/young people with additional support needs (ASN). Our experienced and knowledgeable staff will listen to your story, help you unpick the challenges you face and provide appropriate information, advice and support to help you to take steps forward and improve the lives of your family. We offer short-term support to help you get what you need to move things forward. We appreciate things change as your child grows and develops; you can come back to us whenever you need more support.
- **Virtual information sessions** for anyone involved in the care of children/young people with ASN. These sessions are themed and run in partnership with the National Autistic Society Scotland and the Pines training team. The sessions have a topic/focus but are often relevant to a range of additional support needs. You can see all upcoming events on the Pines website **www.thepineshighland.com/upcoming-events** and watch many of the recorded sessions on the Pines YouTube channel **bit.ly/3nqaie7**
- **Digital support** including virtual informal group sessions, parent-led Facebook groups, video content and podcasts. Keep up-to-date with all our digital support via our Facebook page **www.facebook.com/ThrivingFamilies**
- **Signposting to other sources of information and/or support**
- **Personalised volunteering opportunities.** We understand that life circumstances and commitments can make volunteering a challenge. We will work with you to support you in a volunteering role with us that meets your needs.

> *"Really good support, you go the extra mile."*
>
> Quote from our "How did we do" surveys

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GIRFEC – GETTING IT RIGHT FOR EVERY CHILD

THE HIGHLAND PRACTICE MODEL

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

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

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

To achieve this all children need to be **S**afe, **H**ealthy, **A**ctive, **N**urtured, **A**chieving, **R**espected, **R**esponsible and **I**ncluded. These are known as the 'wellbeing indicators' and are known as **S.H.A.N.A.R.R.I.**

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

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

The Highland Practice Model operates throughout the Highland area. It affects the working practices of everyone who works with children and families, including those providing services to adults who are also parents/carers.

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

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

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

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

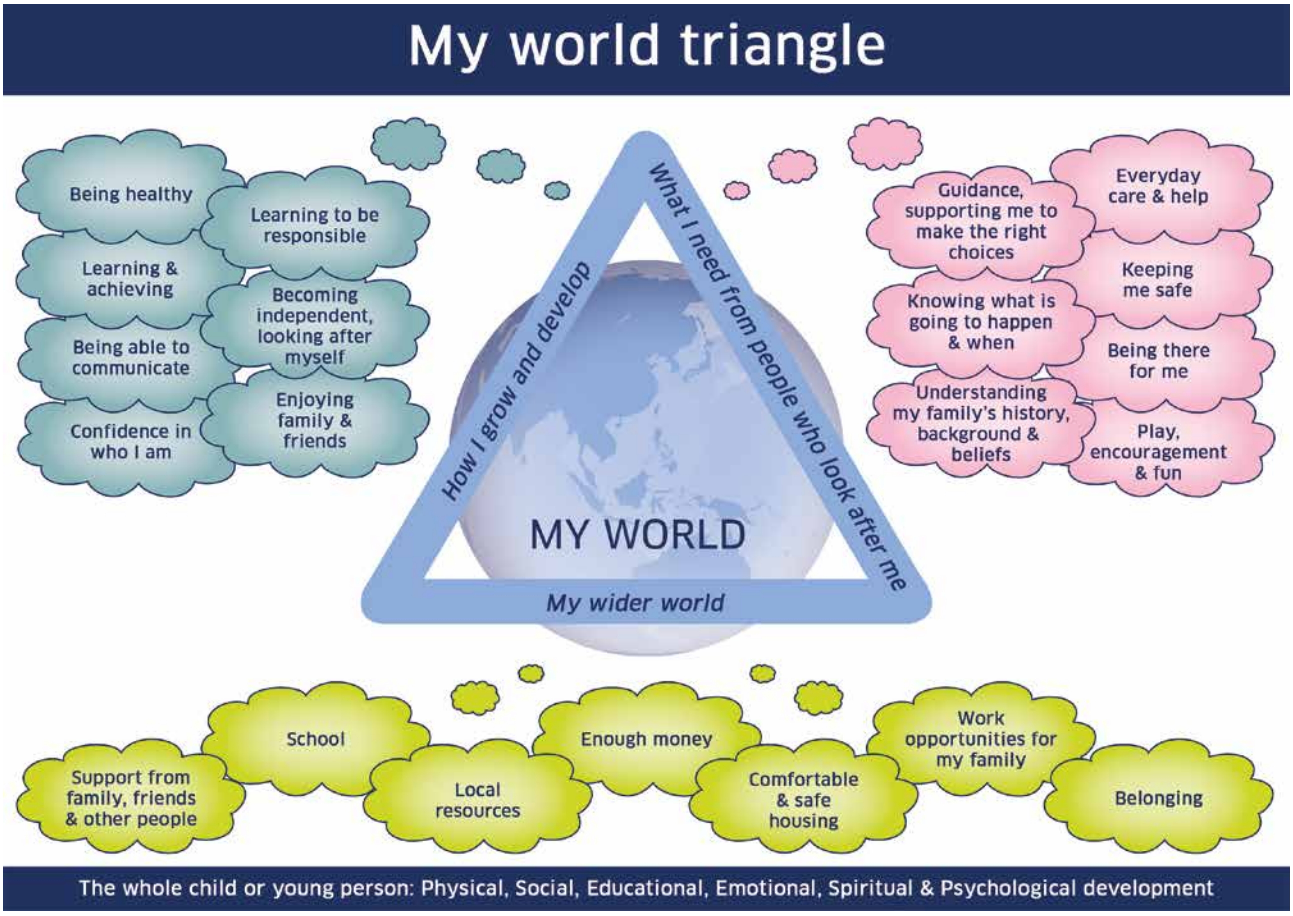
It must be clear to all involved in the **Child's Plan** what actions are to be taken. It will also outline the desired outcomes and reviewing process for the child. This may be as simple as a particular strategy to ensure a child's inclusion in certain activities to something more specific such as administering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

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

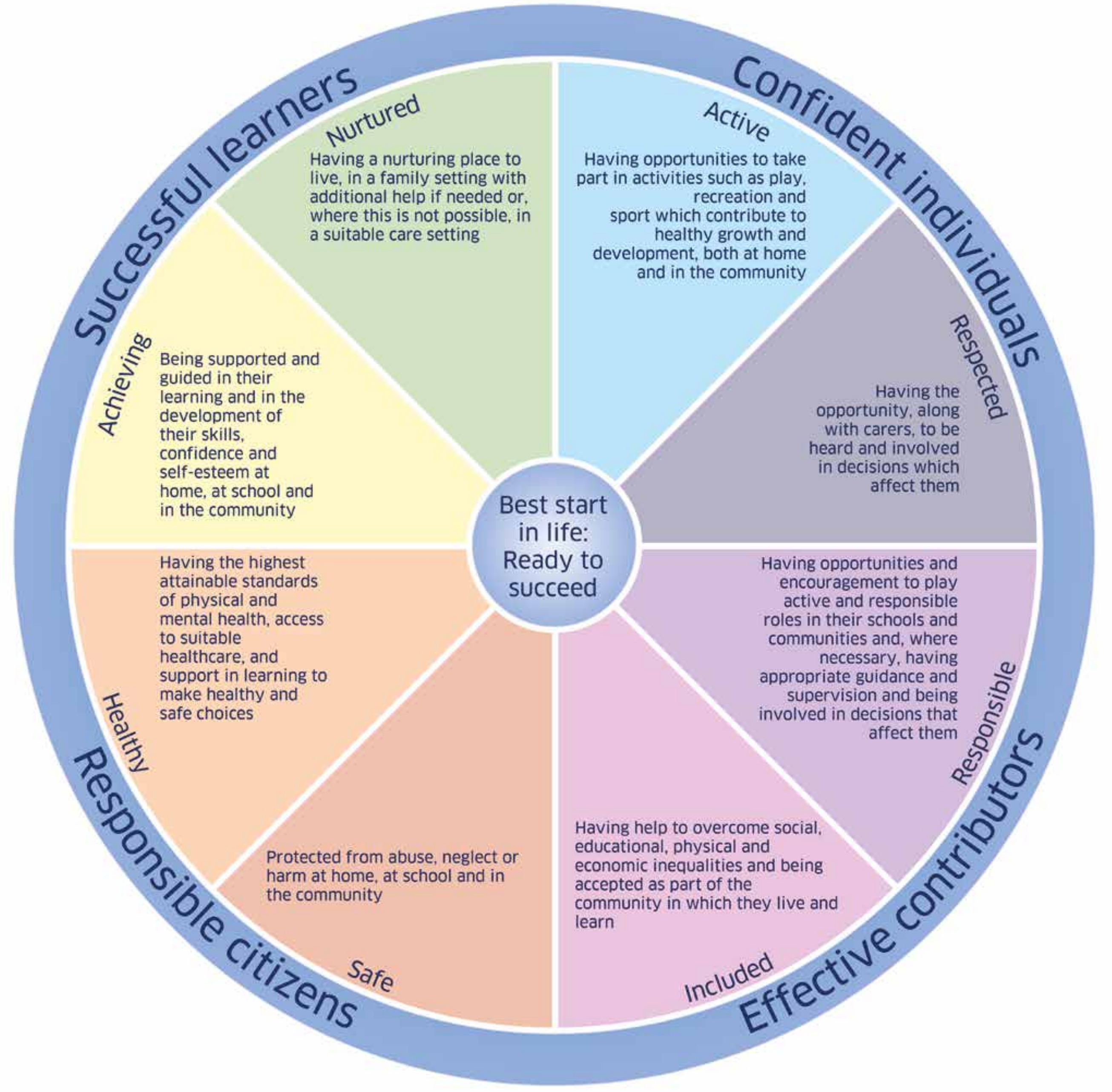
Highland Psychological Service guidance on gathering the views of children and young people can be found here: **bit.ly/3a1fqlC**

CALA consulting our youngest children toolkit can be found here: **bit.ly/3R1T8AM www.careandlearningalliance.co.uk**

For guidance on The Highland Practice Model go to the For Highland Children's website **www.forhighlandschildren.org**



GIRFEC – GETTING IT RIGHT FOR EVERY CHILD



SOME OF THE PEOPLE YOU MAY MEET

HOSPITAL PAEDIATRICIAN

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

COMMUNITY PAEDIATRICIAN

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

PHYSIOTHERAPISTS

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

OCCUPATIONAL THERAPISTS

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

SPEECH AND LANGUAGE THERAPISTS

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

CLINICAL PSYCHOLOGISTS

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

EDUCATIONAL PSYCHOLOGISTS

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

PSYCHOLOGICAL SERVICE HOME VISITING TEACHER

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

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SOCIAL WORKER

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

HEALTH VISITOR

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

CHILDREN'S SERVICES WORKER

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

COMMUNITY LEARNING DISABILITY NURSE

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

PRIMARY MENTAL HEALTH WORKER

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

SPECIALIST NURSES

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

ADVANCED ADHD NURSE PRACTITIONER

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

SCHOOL NURSES

School Nursing services are offered to all children but may play a bigger part in supporting some children to reach their potential, particularly in relation to their health. School Nurses have extensive general knowledge of typical development, adversities and vulnerabilities which may increase the risk of poorer outcomes e.g. mental health difficulties, drugs and alcohol, sexual health, being a young carer and being involved with youth justice.

COMMUNITY EARLY YEARS PRACTITIONERS (CEYP'S)

Community Early Years Practitioners (CEYP's) work closely with health visitors to offer support to families in various ways, both at home and in community settings. They can support with various aspects of childhood development ranging from behaviour, sleep, baby massage, toilet training, weaning and more. They also facilitate groups where they welcome parents, carers and children where they are always happy to have a chat and offer support where they can.

ADDITIONAL SUPPORT FOR LEARNING (ASL) TEACHER AND PUPIL SUPPORT ASSISTANT (PSA)

Some children and young people need extra support in school to help them overcome barriers to learning. The ASL teacher can provide guidance and support to classroom teachers, PSAs and others involved in the care of your child. This may include co-ordinating learning time with PSA support staff, guidance for classroom teachers on support strategies, co-ordinating input from other professionals such as Educational Psychologists and Speech and Language Therapists, and advising on specialist equipment such as a laptop or special seating. PSAs often provide one-to-one support to children at school. If you are a parent, you can ask for an assessment to see if your child has any additional support needs. You should speak to your child's school about this.

There are also lots of third sector organisations (charities) providing services to families, such as Thriving Families.

OTHER PROFESSIONALS YOU MIGHT MEET

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

ABBREVIATIONS

PMHW	Primary Mental Health Worker
S&LT	Speech & Language Therapist
CLDN	Community Learning Disability Nurse
HV	Health Visitor
OT	Occupational Therapist
AHP	Allied Health Professional, includes a range of roles such as Occupational Therapist, Speech and Language Therapist and Physiotherapist.

PLACES

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

MEDICAL TERMS

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

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CONDITIONS

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

LEGISLATION

ASL	Additional Support for Learning Act (2004) and as amended 2009
AWI	Adults with Incapacity Act (2000)
DDA	Disability Discrimination Act (1995) Standards in Scotland's Schools etc. Act 2000 Equality Act 2010
UNCRC	United Nations Convention on the Rights of the Child

EDUCATION

ASN	Additional Support Needs
ASL	Additional Support for Learning (ASN and ASL are now often used interchangeably. The legislation talks about ASN but in day-to-day practice ASL is generally used)
CSP	Co-ordinated Support Plan
IEP	Individualised Educational Programme
GIRFEC	Getting It Right For Every Child
SFM	Solution Focussed Meeting
CSW	Children's Services Worker

OTHER ORGANISATIONS

CAB	Citizens Advice Bureau
EHRC	Equality and Human Rights
DWP	Department of Work & Pensions
SSS	Social Security Scotland

HEALTH VISITORS

ROLE OF HEALTH VISITORS

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

HOW THEY WILL CONTACT YOU

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

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

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

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

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

- Inverness East including Culloden, Westhill, Balloch, Nairn & Ardersier – 01667 422832
- Inverness West – 01463 644850
- Inverness Central, Badenoch & Strathspey – 01463 813403
- Lochaber – Lochaber health visiting team – 01349 781450
- Skye and West Ross – 01349 781450
- Sutherland – 01349 868520
- Caithness – 07435 7811944
- East Ross and Mid Ross – 01349 868520

COMMUNITY PAEDIATRICIANS

ROLE OF COMMUNITY PAEDIATRICIANS

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

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

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

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

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

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

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

The Voluntary Sector: e.g. Thriving Families

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

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

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

OCCUPATIONAL THERAPY

WHAT IS OCCUPATIONAL THERAPY?

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

WHO DO OCCUPATIONAL THERAPISTS HELP?

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

HOW OCCUPATIONAL THERAPY CAN HELP

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

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

If your child is experiencing difficulties doing things, occupational therapy can help. Some examples are self-care, education and play & leisure. You can call Just Ask to speak to an OT, see page 29.

PHYSIOTHERAPISTS

INFORMATION FOR PARENTS

They assess and manage children and young people who have significant difficulty with movement, balance and mobility over and above what would be expected at their age and stage of development. This may be caused by disability, injury or illness. They aim to improve the quality of life of children by promoting independence and encouraging physical wellbeing.

There is a range of possible ways of providing therapy to support children and young people. These will always involve working with and through the child/young person, their family and others, such as classroom assistants, teachers and early years staff. Together they aim to develop an effective plan that takes into account the child/young person's lifestyle, leisure activities, general health and their needs and expectations.

Referral to the Physiotherapy Service is via any Health Professional e.g. Paediatrician, GP, Health Visitor, School Nurse. You can also call Just ask, see page 29.

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

WHAT ARE SPEECH, LANGUAGE AND COMMUNICATION NEEDS?

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

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

HOW CAN SPEECH AND LANGUAGE THERAPY HELP?

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

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

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

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

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

Anyone can make a request for assistance to the Speech and Language Therapy Service through Just Ask, see page 29.

PAEDIATRIC DIETITIAN

ROLE OF PAEDIATRIC DIETITIAN

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

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

The dietitians also provide care to children and young people during admissions to the Highland Children's Unit as required. They also manage the nutritional care of children and young people who receive nutrition via tube feeding e.g. gastrostomy. Several general dietetic clinics are held weekly for the management of conditions such as faltered growth, allergies, over and underweight, constipation, faddy eating, and nutritional deficiencies. Every fortnight an Infant Feeding Difficulties Clinic (IFDC) is held for infants with feeding difficulties caused by for example reflux. There is also an Infant Feeding Allergy Clinic (IFAC) for infants with feeding difficulties caused by allergy. In addition to clinical work, the service supports Community Dietitians who see children and also Health Visitors with regular training and frequent ad hoc queries regarding patients. You can contact the Paediatric Dietitian service through the Just Ask line, see page 29.

CLINICAL CHILD PSYCHOLOGIST

ROLE OF CLINICAL CHILD PSYCHOLOGIST

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

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

HOW IS THE SERVICE ORGANISED?

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

CAMHS Highland is based at the Phoenix centre,
Raigmore Hospital, Inverness, IV2 3UJ. Tel: 01463 705597
More information on CAMHS is on page 20.

HOW DO CHILDREN GET REFERRED?

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

PRIMARY MENTAL HEALTH WORKER

ROLE OF PRIMARY MENTAL HEALTH WORKER

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

WHAT IS THE PURPOSE OF CONSULTATION?

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

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

WHEN TO CONSULT?

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

The consultation may include:

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

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

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

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

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

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CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

WHO ARE THEY?

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

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

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

WHAT SORT OF PROBLEMS MIGHT THEY HELP WITH?

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

HOW DO I GET REFERRED?

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

WHAT HAPPENS NEXT?

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

WHAT THEY OFFER

Consultation

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

Assessments

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

Interventions

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

PRIMARY MENTAL HEALTH WORKER SERVICE

Child and Adolescent Mental Health Services (CAMHS)

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

Telephone: 01463 705597

Email: nhshighland.phoenixcentre@nhs.scot

NEURODEVELOPMENTAL ASSESSMENT SERVICE (NDAS)

WHAT IS A NEURODEVELOPMENTAL DIFFICULTY?

Neurodevelopmental difficulties can affect children and young people's development. They may experience difficulties across different areas including:

- independence Skills
- motor skills
- communication/social interaction
- play/flexibility
- sensory/regulation
- academic and learning
- attention, memory, organisation and planning skills
- emotional wellbeing/mental health
- attachment and relationships

When the impact and extent of the difficulties are significant it may be part of an underlying disorder. Examples of neurodevelopmental disorders are:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder (ASD)
- Developmental Coordination Disorder (DCD)
- Developmental Language Disorder (DLD)
- Intellectual (Learning) Disability (ID/LD)
- Foetal Alcohol Spectrum Disorder (FASD)

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

NDAS is a diagnostic service and sits alongside services which provide support and intervention. Where concerns have been raised about a child/young person it is important that support strategies are put in place. This would usually follow the staged approach and may involve services such as Educational Psychology, Community Paediatrics, Speech and Language Therapy, Occupational Therapy and Primary Mental Health Workers. Concerns such as those regarding behaviour challenges, adverse childhood experiences, anxiety, and learning difficulties should be discussed with the appropriate professional before a request to NDAS is considered. Any support required should be needs led and not dependant on a diagnosis.

HOW TO ACCESS THE SERVICE

Speak with staff at your School, or Professionals you may already be involved with.

To make a request for assessment, e-mail nhsh.nds@nhs.scot to request an NDAS request form.

PRIVATE NEURODEVELOPMENTAL ASSESSMENT

The NDAS assessment service will not recommend private assessment from any particular company but would advise that assessment should be evidence based, robust, include information from 2 or more settings and show evidence over a period of time. When requests are made to individual services they will consider the results of assessments from private companies in relation to ongoing intervention and support as appropriate. If you do decide to access private assessment and you are on the waiting list please e-mail nhsh.nds@nhs.scot to advise.

NDAS is an assessment service and does not provide support. Decisions on support and provision should be based on the needs of the child/ young person, not diagnosis. It is therefore important that support is sought through the education setting or named person.

For further information, advice and support contact:

THRIVING FAMILIES

Tel: 07514 120288   Email: info@thrivingfamilies.org.uk
www.thrivingfamilies.org.uk
www.facebook.com/thrivingfamilies

THE PINES

The Pines is a Neurodevelopmental Centre and is able to provide information/ resources/ videos for all children with neurodevelopmental differences, including diet and sleep.
www.thepineshighland.com

JUST ASK

0300 303 1365 – Phone any Tuesday or Thursday between 1pm-4pm and a professional will call you back within a few days.

CAMHS (CHILD & ADOLESCENT MENTAL HEALTH SERVICE)

The Phoenix Centre, Raigmore Hospital
Tel: 01463 705597
www.camhs-resources.co.uk

EARLY HELP FOR HIGHLAND CHILDREN

www.bumps2bairns.com

HIGHLAND COUNCIL PSYCHOLOGICAL SERVICE

WHAT IS THE PSYCHOLOGICAL SERVICE?

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

HOW IS THE SERVICE ORGANISED?

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

HOW DO CHILDREN BECOME KNOWN TO THE SERVICE?

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

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

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

CONFIDENTIALITY

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

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HOW DO PSYCHOLOGISTS CARRY OUT THEIR WORK?

They have specialist knowledge of the following areas of development:

- Educational
- Intellectual
- Behavioural
- Emotional
- Social

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

Call Just Ask to speak to someone from the service about your child or young person, see page 29.

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PSYCHOLOGICAL SERVICE HOME TEACHING SERVICE

ROLE OF PSYCHOLOGICAL SERVICE HOME VISITING TEACHER

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

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

CONSULTATION

A PSHVT may:

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

DIRECT WORK

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

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

CAN A PARENT REQUEST PSHVT INVOLVEMENT?

Yes, talk with your Health Visitor or call Just Ask, see page 29.

CHILD HEALTH & DISABILITY SERVICES

The Child Health and Disability Service supports children and families with issues related to complex health/disability, learning disability, autism and other neurodevelopmental conditions. The Team consists of Social Workers, Learning Disability Nurses, Autism Practitioner, Family Keyworkers, Community Childrens Workers and Children Service Workers. Our Social Workers hold statutory responsibilities and Lead Professional role with the case holders also having some Lead Professional responsibilities for non-statutory cases.

The Teams Practice involves 1:1 direct work with children, young people and their families while providing liaison, consultation, supervision and training for practitioners who are involved in the lives of children and young people working across a continuum of promotion, prevention and care and education. This can include the following, but they are open to discussion around wider issues which they can clarify are within their remit:

STATUTORY WORK

Child Protection support for children with a disability, advice and guidance, including assessments and procedures and as required follow up on to the Children's hearing system. Social workers also support and have Lead professional responsibility for LAAC/LAC both in and out of HC area as required.

BEHAVIOURAL SUPPORT

Advice and support for children, families/carer's and education staff with issues around Anxiety, Sensory Processing, Sleep, Anger and Neurodevelopmental Differences. Advice around strategies for supporting children to cope on a day to day basis.

ACCESSING EDUCATION

Liaison, support and intervention within schools where required

TRAINING

They can offer training opportunities for parents and staff through their links with The Pines on areas such as Anxiety, Neurodevelopmental Conditions, Sleep, Social Stories, Sensory Processing and many more.

SKILLS TEACHING

Teaching independent living skills e.g. self-help, domestic skills and social skills.

RESPITE

Liaison with the team around the child to provide an appropriate respite service either at the Orchard or within the community.

CONSULTATION & COLLABORATION

The team regularly work in conjunction with Paediatricians, Speech and Language Therapists, Occupational Therapists, Physiotherapists, Education staff, Educational Psychology, Primary Mental Health workers and the CAMHS service.

SPECIALIST INFORMATION

Specialist Information on specific conditions and syndromes, benefits and welfare rights, respite care and access to local resources.

Our Community Learning Disability Nursing Service can also provide a comprehensive assessment of the health needs of children with a learning disability. They offer structured programmes of care which may cover the following:

HEALTH PROMOTION

Educating people regarding their physical and health needs e.g. toileting, healthy eating, puberty, sexual health, mental health and facilitating access to appropriate health care services.

EPILEPSY MANAGEMENT

Providing people with information, advice and monitoring of Epilepsy.

HOW TO ACCESS THE SERVICE

Before a referral, it's best to discuss your child's need with your Lead Professional who will then call a Child's Plan meeting to discuss needs and how the needs can be met.

- Referrals are made through the Child's Plan with clearly identified needs
- It is important that those referring have met with the parent(s)/carer(s) and the referred child/young person and they agree with the request for service
- If a referrer is not sure what information to include, they can contact Mairi MacArthur, Practice Lead (Health) on 01463 644068 or Tracey MacFarlane Gillan, Practice Lead (Care and Protection) on 01463 644069 to discuss the referral.

Information to Include

Please include as much information as possible about the exact nature of the child/young person's difficulties and its impact on their day to day functioning in the Child's Plan.

Concerns to consider and mention in the request:

- Who is concerned/who has raised this issue about this CYP- and the impact at this time. This can be captured in the initial reason or 'pressures' section of the Child's Plan
- Who is best placed to support the child and family with this particular concern; who understands the child's needs the best at the moment. This should be captured in the "analysing strengths and pressures" section and followed up in the "actions" section.
- What has been already put in place/or other services involved. This should be in the chronology/actions section.

JUST ASK

HIGHLAND CHILDREN AND YOUNG PEOPLE AHP ENQUIRY LINE

Every Tuesday and Thursday between 1pm and 4pm you can call Just Ask with any questions or concerns you have about a child or young person's development. A Health or Educational professional will call you back within a few days.

Please call us on 0300 303 1365.

Staff usually available are:

Dietitians, Educational Psychologists, Occupational Therapists, Physiotherapist, Primary Mental Health Workers, Speech and Language Therapists, School Nurses, Psychological Service Home Visiting Teachers, Autism Practitioner, Community Learning Disability Nurse

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

paediatricdietitians@highland.gov.uk

Childrens.OTservice@highland.gov.uk

Childrens.PTservice@highland.gov.uk

SLTserviceHighland@highland.gov.uk

Do you have a question about the development or wellbeing of a child or young person in Highland?

JUST ASK

Call us:

Tuesdays or Thursdays, 1-4pm

A health or educational professional will call you back within a few days

Call: 0300 303 1365

Check out our Just Ask YouTube site

Scan QR code

EDUCATION

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

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

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

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

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

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

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

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

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

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

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

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

Refer to the Thriving Families ASL Guide www.thrivingfamilies.org.uk/education

Thriving Families delivers the Highland information, advice and support service for Additional Support for Learning. We have in depth knowledge of the Highland ASN provision, Additional Support for Learning legislation, and the challenges faced by families in Highland. Contact us to discuss your child's situation and we can advise.

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BROTHERS AND SISTERS

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

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

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

- **Limited time and attention from parents**
  Protect certain times to spend with siblings e.g. bedtime, cinema. Organise short-term care for important events such as sports days. Sometimes put the needs of siblings first and let them choose what to do.
- **Why them and not me?**
  Emphasise that no-one is to blame for their brother's or sister's difficulties. Come to terms yourself with your child's additional support needs (ASN). Encourage siblings to see their brother or sister as a person with similarities and differences to themselves. If possible meet other families who have a child with a similar condition, perhaps through a support organisation.
- **Worry about bringing their friends home**
  Talk over how to explain a brother or sister's needs to friends. Sometimes invite their friends round when their sibling is away. Don't expect your child to always include their sibling with ASN in their play activities.
- **Stressful situations at home**
  Encourage siblings to develop their own social life. A lock on a bedroom door can ensure their privacy and avoid possessions being damaged.
- **Restrictions on family activities.**
  Try to find normal family activities that everyone can enjoy e.g. swimming, picnics.
  See if there are holiday schemes the sibling or child with ASN can take part in.
  Use help from family or friends with your child or their siblings.

- **Guilt about being angry with a brother or sister with ASN's**
  Make it clear that it is alright to be angry sometimes, strong feelings are part of any close relationship. Share some of your own mixed feelings at times. Siblings may want to talk to someone outside the family. Find out if there is a support group for siblings in your area.
- **Embarrassment about a brother or sister in public**
  Find social situations where the child with ASN is accepted. If old enough, split up for a while when out together.
- **Teasing or bullying about a brother or sister**
  Recognise that this is a possibility and notice signs of distress. Ask your child's school to encourage positive attitudes to additional support needs. Rehearse how to handle unpleasant remarks.
- **Protectiveness about a very dependent or ill brother or sister**
  Explain clearly about the diagnosis and expected prognosis, not knowing can be more worrying. Make sure arrangements for the other children can be made in an emergency. Allow siblings to express their anxiety and ask questions.
- **Concern about the future**
  Talk over future plans for the care of the child with additional needs with siblings and see what they think. Find out about opportunities for genetic advice if this is relevant and what siblings want. Encourage them to leave home when they are ready.

THINGS TO REMEMBER

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

To 'Young Carers are children and young people who help to care for and support, both emotionally and practically, someone who has a physical disability or learning disability, is experiencing mental health issues, issues with substance misuse, or who has another long-term health condition. Most often Young Carers help to care for a parent, sibling or other loved one who lives with them. Connecting Young Carers is a Highland service supporting young carers and young adult carers from ages 5 to 24. Contact them to make a referral for a young carer you know **www.connectingcarers.org.uk/what-we-do/connecting-young-carers**

Connecting Young Carers
A better life for unpaid carers in Highland

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STRATEGIES FOR SURVIVAL

THINK OF YOURSELF

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

THE FAMILY

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

LOOKING AFTER YOUR CHILD

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

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TALKING TO PROFESSIONALS

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

TELLING YOUR RELATIVES AND FRIENDS

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

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

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

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

> *"As a family we were struggling with our daughter been waiting over 2 1/2 years for an NDAS appt. The help and information was great and just having someone to speak to about things has been amazing thank you."*

Quote from our "How did we do" surveys

DIET, BEHAVIOUR AND LEARNING IN CHILDREN

NUTRITION IS IMPORTANT FOR THE BRAIN AS WELL AS THE BODY

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

EATING REGULARLY

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

EATING A VARIETY OF FOODS

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

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

How might specific nutrients affect mood, behaviour or learning?

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

WHICH IS BEST – SUPPLEMENTS OR REAL FOOD?

A varied and nutritious diet is the most reliable way to ensure that your child's developing brain and body gets everything it needs. The body often absorbs nutrients better from real food than from supplements. Red meat and pulses are good sources of iron and zinc.

Green vegetables are a good source of magnesium. Oily fish is the best source of omega 3. Fish, milk, yoghurt and eggs are good sources of iodine. Not every child accepts a varied diet so supplements can be a helpful "safety net" in some cases. A general vitamin and mineral supplement is helpful for any child with a poor diet. An omega 3 supplement might benefit a child who eats very little oily fish. Most children need vitamin D supplements.

IS OMEGA 3 JUST A "RED HERRING"?

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

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

DOES MY CHILD HAVE A FOOD INTOLERANCE?

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

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

SUMMARY

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

BENEFITS

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

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

WHERE TO START?

You can apply for Child Disability Payment (formerly Disability Living Allowance, DLA) for disabled children under 16, Social Security Scotland will pay Child Disability Payment until the child is 18. The payment has two different parts or components, the Care component and the Mobility component. There are three different rates for the care component and two for the mobility component, these are all dependant on your child's needs. The care component is for children needing a lot of extra personal care, supervision or watching over because of their disability. It can be awarded from the age of 3 months (or from birth for the terminally ill). Which rate of care you receive depends on the amount of attention and/or supervision your child requires, day and/or night. They must have attention or supervision needs more than the normal requirements of a person of their age.

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

Keep a diary for a week before you attempt to complete the lengthy form, it will help you remember all the extra help your child needs over and above a child of the same age, day and night; e.g. any physiotherapy or speech therapy, extra washing, if you're up during the night, how many times and for how long. Once your young person turns 18 they would apply for Adult Disability Payment (from Aug '22), formerly Personal Independence Payment (PIP). If your child is awarded Child Disability Payment, it could mean that you're entitled other benefits:

- Carers Allowance/Carers Credit
- Motability Scheme
- Universal Credit

MORE INFORMATION ON BENEFITS YOU MAY BE ENTITLED TO

www.mygov.scot/browse/benefits **www.gov.uk/browse/disabilities**

USEFUL ORGANISATIONS THAT CAN ADVISE ABOUT BENEFITS

Highland Council Welfare Support team	0800 090 1004	www.highland.gov.uk
Money Support Scotland		www.moneysupport.scot
Social Security Scotland	0800 182 2222	www.socialsecurity.gov.scot/benefits
Contact	0808 808 3555	www.contact.org.uk
Money Advice Service	0800 138 7777	www.moneyadviceservice.org.uk
Citizens Advice Bureau Scotland	0800 085 7145	www.cas.org.uk
Self-Directed Support		www.carrgomm.org/self-directed-support

WHAT DO YOU NEED TO KNOW AND FROM WHOM?

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

SOME QUESTIONS YOU MIGHT LIKE TO ASK

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

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

HELPFUL HINTS

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

RIGHTS OF UNPAID CARERS

The Carers (Scotland) Act 2016 introduced new rights for unpaid Carers and new duties for local councils and the NHS to provide support to Carers. It became law on 1st April 2018.

WHO IS AN UNPAID CARER?

A Carer is someone who provides unpaid support and care for another individual. They may care for someone who is disabled, has a long-term condition, is elderly or frail, suffers mental ill-health challenges or is affected by alcohol or drug misuse. A Young Carer is someone aged between five and 18 years old

THE EIGHT DUTIES OF COUNCILS AND NHS TO SUPPORT CARERS ARE:

- **Duty to prepare Adult Carer Support Plans** – An Adult Carer Support Plan is a conversation that identifies personal outcomes and identifies any needs a Carer has. The Plan may highlight support that should be provided to an adult Carer to meet their needs. Since 1 April 2018 the Act entitles all Carers in Scotland to an Adult Carer Support Plan.
- **Duty to prepare Young Carer Statement** – A Young Carer Statement is a plan that sets out a Young Carer's personal outcomes and identifies any needs a Young Carer has. The Statement may highlight what support can be provided to a Young Carer to meet those needs. Since 1 April 2018 all Young Carers in Scotland are entitled to a Young Carer Statement.
- **Duty to set local eligibility criteria** – The local eligibility criteria form a framework used to identify whether an Adult Carer or Young Carer should receive support from Highland Council and NHS Highland to meet their identified needs. When a Carer meets the eligibility criteria, support may take the form of self-directed support (SDS). In Highland the National Eligibility Framework is used.
- **Duty to provide support** – Carers who are not eligible for SDS still receive help and support and can access information and advice from Highland Council, NHS Highland and the local Carer support service, Connecting Carers. Carers may also be offered support such as breaks from caring.
- **Duty to involve Carers in Carer services** – Highland Council and NHS Highland have a duty to consult with Carers about shaping services that impact their caring roles. NHS Highland has a duty to involve Carers in hospital discharge planning, ensuring that Carers are involved in the process before a cared-for person is discharged from hospital. Carers' views should also be taken into account when NHS Highland or Highland Council is preparing a cared-for person's assessments.

- **Duty to prepare local Carer strategy** – Highland Council and NHS Highland, working together, prepare a local Carer strategy. This sets out how they plan to deliver services for Carers in Highland.
- **Information and Advice service for Carers** – Connecting Carers deliver an advice and information service for Carers on behalf of Highland Council and NHS Highland. The service covers Carers' rights, education and training, health and wellbeing (including counselling), care planning and future care planning. The Highland Carers Advocacy service is accessed through Connecting Carers. Income maximisation and bereavement support are delivered by partner organisations.
- **Carers' Charter** – The Scottish Ministers must prepare a Carers' Charter, setting out the rights of Carers in the Act.

CONNECTING CARERS

Connecting Carers provide support and information to unpaid Carers throughout Highland. They can support with things such as: accessing support groups, training and events and completing an Adult Carer Support Plan which is an in-depth conversation about the caring role with the focus on outcomes. It looks at different areas of the Carers life, what is important to them and what can be done to help achieve desired outcomes . They want to make sure that Carers are supported in their caring roles and have a life alongside caring. Having an Adult Carer Support Plan also opens doors to various grants, SDS for Carers, counselling, etc, if appropriate.

Connecting Carers
A better life for unpaid carers in Highland

CONTACT CONNECTING CARERS

Carer Support Line: 01463 723560
Connecting Carers Office: 01463 723575
Email: carers@connectingcarers.org.uk
www.connectingcarers.org.uk

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THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC)

The UNCRC sets out the Human Rights in law of everyone who is under 18 years old. Human Rights are a list of things that all people – including children and young people – need in order to live a safe, healthy and happy life.

There are 42 articles that are relevant in the UNCRC and article 42 say that all adults and children should know about the UNCRC.

UNCRC Article 3 – I have the right to be listened to and taken seriously

Article 3 is one of the most important articles in the UNCRC and many other articles are related to it. It says that the interests of children and young people should be thought about at all levels of society, and that their rights should be respected by people in power.

In other words, it says adults should think about the best interests of children and young people when making choices that affect them.

Article 12 of the UN Convention on the Rights of the Child states that children have a right to express their views and have these taken into account when decisions are made which affect them.

Involving children and young people in decision-making:

- ensures that their rights are upheld
- improves the quality of decision-making
- fosters active citizenship
- increases children and young people’s confidence and self-esteem

The UN Committee is clear that participation must be ongoing and consistent, not be tokenistic and must try to gather representative views. It is important that children and young people are involved in decision-making at both national and local level.
What are Scotland’s promises to children under the UNCRC?

By signing the UNCRC, Scotland and the UK agree that the rights of children should be protected and promoted in all areas of their life, including their rights to:

- education
- freedom from violence, abuse and neglect
- be listened to and taken seriously
- a proper house, food and clothing
- relax and play

You can find out more about the UNCRC from the Children & Young People’s Commissioner Scotland **www.cypcs.org.uk/rights**

UNCRC (Incorporation) (Scotland) Bill **bit.ly/3QX86bs**

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A SUMMARY OF THE UN CONVENTION ON THE RIGHTS OF THE CHILD

ARTICLE 1 (definition of the child)
Everyone under the age of 18 has all the rights in the Convention.

ARTICLE 2 (non-discrimination)
The Convention applies to every child without discrimination, whatever their ethnicity, gender, religion, language, abilities or any other status, whatever they think or say, whatever their family background.

ARTICLE 3 (best interests of the child)
The best interests of the child must be a top priority in all decisions and actions that affect children.

ARTICLE 4 (implementation of the Convention)
Governments must do all they can to make sure every child can enjoy their rights by creating systems and passing laws that promote and protect children's rights.

ARTICLE 5 (parental guidance and a child's evolving capacities)
Governments must respect the rights and responsibilities of parents and carers to provide guidance and direction to their child as they grow up, so that they fully enjoy their rights. This must be done in a way that recognises the child's increasing capacity to make their own choices.

ARTICLE 6 (life, survival and development)
Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.

ARTICLE 7 (birth registration, name, nationality, care)
Every child has the right to be registered at birth, to have a name and nationality, and, as far as possible, to know and be cared for by their parents.

ARTICLE 8 (protection and preservation of identity)
Every child has the right to an identity. Governments must respect and protect that right, and prevent the child's name, nationality or family relationships from being changed unlawfully.

ARTICLE 9 (separation from parents)
Children must not be separated from their parents against their will unless it is in their best interests (for example, if a parent is hurting or neglecting a child). Children whose parents have separated have the right to stay in contact with both parents, unless this could cause them harm.

ARTICLE 10 (family reunification)
Governments must respond quickly and sympathetically if a child or their parents apply to live together in the same country. If a child's parents live apart in different countries, the child has the right to visit and keep in contact with both of them.

ARTICLE 11 (abduction and non-return of children)
Governments must do everything they can to stop children being taken out of their own country illegally by their parents or other relatives, or being prevented from returning home.

ARTICLE 12 (respect for the views of the child)
Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.

ARTICLE 13 (freedom of expression)
Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.

ARTICLE 14 (freedom of thought, belief and religion)
Every child has the right to think and believe what they choose and also to practise their religion, as long as they are not stopping other people from enjoying their rights. Governments must respect the rights and responsibilities of parents to guide their child as they grow up.

ARTICLE 15 (freedom of association)
Every child has the right to meet with other children and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

ARTICLE 16 (right to privacy)
Every child has the right to privacy. The law should protect the child's private, family and home life, including protecting children from unlawful attacks that harm their reputation.

ARTICLE 17 (access to information from the media)
Every child has the right to reliable information from a variety of sources, and governments should encourage the media to provide information that children can understand. Governments must help protect children from materials that could harm them.

ARTICLE 18 (parental responsibilities and state assistance)
Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children.

ARTICLE 19 (protection from violence, abuse and neglect)
Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

ARTICLE 20 (children unable to live with their family)
If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child's culture, language and religion.

ARTICLE 21 (adoption)
Governments must oversee the process of adoption to make sure it is safe, lawful and that it prioritises children's best interests. Children should only be adopted outside of their country if they cannot be placed with a family in their own country.

ARTICLE 22 (refugee children)
If a child is seeking refuge or has refugee status, governments must provide them with appropriate protection and assistance to help them enjoy all the rights in the Convention. Governments must help refugee children who are separated from their parents to be reunited with them.

ARTICLE 23 (children with a disability)
A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to support disabled children and their families.

ARTICLE 24 (health and health services)
Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.

ARTICLE 25 (review of treatment in care)
If a child has been placed away from home for the purpose of care or protection (for example, with a foster family or in hospital), they have the right to a regular review of their treatment, the way they are cared for and their wider circumstances.

ARTICLE 26 (social security)
Every child has the right to benefit from social security. Governments must provide social security, including financial support and other benefits, to families in need of assistance.

ARTICLE 27 (adequate standard of living)
Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. Governments must help families who cannot afford to provide this.

ARTICLE 28 (right to education)
Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

ARTICLE 29 (goals of education)
Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

ARTICLE 30 (children from minority or indigenous groups)
Every child has the right to learn and use the language, customs and religion of their family, whether or not these are shared by the majority of the people in the country where they live.

ARTICLE 31 (leisure, play and culture)
Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

ARTICLE 32 (child labour)
Governments must protect children from economic exploitation and work that is dangerous or might harm their health, development or education. Governments must set a minimum age for children to work and ensure that work conditions are safe and appropriate.

ARTICLE 33 (drug abuse)
Governments must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.

ARTICLE 34 (sexual exploitation)
Governments must protect children from all forms of sexual abuse and exploitation.

ARTICLE 35 (abduction, sale and trafficking)
Governments must protect children from being abducted, sold or moved illegally to a different place in or outside their country for the purpose of exploitation.

ARTICLE 36 (other forms of exploitation)
Governments must protect children from all other forms of exploitation, for example the exploitation of children for political activities, by the media or for medical research.

ARTICLE 37 (inhumane treatment and detention)
Children must not be tortured, sentenced to the death penalty or suffer other cruel or degrading treatment or punishment. Children should be arrested, detained or imprisoned only as a last resort and for the shortest time possible. They must be treated with respect and care, and be able to keep in contact with their family. Children must not be put in prison with adults.

ARTICLE 38 (war and armed conflicts)
Governments must not allow children under the age of 15 to take part in war or join the armed forces. Governments must do everything they can to protect and care for children affected by war and armed conflicts.

ARTICLE 39 (recovery from trauma and reintegration)
Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.

ARTICLE 40 (juvenile justice)
A child accused or guilty of breaking the law must be treated with dignity and respect. They have the right to legal assistance and a fair trial that takes account of their age. Governments must set a minimum age for children to be tried in a criminal court and manage a justice system that enables children who have been in conflict with the law to reintegrate into society.

ARTICLE 41 (respect for higher national standards)
If a country has laws and standards that go further than the present Convention, then the country must keep these laws.

ARTICLE 42 (knowledge of rights)
Governments must actively work to make sure children and adults know about the Convention.

The Convention has 54 articles in total. Articles 43–54 are about how adults and governments must work together to make sure all children can enjoy all their rights, including:

ARTICLE 45
Unicef can provide expert advice and assistance on children's rights.

OPTIONAL PROTOCOLS

There are three agreements, called Optional Protocols, that strengthen the Convention and add further unique rights for children. They are optional because governments that ratify the Convention can decide whether or not to sign up to these Optional Protocols. They are: the Optional Protocol on the sale of children, child prostitution and child pornography, the Optional Protocol on the involvement of children in armed conflict and the Optional Protocol on a complaints mechanism for children (called Communications Procedure).

For more information go to **unicef.org.uk/crc/op**

INSPIRING YOUNG VOICES

Inspiring Young Voices is a Highland charity whose objective is to enable children and young people with additional support needs/disabilities to have their voices heard – where and when they wish. It supports them in raising awareness and bringing about positive changes in matters they see as important. It advises them on ensuring that their human rights are respected. It helps them to increase opportunities, improve their quality of life, and hold people to account. They enable children and young people with additional support needs/disabilities to take control of their lives by promoting their rights, supporting their participation and empowering them to have a greater say in decisions that affect their lives.

Inspiring Young Voices is home to **Inspire Highland**, an exciting and dynamic project, led, owned and shaped by young people's needs, ideas and decision-making. The aim of Inspire Highland is to promote the rights, participation and inclusion of young people aged 13-25 who are facing challenges in their lives.

Inspire Highland works to a model of participation in which young people actively participation in shared decision-making and are fully involved in the development, design and delivery of the project. Inspire Highland is about young people:

Reclaiming and promoting their agenda, being the leaders and creators of change, not waiting for change to happen.

Holding those in power to account, not waiting to be invited in.
Ensuring society changes and meets their needs, building evidence for longer term change.

Inspire Highland in the young folks' own words:

"We are a unique, friendly group and we can all be open and speak about any issues affecting us. We try to come up with solutions and resolve issues. This is a place that gives us freedom to express ourselves and not be judged. **Inspire Highland** is a good place to meet new people and share our experiences."

Find out more at the Inspire Highland Facebook page: **www.facebook.com/InspireHighland**

KEY CONTACTS

THRIVING FAMILIES
www.thrivingfamilies.org.uk

JUST ASK
bit.ly/3yrUwWd

THE PINES
www.thepineshighland.com

BIRNIE CENTRE
bit.ly/3a5u2AC

CAMHS
www.nhshighland.scot.nhs.uk/services/pages/camhs.aspx

THE BIRNIE CENTRE
Raigmore Hospital, Inverness, IV2 3UJ
01463 704419

CONNECTING CARERS
www.connectingcarers.org.uk

PARTNERS IN ADVOCACY
www.partnersinadvocacy.org.uk

NATIONAL AUTISTIC SOCIETY
www.autism.org.uk

INSPIRING YOUNG VOICES
bit.ly/3y2eAgB

"I think you do an amazing job. The things you do has definitely helped take some of the pressure of me. Thank you"

Quote from our "How did we do" surveys

KEY LINKS

BUMPS2BAIRNS
www.bumps2bairns.com

SCOT GOV GIRFEC GUIDANCE
www.gov.scot/policies/girfec

HIGHLAND PRACTICE MODEL GUIDANCE
www.forhighlandschildren.org/5-practiceguidance

SUPPORTING CHILDREN AND YOUNG PEOPLE'S WELL-BEING
www.wellbeinghighland.co.uk

HIGHLAND MENTAL WELL-BEING
www.highlandmentalwellbeing.scot.nhs.uk

HIGHLAND PSYCHOLOGICAL SERVICES
www.highlandcouncilpsychologicalservice.wordpress.com

THE PINES YOUTUBE FILMS
bit.ly/3nqaie7

ENQUIRE
www.enquire.org.uk

NAS HIGHLAND BRANCH
www.facebook.com/NASHighland

SCOTTISH TRANSITIONS FORUM
www.scottishtransitions.org.uk/about-us/arc-scotland

Please go to the useful links section on our website for more key links: www.thrivingfamilies.org.uk/links

"I think the most important helpful thing that you did was listen! So many other professionals start their conversations telling you how busy they are and it makes you feel like you are already a burden on them before they've even listened to you."

Quote from our "How did we do" surveys

Thriving Families

Improving the lives of families in the Highlands

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

A child or a young person has ASN if they need more, or different support, to other children or young people their age, in order to realise their potential. For example they may have a disability, chronic illness or caring responsibilities. We are here to support parents and carers of those young people with ASN.

Thriving familes provides information, support and advice

We work to:

- Improve the lives of families in the Highlands.
- Give confidence and empower families to know their rights.
- Support families to have their voices heard.
- Support families in knowing what questions to ask.

contact info@thrivingfamilies.org.uk, call 07514 120288 or see www.facebook.com/thrivingfamilies for more information

SUPPORTING THRIVING FAMILIES

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

Thriving Families

Improving the lives of families in the Highlands

Thriving Families The Pines, Drummond Road, Inverness IV2 4NZ
Tel 07514 120288 Email info@thrivingfamiles.org.uk
www.thrivingfamilies.org.uk

Find us on:

Thanks to the funders of this resource

NHS Highland

The Highland Council
Comhairle na Gàidhealtachd

Highland Cross
Kintail - Affric - Beauly