ROUTES to support, identification/ diagnosis for pupils with Additional support needs

Information for Parents

Additional support for Learning Service

City of Edinburgh Council

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Journeys to Support and Identification/ Diagnosis for Pupils with ASN
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NATIONAL CONTEXT:

The Getting it right for every child (GIRFEC) process is the national policy framework to support the wellbeing of children and young people. **GIRFEC** supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential.

LOCAL CONTEXT: Within Edinburgh we have Pathways to support.

Pathway 1: Pupils' needs are met by the resources available to a class/ subject teacher.
Pathway 2: Pupils' needs are met by the class/ subject teacher, supported by the wider resources available within the school, including the Support for Learning Teacher (SfLT) and Senior Management Team (SMT).

Most children and young peoples' needs are met at Pathways 1 and 2. Schools constantly strive to build their capacity via training, professional dialogue, professional enquiry and sharing of practice. Educational Psychologists and Additional Support for Learning Service staff provide extensive consultation and support at Pathways 1 and 2.

Pathway 3: Pupils' needs are met within the school, with the help of partner services/ agencies. A Child Planning Meeting (CPM) will be held for the pupil. Schools seek parent/ carer consent to make a Request for Support to the Additional Support Access Point (ASAP). The services accessed here are the Additional Support for Learning Service (education support) and Edinburgh Together (family support).

The Additional Support for Learning (ASL) Service covers 8 broad teams: Early Years Team (Nursery – P1), Inclusion Support Team (Primary and Secondary), English as an Additional Language (EAL) Team, Literacy and Dyslexia Support Team (LDST), Deaf Support Team (DST), Visiting Teachers of the Visually Impaired (VTVI), ICT Team, Moving and Handling Team.

There are a range of supports available at Pathway 3 and these are agreed between the school and partner service, in the context of the school's capacity and the needs of the pupil. Support may include: further training for staff, observation, consultation and advice to staff regarding individual strategies, modelling of strategies/ approaches, whole class/ small group/ individual support, ICT assessment.

The ASL Service also delivers several flexible pathways to support children and young people who have ongoing challenges at school, despite a significant level of support at Pathways 1-3 being in place. These are mostly outdoor group activities, with the exception of secondary Youth 180 groups, for pupils experiencing emotionally-based school refusal.

Pathway 4: A small minority of pupils require specialist provision, places are accessed via the Case Management Review Group (CMRG).

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Identification: This term is used for additional support needs that are assessed/ observed by education staff, so they are not diagnosed.
Diagnosis: This term is used for additional support needs that are assessed by allied health professionals.
NB: This is not an exhaustive list of ASN

ASN	Summary of need	Process to support within education establishment	Process for identification/ diagnosis
Attention Deficit Hyperactivity Disorder (ADHD)	Attention deficit hyperactivity disorder (ADHD) is a behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness. NHS https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/	**Pathways 1 and 2:** • Parent/ carers, nursery/ school staff raise concern about pupil's presentation – focus/ attention/ impulsiveness etc. • In primary/ secondary, the class/ subject teacher may use *Up Up and Away/ Circle* or another tool to look at areas of strength and areas to develop, and to plan, implement and evaluate new strategies. • Staff will engage in professional dialogue, professional reading and ongoing partnership working with parents/ carers. • Staff can access training via the Council's Professional Development Programme – Supporting Learners with ADHD. **Pathway 3:** • With parent/ carer consent, health visitors/ nurseries and schools can consult with the Additional Support for Learning Service (ASL Service); they may agree training for staff, and/ or observation and modelling of strategies. • This support is accessed by the school	• Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school. Most cases are **diagnosed** when children are 6 to 12 years old. • Parents/ carers should consider raising their concerns with a GP if they think their child's behaviour may be different from most children their age. • Your GP cannot formally diagnose ADHD, but they can discuss your concerns with you and refer you for a specialist assessment, if necessary. • If your GP thinks your child may have ADHD, they may first suggest a period of "watchful waiting" – lasting around 10 weeks – to see if your child's symptoms improve, stay the same or get worse. • They may also suggest starting a group-based, ADHD-focused parent training or education programme. Being offered a parent training and education programme does not mean you have been a bad parent – it aims to teach you

		making a request for support to the Additional Services Access Point (ASAP) after a Child Planning Meeting (CPM). • It may be appropriate to make a referral to Edinburgh Together (Children 1st/ Barnardo’s/ Canongate Youth) for further/ more intense support at home. This is accessed by the school making a request for support to ASAP after a CPM. • The teacher will continue to work in partnership with parents/ carers and feedback as required, the system for this needs to be agreed between parents/ carers and the school. • If your child has significant sensory needs it may be appropriate to consult with occupational therapy (OT), any further advice given to parents/ carers should be shared with the school. A referral to OT can be made via the GP or by the school, as part of the CPM process.	ways of helping yourself and your child. • If your child's behaviour does not improve, and both you and your GP believe it's affecting their day-to-day life, your GP should refer you and your child to a specialist for a formal assessment which may include: a child psychiatrist, a paediatrician – a specialist in children's health, a learning disability specialist, social worker or occupational therapist with expertise in ADHD. • There's no simple test to determine whether you or your child has ADHD, but your specialist can make an accurate diagnosis after a detailed assessment - a physical examination, which can help rule out other possible causes for the symptoms/ a series of interviews with you or your child /interviews or reports from other significant people, such as partners, parents and teachers. • Some children with ADHD are prescribed medication to help them manage their symptoms/ behaviours. There are different options for medication and these will be discussed in detail with parents/ carers. Medication is monitored closely by the ADHD team within the NHS.
Autism Spectrum Disorder (ASD)	Autism is a lifelong neuro-developmental difference. This means it is a condition that	**Pathways 1 and 2:** • The provision of support in Scottish early years and childcare settings and schools	• In Scotland there is currently a move towards assessing and **diagnosing** autism as part of a range of neurodevelopmental

	affects the development of the brain. Autism affects the way a person communicates and interacts with others, how information is processed and how the person makes sense of the world. National Autism Implementation Team https://www.nhs.uk/conditions/autism/	does not depend on an assessment and diagnosis of autism being in place. • If concerns are raised and/ or difficulties recognised, it is important to develop positive collaborative partnerships with all involved. • In primary/ secondary, the class/ subject teacher may use *Up Up and Away/ Circle* or another tool to look at areas of strength and areas to develop, and to plan, implement and evaluate new strategies. • Staff will engage in professional dialogue, professional reading and ongoing partnership working with parents/ carers. • Staff can access training via the CPD Directory, there are several courses regarding supporting learners with ASD and whole school training is mandatory every 3 years. **Pathway 3:** • With parent/ carer consent, health visitors/ nurseries/ schools can ask for advice from the Additional Support for Learning Service (ASL Service); they may agree training for staff, and/ or observation and modelling of strategies. This support is accessed by the school making a Request for Support to ASAP after a CPM.	conditions. We recognise that autistic young people can have other co-occurring difficulties that also need to be recognised. • In early years and child care settings and in schools, assessment involves the gathering of information about the learner's strengths and difficulties and will include a wellbeing assessment. • In collaboration with parents/ carers and the learner, a profile of the learner is established; this may result in a request for further assessment by speech and language therapy services and potentially educational psychology services. • If the information gathered indicates that the learner may be autistic, a request for assistance can be made to the local specialist autism or neurodevelopmental diagnostic team. • For a range of reasons some parents decide that they do not wish to move to formal identification. • If parents do wish to proceed, they can go via their school or GP to make a referral to Community Child Health. • After a diagnosis is made, parents/ carers will be offered a Family Follow Up meeting. This meeting helps signpost the family to other supports and services who can help, as well as further Parent/ Carer

		• Parents/ carers can access advice for supporting their child at home from ASL Service staff. It may be appropriate to make a referral to Edinburgh Together (Children 1st/ Barnardo's/ Canongate Youth) for further/ more intense support at home. This support is accessed by the school making a request for support to ASAP after a CPM. • There are other 3rd party agencies that provide support to parents/ carers e.g. Tailor Ed, Lothian Autistic Society. • If your child has significant sensory needs it may be appropriate to consult with occupational therapy (OT), any further advice given to parents/ carers should be shared with the school. A referral to OT can be made via the GP or by the school, as part of the CPM process.	Information Sessions.
Developmental Co-ordination Disorder (Dyspraxia)	Developmental co-ordination disorder (DCD), also known as dyspraxia, is a condition affecting physical co-ordination. It causes a child to perform less well than expected in daily activities for their age and appear to move clumsily. NHS https://www.nhs.uk/conditions/developmental-coordination-disorder-dyspraxia/	**Pathways 1 and 2:** • Parent/ carers and / or nursery/ school staff raise concern about pupil's physical co-ordination. • Once Allied Health Professionals (AHP) have assessed the child, they may make recommendations to support the pupil's development at home and at nursery/ school. Building the capacity at Pathways 1 and 2. • Parents/ carers to share information with class teacher as appropriate.	• See a GP is you are concerned about your child's physical development. • Your GP can refer your child to a community paediatrician, who will assess them and try to identify any developmental problems. • Occupational Therapy (OT) may also be involved in this process.

Dyscalculia	There is no official definition available from the British Psychological Association.	**Pathways 1 and 2:** • Parent/ carers, class teacher raise concern about pupil's development with regards to numeracy. • Class teacher uses SEAL assessments and / or City of Edinburgh Council (CEC) Literacy and Dyslexia Guidelines *Checklist* which has a maths section. The pupil's difficulties can be highlighted – implement new strategies – monitor impact over a term – focus on additional area of need if required. Continuous process. • Class teacher can liaise/ consult with SfL Teacher as required. • SfL Teacher may be involved directly or indirectly with the child – SfL direct teaching, PSA led interventions such as 60 minute SEAL and / or other numeracy group support. • Class teacher feeds back to parents/ carers about the strategies in place for their child, the system for this needs to be agreed between parents/ carers and the school. • Class teacher may seek out further CPD opportunities for supporting children with challenges in numeracy e.g. Professional reading, attending courses.	• There is no test for dyscalculia. • Schools often use SEAL assessments as they are felt to be the most appropriate tool for highlighting strengths and areas of challenge.
Dysgraphia	The City of Edinburgh Council (CEC) position is that dysgraphia is part of a	**Pathways 1 and 2:** • Parent/ carers and / or primary class	• CEC assess and support literacy difficulties using the Literacy and Dyslexia

	specific difficulty with literacy. Dysgraphia is recognised independently of dyslexia, as the focus is more on its effect on writing ability.	teacher raise concern about pupil's development with regards to handwriting and/ or spelling. • Class teacher reviews Circle and/ or CEC Literacy and Dyslexia Guidelines – implements strategies – monitors impact over a term – focus on additional area of need if required. Continuous process. • Class teacher can liaise/ consult with Support for Learning (SfL) Teacher as required. • SfL Teacher may be involved directly or indirectly with the child. • Class teacher feeds back to parents/ carers about the strategies in place for their child, the system for this needs to be agreed between parents/ carers and the school.	Guidelines. • Use of Pathway 1 and 2 supports will be in place. This will be discussed with the learner and parents/ carers, as appropriate. • Parents/ carers can discuss with their GP if they wish to pursue a diagnosis via occupational therapy (OT). A referral to OT can be made via the GP or by the school, as part of the CPM process.
Dyslexia	Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the 'word level' and implies that the problem is severe and persistent *despite appropriate learning opportunities*. British Psychological Society 1999 https://www.nhs.uk/conditions/dyslexia/	**Pathways 1 and 2:** • Parent/ carers and / or primary class teacher raise concern about pupil's development with regards to literacy. • Class teacher reviews CEC Literacy and Dyslexia Guidelines: completes *Checklist* – implements strategies – monitors impact over a term – focus on additional area of need if required. Continuous process. • Class teacher can liaise/ consult with Support for Learning (SfL) Teacher as required. • SfL Teacher may be involved directly or	• CEC assess and support literacy difficulties using the Literacy and Dyslexia Guidelines. • There is a staged process to **identification**, there is no single test/ assessment. Dyslexia is most commonly identified at the P4/ 5 stage. • Use of *Checklist* and Pathway 1 and 2 support will be in place. This will be discussed with the learner and parents/ carers, as appropriate. Provide the *Parent/ Carer information form*. • If individual literacy support is required,

		indirectly with the child – SfL direct teaching, interventions such as Read Write Inc, Fresh Start, managing PSA programme of support. • Class teacher feeds back to parents/ carers about the strategies in place for their child, the system for this needs to be agreed between parents/ carers and the school. **Pathway 3:** • With parent/ carer consent, schools can ask for advice from the Literacy and Dyslexia Support Team (LDST) within the Additional Support for Learning Service (ASL Service). This support is accessed by the school making a Request for Support to ASAP after a CPM. • If appropriate, pupils may be assessed individually and provided a tailored programme of support, to be delivered by a school PSA.	complete relevant elements of the *Diagnostic Literacy Assessment* to identify strengths and specific areas for development. • If, despite appropriate learning opportunities, literacy difficulties persist, use the *Summary and conclusions framework* to collate evidence. • An identification of Dyslexia may be made at this point. • Continue to use the monitoring and review process to aid future planning of learning. • Continue to discuss with the learner and parents/carers, as appropriate. • If required, consult with an educational psychologist.
Ehlers-Danlos Syndromes (EDS)	Ehlers-Danlos syndromes (EDS) are a group of rare inherited conditions that affect connective tissue. There are 13 types of EDS, most of which are very rare. Hypermobile EDS (HEDS) is the most common type. Other types of EDS include classical EDS, vascular EDS and kyphoscoliotic.	**Pathways 1 and 2:** • If recommendations are made by an AHP, these should be shared with the school who may adjust/ introduce supports as appropriate.	• See a GP if your child has several troublesome symptoms of EDS. • You do not usually need to worry if your child only has a few symptoms and they're not causing any problems. • Joint hypermobility, for example, is relatively common, affecting around 1 in 30 people. So it's unlikely to be caused by

	NHS https://www.nhs.uk/conditions/ehlers-danlos-syndromes/		EDS if there are no other symptoms. • Your GP may refer your child to a joint specialist (rheumatologist) your child has problems with their joints and they suspect EDS. • If there's a possibility your child may have 1 of the rare types of EDS, your GP can refer your child to your local genetics service for an assessment. • The local genetics specialist will ask about your child's medical history, family history, assess symptoms and may carry out a genetic blood test to confirm the diagnosis. • If further investigation is needed, your hospital doctor can refer your child to a specialist EDS diagnostic service based in Sheffield or London.
Foetal Alcohol Spectrum Disorders (FASD)	**Foetal alcohol spectrum disorders** (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behavior and learning. Often, a person with an FASD has a mix of these problems. CDC.gov https://www.nhs.uk/conditions/foetal-alcohol-syndrome/	**Pathways 1 and 2:** • Parent/ carers and/ or Health Visitor/ Nursery staff/ class teacher raise concern about pupil's development. • If recommendations are made by an AHP, these should be shared with the school who may adjust/ introduce supports as appropriate. • Training is available via the CPD Directory. **Pathway 3:** • With parent/ carer consent, health	• Speak to a GP or health visitor if you have any concerns about your child's development or think they could have foetal alcohol syndrome. • If the condition is not diagnosed early on and a child does not receive appropriate support, they're more likely to experience challenges associated with the condition. • A doctor or health visitor will need to know if your child was exposed to alcohol during pregnancy to make a diagnosis of foetal alcohol syndrome. • Your child may be referred to a specialist

		visitors/ nurseries and schools can consult with the Additional Support for Learning Service (ASL Service); they may agree training for staff and/ or observation and modelling of strategies. • This support is accessed by the school making a request for support to the Additional Services Access Point (ASAP) after a Child Planning Meeting (CPM). • It may be appropriate to make a referral to Edinburgh Together (Children 1st/ Barnardo's/ Canongate Youth) for further/ more intense support at home. This is accessed by the school making a request for support to ASAP after a CPM. • The teacher will continue to work in partnership with parents/ carers and feedback as required, the system for this needs to be agreed between parents/ carers and the school.	team for an assessment if there's a possibility they have the condition. • This usually involves a physical examination and blood tests to rule out genetic conditions that have similar symptoms to foetal alcohol syndrome. • Once the condition has been diagnosed, a team of healthcare professionals can assess the needs of the affected child and offer appropriate educational and behavioural strategies to meet these needs.
Hyperacusis	Hyperacusis is when everyday sounds seem much louder than they should. NHS https://www.nhs.uk/conditions/hyperacusis/	**Pathways 1 and 2:** • Parent/ carers and/ or class teacher raise concern about pupil's sensitivity to noise. • If recommendations are made by an AHP, these should be shared with the school who may adjust/ introduce supports as appropriate.	• See a GP if you think your child has hyperacusis. They will refer to audiology. • Occupational therapy (OT) may also be involved. A referral to OT can be made via the GP or by the school, as part of the CPM process.
Joint Hypermobility Syndrome	Hypermobility means your joints are more flexible than other people's (you may think of yourself as being	**Pathways 1 and 2:** • Parent/ carers and/ or class teacher raise concern about pupil's joint mobility/ joint	• See a GP if you think your child has hypermobility. Your GP will usually test the flexibility of your joints using the

	double jointed). When this causes pain, it might be joint hypermobility syndrome. NHS https://www.nhs.uk/conditions/joint-hypermobility-syndrome/	pain • If recommendations are made by an AHP, these should be shared with the school who may adjust/ introduce supports as appropriate.	Beighton score. • They may also refer your child for a blood test or X-ray to help rule out any other conditions like arthritis. • The main treatment is improving muscle strength and fitness, so the joints are protected. • Ask a GP to refer you to a physiotherapist or occupational therapist (OT) for specialist advice.
Obsessive Compulsive Disorder (OCD)	Obsessive compulsive disorder (OCD) is a common mental health condition where a person has obsessive thoughts and compulsive behaviours. NHS https://www.nhs.uk/conditions/obsessive-compulsive-disorder-ocd/	**Pathways 1 and 2:** • Parent/ carers and/ or class teacher raise concern about pupil's behaviours. • If recommendations are made by an AHP, these should be shared with the school who may adjust/ introduce supports as appropriate.	• Some people start having symptoms early, often around puberty, but it usually starts during early adulthood. • If you think your child is developing OCD, you should discuss this with your GP in the first instance.
Pathological Demand Avoidance (PDA)	PDA currently falls under the umbrella diagnosis of autism spectrum disorders (ASD). British Psychological Society	• Please see section on ASD	• Please see section on ASD
Tourette's Syndrome	Tourette's syndrome is a condition that causes a person to make involuntary sounds and movements called tics. NHS https://www.nhs.uk/conditions/tourettes-syndrome/	**Pathways 1 and 2:** • Parent/ carers and/ or class teacher raise concern about pupil's behaviours. • If recommendations are made by an AHP, these should be shared with the school who may adjust/ introduce supports as appropriate.	• You should contact your GP if your child starts having tics. • Many children have tics for several months before growing out of them, so a tic doesn't necessarily mean your child has Tourette's syndrome. • There's no single test for Tourette's syndrome. Tests and scans, such as an

			MRI, may be used to rule out other conditions. • Tourette's syndrome may be diagnosed if your child has had several tics for at least a year. • Getting a firm diagnosis can help you/ your child and others to understand their problems better and help access the right kind of treatment and support. • To get a diagnosis, your GP may refer your child to different specialists, such as a neurologist (a brain and nervous system specialist). • In some cases, treatment may be recommended to help you control your tics. Treatment, usually available on the NHS, can involve: behavioural therapy, medication.