Sensory Support

Information for Parents and Carers of Children with Disabilities in Middlesbrough
Welcome

Being a parent is the most rewarding experience but it can be tough, especially if your child has a disability.

This booklet aims to offer advice and information for families where a child has sensory support needs. You will find information on services as well as ideas and tips to support you.

This booklet has been put together by people who work with children with disabilities in Middlesbrough and by Parents4Change. We hope you find it useful.

Other information that you may find helpful is contained in the booklet "Information for Parents and Carers of Children with Disabilities in Middlesbrough". If you would like a copy, please contact the Children with Disabilities Team on 01642 579160.

There are also booklets about “Behaviour" “Sleep" and "Keeping Children Safe". Just ask us to send you a copy, if you would like one.

Throughout this booklet, the term 'parents' has been used to mean mother, father, carers and other adults with a responsibility for caring for a child.
Contents

1. Introduction 4

Hearing Impairment
2. Information about Hearing Impairment 5
   • Types of Deafness 6
   • Degree of Deafness 6
   • Communication 7
3. Parenting a Child with a Hearing Impairment 8
4. Equipment 10
5. Support Services 12
   • Health services 12
   • Education services 13
6. Websites/ General Information 16

Visual Impairment
7. Information about Visual Impairment 17
   • Common Eye Conditions 18
   • Registering as Blind or Partially-sighted 20
8. Parenting a Child with a Visual Impairment 21
9. Equipment 23
10. Support Services 25
    • Health services 25
    • Education services 26
11. Websites/ General Information 28

Sensory Integration
12. Information about Sensory Integration 30
    • Sensory Processing Disorders 30
    • Therapies 32
13. Support Services 34
14. Websites/ General Information 35

Support and Information
15. Short Break Support and Activities 36
16. Social Work Support 38
17. Financial Help 40
18. Sources of Information and Support 43
1. Introduction

All children are different and will develop in their own way and at their own rate.

Having a sensory impairment means a child has difficulties with their vision and/or hearing. Some children have difficulties with sensory integration - this means difficulties understanding sensations felt by their body. Some children with sensory issues also have other health needs or disabilities - many do not. All children are different.

Parents know their child best, so if you have concerns about your child you need to speak to your GP or health visitor. They will be able to put you in touch with people who can support you.

Finding out that your child has a difficulty of any kind can be a very emotional situation for parents. At different times you may feel disbelief, anger, sadness, worry and frustration, in addition to all the joys and pleasures that your child brings.

As a parent of a sensory impaired child you are not alone. There are an estimated 25,000 blind and partially sighted children, and over 45,000 deaf children living in the UK. There are an increasing number being diagnosed with other sensory problems.

This booklet has been put together by people who understand. It will provide you with information about sensory needs and give you some tips and suggestions, which may help. It will also provide you with details of services and organisations that may be useful to you.

The most important thing to remember is that there is help available.

If you are finding your situation very difficult and need urgent help, please ring the Children with Disabilities Team on 01642 579160.

If your child has a Learning Disability, you can ring the Community Nursing Team on 01642 283331.
2. Information about Hearing Impairments

Some children are born with a hearing loss and this will be identified at their newborn hearing screening. Some children will develop a hearing impairment as they get older. Others may develop a hearing impairment as a result of an illness or accident.

If you have concerns regarding your child’s hearing, then you should contact your GP or health visitor. They may then make a referral to your local children’s audiology service for an assessment.

The assessment will determine whether or not your child has a hearing impairment, what type of hearing loss they have and their level of hearing loss.

**Ear (diagram)**
This diagram may help you to understand what things mean.
Types of Deafness

- **Sensorineural deafness** – This type of hearing loss is caused by a fault within the inner ear or auditory nerve. Most commonly, this is caused by the hair cells within the cochlea not working properly. Sensorineural deafness is permanent.

- **Conductive Deafness** – This type of hearing loss is caused when sound cannot pass through the outer ear to the cochlea and auditory nerve effectively. This can be caused by fluid in the middle ear, a blockage in the outer or middle ear or when part of the middle ear has not formed properly. The most common form of conductive hearing loss is glue ear. Glue ear is a condition where the middle ear fills with glue-like fluid instead of air. This causes dulled hearing. In most cases it clears without any treatment. An operation to clear the fluid and to insert grommets may be advised if glue ear persists. Most conductive deafness is temporary and children will sometimes grow out of this as they get older. Sometimes children with a permanent hearing loss can get glue ear in addition to their hearing loss.

- **Mixed deafness** – Mixed deafness is when a person has a combination of sensorineural and conductive deafness.

Degree of Deafness

The degree of hearing loss can be defined either as a decibel level (dBHL) or as mild, moderate, severe or profound. The degree of hearing loss is determined by performing a hearing test to discover the quietest sound that a person can hear.

<table>
<thead>
<tr>
<th>Degree of Deafness</th>
<th>Average hearing level in dBHL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>21-40</td>
</tr>
<tr>
<td>Moderate</td>
<td>41-70</td>
</tr>
<tr>
<td>Severe</td>
<td>71-95</td>
</tr>
<tr>
<td>Profound</td>
<td>95+</td>
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</tbody>
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Once your child has been identified as having a permanent hearing impairment, the audiology team may recommend wearing hearing aids. There are different types of hearing aids for different types and degrees of hearing loss. (For more information about equipment, please see the equipment section of this leaflet.) It is important that children with hearing aids wear them consistently so that they get maximum benefit from them. Your audiologist or teacher of the deaf will be able to give you more information about the level of your child's deafness. They can also explain the sounds that your child can and can't hear.
Communication Approaches

There are many different communication approaches available. When choosing which one to use, it is important to consider which one will work best for your child and your family. Below is information about the options available to you. It may be useful to discuss these with the professionals that are involved with your child. Some approaches are more suitable than others for different degrees of hearing loss.

- Auditory Oral approaches encourage the use of hearing aids and cochlear implants to develop listening skills and spoken language. These approaches are used with children with all levels of hearing impairment.

- British Sign Language (BSL) is the language of the deaf community and is officially recognised as a language. BSL is a visual language using hand shapes, facial expressions, gestures and body language. BSL structure is different to that of written and spoken English. BSL tends to be used by those with a severe and profound deafness.

- Sign Supported English (SSE) uses BSL signs but in English word order. When using SSE not every spoken word will be signed.

- Signed English uses BSL signs to represent every spoken word in English word order.

- Fingerspelling is a part of sign language where hands are used to represent letters of the alphabet, it is used to spell out names, places and words.

- Sign Bi-lingualism uses sign language and the spoken language of the family, the aim of this approach is to allow your child to communicate using sign language and to also develop skills in your home language.

- Total Communication uses different communication approaches together, in a combination that works best for your child. Your child may be encouraged to use speech and sign language together (Makaton or BSL). They can also use the Picture Exchange Communication System (PECS) or visual cards to reinforce what it is they want to communicate.
3. Parenting a child with a hearing impairment

Parenting a deaf or hearing impaired child is, in many ways, just the same as parenting any other child but there will be some differences. Like all children, deaf children need love, support, security, and guidance. Differences can arise because most parenting is based on communication. Being able to communicate well with your child makes parenting easier and will help your child to adapt to the world around them, encouraging independence and self confidence. However poor communication may lead to frustration and anxiety, especially if your child struggles to understand what is being said to them.

Tips and hints when talking to a deaf or hearing impaired child.

Do…..
• Get a deaf child’s attention before you start speaking by gently tapping their shoulder.
• Always face a deaf child when you’re talking so that they can see your face clearly – children can lip-read.
• Stand with your face to the light.
• Be aware that if you have facial hair, this can cover your lips and may make it difficult to lip-read.
• Speak clearly and not too fast, try to use an expressive face.
• Use whole sentences to help a deaf child pick up clues about what’s being said.
• Use visual cues, where possible. Point to what you’re talking about.
• Ask a deaf or hearing impaired child to repeat what you’ve said just to make sure they’ve understood, especially if it is something important.
• Try explaining in a different way or writing it down, if you get stuck.
• Stick with it and don’t give up!

Don’t……
• Cover your mouth or put anything in your mouth while talking.
• Stand with your back to a window. This can turn your face into a shadow and make it harder to lip-read.
• Speak too slowly or shout – this will distort your lip patterns.
• Have lots of noise in the background (if you can). Hearing aids amplify all noises, not just your voice.
• Show frustration (if you can), as it often transfers to the child.
**Behaviour**

It’s important for all children to learn to behave in a way which is acceptable. There is no reason why the boundaries for your deaf or hearing impaired child should be any different to the ones you would set for a hearing child of the same age.

Explaining why something is wrong can be difficult and take time. However, it is very important to be patient and to ensure that your child understands what you are trying to say to them.

Your body language should reinforce your message. For example, if you are giving praise, your body language and facial expression need to be positive. In the same way, if you are very cross you need to show it on your face and in your tone of voice.

The Children with Disabilities Team has produced a booklet about behaviour, which you may find useful. If you feel that you are struggling to manage your child’s behaviour and would like a copy, please telephone the Children with Disabilities Team on 01642 579160.
4. Equipment

There is a variety of equipment available that may help your child. This equipment can help to promote their independence and well being. One simple piece of equipment can make a huge impact on your child’s life.

- **Hearing Aid** - an electronic hearing device that receives, amplifies, and then sends sounds to the ear so that people can hear the world around them. Hearing aids for children are usually the 'behind-the-ear' style, with an amplifier behind the ear feeding sound through an ear mould in their ear. You can also get 'in-the-ear' hearing aids, depending upon the severity of the hearing loss, that are less visible.

- **Softband** – A bone conduction hearing aid worn on a headband. These are suitable for some children who:
  - have a hearing impairment in one ear or
  - have a conductive hearing loss which is permanent or fluctuating or
  - are unable to wear conventional hearing aids.

- **Bone Anchored Hearing Aid** - A bone conduction hearing aid that requires a surgical implant. They are a solution for some people who are not suited to conventional hearing aids.

- **Cochlear Implant** - A device that helps improve the hearing abilities of many profoundly or totally deaf people by electrically stimulating the auditory nerve. This requires surgery.

- **Vibrating Alerting Devices** - Lets deaf children know when something is happening, e.g. vibrating alarm clocks, flashing doorbells, telephone alerts, pager systems and specialist smoke alarms.

- **Telephone Amplifiers** – Amplifies incoming speech on a telephone handset.

- **Text Phones** – Phones that can allow your child to type or speak their part of the call and receive text back that they can read on the screen.

- **Loop Systems** - Used to help people with a hearing loss to hear particular sounds. It can be used at home and in public places. If you are not sure whether your child’s hearing aids will work with a loop system, talk to their audiologist or their teacher of the deaf.

- **Subtitles** – Available on televisions to allow your child to read what is happening.
• **Bluetooth Neckloops** - Connects to the mobile phone using Bluetooth to help your child to hear more clearly on their Bluetooth compatible mobile phone.

• **Direct Input Leads** - Similar to in-the-ear headphones, allows your child to connect equipment that has a headphone socket (such as an iPod, iPhone, computer, games console etc) to a hearing aid. If your child has a cochlear implant, ask the cochlear implant team for more information.

Useful websites for purchasing equipment:

- [www.connevans.co.uk](http://www.connevans.co.uk)
- [www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk) (formerly known as RNID)
- [www.sarabec.com](http://www.sarabec.com)
5. Support Services

Some children with a hearing impairment may not require any more support than any other child of their age. However, others may need extra, specialist support to enable them to reach their full potential. Below is a list of services and agencies that you may find useful.

Health Services

• **Audiologist** - Your child’s audiologist will carry out hearing tests and explain the information they gather. If your child needs hearing aids, they will establish the best type and arrange for you to get them. They will also monitor your child’s hearing to make sure that the aids are set appropriately. The contact number for the Audiology Department at James Cook University Hospital is 01642 854071.

• **Ear, Nose and Throat Consultant (ENT consultant)** - An ENT consultant is a doctor who specialises in the diagnosis and treatment of ear, nose and throat conditions. When a hearing loss has been identified, they can help in trying to discover the cause of deafness. They also offer advice and treatment when children develop persistent glue ear.

• **General Practitioner (GP)** - A GP is a family doctor who works in the community. They are the first point of contact for many families. They deal with your child’s general health and can refer you to clinics, hospitals and specialists when needed. They may also support welfare benefit applications and applications for other types of help. General Practitioners are the first point of contact if your child has a problem with ear infections.

• **Health Visitor** - A health visitor is a qualified nurse or midwife with additional special training and experience in child health. They visit family homes in the early years to check on children’s health and development. They give help, advice and practical assistance to families about the care of very young children, normal child development, sleep patterns, feeding, behaviour and safety.

• **North East Cochlear Implant Programme (NECIP)** - a regional service which assesses whether cochlear implant(s) are likely to give more benefit than conventional hearing aids to patients with permanent severe-profound hearing losses. The team is based within James Cook University Hospital and referrals are usually made via your audiologist or ENT consultant. If found suitable, surgery will be arranged and the team will provide post operative tuning of the device and medical checks on an ongoing basis as well as specialist rehabilitation during the first year.
• **Speech and Language Therapist (SALT)** - A speech and language therapist is a health professional specialising in communication development and disorders (and associated eating and swallowing difficulties). A speech and language therapist offers support and advice to parents of children with any type of communication problem. This can include deaf children. They work to enable children to develop their communication skills, in sign language or in oral language. The contact number for the local SALT service is 01642 516780.

## Education Services

- **Educational Psychologist** - An educational psychologist is a qualified teacher who has additional training as a psychologist. Educational psychologists help children who find it difficult to learn or to understand or communicate with others. They specialise in children’s development and learning. They visit schools and nurseries, working with teachers and parents to assist children’s learning and behaviour. They also assess psychological development and special educational needs.

- **The Hearing Impaired Service**
  - The Hearing Impaired Service is an educational service based in Middlesbrough but providing support to children and families who live in Middlesbrough, Stockton, Redcar & Cleveland & Hartlepool. Middlesbrough is the lead authority in this arrangement.

The Hearing Impaired Service is staffed by Teachers of the Deaf. These teachers are specially trained in working with children whose education is affected by their hearing loss or auditory processing disorder. The child’s problem must have been confirmed by a qualified Paediatric Audiologist or Ear Nose and Throat (ENT) consultant. The service provides support for children and young people in Local Authority maintained schools up to the age of 19.

**The service aims to:**
- Work in collaboration with parents, teachers, support staff and all other relevant agencies to ensure that pupils with a hearing loss are fully included and have full access to a broad and balanced curriculum.
- Promote effective communication.
- Ensure acceptance of deaf identity.
- Advise on appropriate special arrangements for examinations.
- Work in partnership with parents/carers so they can play an active role in their child’s development.
- Promote a positive attitude towards deafness so that deaf children and young people have the confidence to reach their full potential.
The Service accepts referrals from ENT consultants and Paediatric Audiologists. Parents cannot refer to the service directly but if you have concerns about your child’s hearing you should visit your GP to discuss this further. The Service is able to provide informal advice to parents and schools at this stage. Following the initial assessment visit by a Teacher of the Deaf, each pupil will be discussed at the Hearing Impaired Service Panel Meeting. A decision will be made whether or not it is appropriate for the child to be placed on the Service caseload. At this stage, advice/training is freely available to schools.

**For more information, please contact:**
Hearing Impaired Service
The Sensory Support Centre
Whinney Banks Primary School Site
Fakenham Avenue
Middlesbrough
TS5 4QQ
Telephone: 01642 354354
Minicom: 01642 354357
Fax: 01642 354356
SMS: 07825 358104

Children are taught in mainstream classes with support. Depending on individual needs, some children are taught in small groups in the base, with additional support.

There are 5 teachers of the deaf, specialist teaching assistants and speech and language therapists on site. The school has weekly visits from the hospital audiology department, close links with the cochlear implant team and special equipment and facilities to teach deaf/ hearing impaired children.

**For more information please contact:**
Sunnyside Primary School
Manor Farm Way
Coulby Newham
Middlesbrough
TS8 0RJ
By telephone: 01642 596422
Fax: 01642 599500
E-mail: sunnyside@middlesbrough.gov.uk
Website: [www.sunnysideprimary.org.uk](http://www.sunnysideprimary.org.uk)

- **Sunnyside Primary School** – This primary school has a base for hearing impaired and deaf children. They use a Total Communication method of developing speech and language skills. This means that both speech and sign language are developed, depending on the needs of individual children and their families.
• **The King’s Academy** – This school provides secondary and sixth form education and has specialist provision for students with statements of special educational needs. This includes students who are deaf or hearing impaired, are blind or visually impaired or have moderate learning difficulties. The staff of the academy includes teachers of the deaf and learning support assistants. The academy works closely with James Cook Hospital to offer pupils access to audiology services.

**For more information please contact:**
The King’s Academy  
Stainton Way  
Middlesbrough  
TS8 0GA  
Tel: 01642 577577  
Fax: 01642 590 204  
Email: enquiries@thekingsacademy.org.uk  
Website: [www.thekingsacademy.org.uk](http://www.thekingsacademy.org.uk)
6. Websites/General Information

**Action on Hearing Loss** – provide support for people with hearing loss and tinnitus by supplying communication services, training and offering practical advice. [www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)

**The British Tinnitus Association** - help people who experience tinnitus or those simply seeking guidance or information about the condition. [www.tinnitus.org.uk](http://www.tinnitus.org.uk)

**Child Deaf Youth Project** - This project provides a range of educational and social activities for deaf and hearing impaired young people such as youth clubs, summer play schemes, befriender service, school leaver’s courses and signing classes for siblings. Please contact them, or visit their website for more information. Child Deaf Youth Project Middlesbrough Deaf Centre 3 Park Road South Middlesbrough TS5 6LD Voice/ Fax: 01642 852165 [www.cdyp.co.uk](http://www.cdyp.co.uk)

**Deafblind UK** - a national charity offering specialist services and human support to deafblind people. [www.deafblind.org.uk](http://www.deafblind.org.uk)

**Deafness Research UK** – a charity dedicated to helping deaf and hard of hearing people through medical research. [www.deafnessresearch.org.uk](http://www.deafnessresearch.org.uk)

**Hearing Link** - works for and on behalf of people with acquired hearing loss who communicate through speaking, listening and lip-reading. [www.hearinglink.org](http://www.hearinglink.org)

**Menieres Society** - a UK registered charity dedicated solely to supporting people with Ménière’s disease and other vestibular disorders causing dizziness and imbalance. [www.menieres.org.uk](http://www.menieres.org.uk)

**Mesign** - British Sign Language specialists providing courses and on-site training, based in North East England [www.mesign.co.uk](http://www.mesign.co.uk)

**The National Deaf Children's Society** - offer free information and support to families with a deaf child. [www.ndcs.org.uk](http://www.ndcs.org.uk)

**Sense** - a national charity that supports and campaigns for children and adults who are deafblind. [www.sense.org.uk](http://www.sense.org.uk)

**Typetalk and TextDirect** - help people who have problems hearing on the phone. [www.typetalk.org](http://www.typetalk.org)
If you have concerns about your child's vision, then you should contact your GP or health visitor. They may then make a referral to your local children's ophthalmologist for an assessment.

No one will understand your child's needs as well as you do. It's important to share the observations you have made about your child's sight with any professionals that you meet.

The assessment will determine whether or not your child has a visual impairment, what type of visual loss they have and their level of visual loss.

Total blindness is very rare. Most children can see something, although it may not be very much. It's important to remember that whatever sight a child has, it is likely to be useful. For example, children who can only see light and dark may be able to tell where a window is and use this information to find their way around a room.
Common Eye Conditions

Here is some information about some common eye conditions that you may find useful.

**Albinism** - associated with a lack of pigment (colour) in skin, hair and eyes. Lack of pigment may mean that tinted spectacles are needed to maintain comfortable vision in bright light, where glare is a problem. Albinism is commonly associated with nystagmus and problems with binocular vision. Children with albinism will have very short sight that cannot be corrected by wearing spectacles. Find out more at www.albinism.org.uk.

**Amblyopia** - sometimes called a 'lazy' eye, refers to an eye (or eyes) that has a decrease in vision. This can often be improved by using a patch, wearing glasses or a combination of both. The most common causes are a 'turn' or squint in the eye or one eye needing a different strength of glasses lens, so it is most likely that only one eye will be affected. It is very important that when a young child has a squint, it is treated as quickly as possible, when there is still an opportunity to improve the development of vision.

**Aniridia** – An under-developed iris. Aniridia can affect vision in different ways depending on the level to which the iris is affected.

**Anophthalmia** – a rare condition where a child is born without one or both eyes.

**Astigmatism** - an irregularly shaped cornea. Vision is distorted because the light rays do not meet at a single focal point. Very few eyes are perfect spheres so astigmatism is quite common. Depending on the severity of the astigmatism, the focus of vision can be corrected with spectacles.

**Cataract** - a clouding of the lens resulting in images becoming unclear. Cataracts can be present at birth or develop after birth. Most cataracts are surgically removed as soon as they are detected. Ophthalmologists are keen to act quickly so as not to delay or prevent the development of vision in a baby.

**Cerebral visual impairment** - usually results from damage to the part of the brain that processes visual images and may cause specific processing and perception problems. It is very common in children with complex additional needs.

**Coloboma** – a gap in the structure of the eye. This can affect different parts of the eye. The effect on vision will depend on the position of the defect.

**Colour confusion** - not being able to distinguish certain colours from each other, sometimes called 'colour blindness'. Around 8 percent of boys have colour confusion, typically with red and green.
**Conjunctivitis** - inflammation of the conjunctiva, which is the thin layer of tissue that covers the front of the eye.

**Glaucoma** - damage to the optic nerve generally associated with a build-up of pressure inside the eye.

**Hypermotropia (long-sightedness)** - things are seen more clearly in the distance than near to. This is typically corrected by spectacles or contact lenses.

**Keratitis** - an infection or inflammation of the cornea. The cornea is the clear, protective outer layer of the eye.

**Keratoconus** - a thinning of the cornea causing it to become cone-shaped, which alters the angle that light enters the eye. This is more common in older children and young adults.

**Microphthalmia** - a rare condition where a child is born with one or both eyes that are unusually small.

**Myopia (short-sightedness)** - things are seen more clearly near to than in the distance. It is typically corrected by spectacles or contact lenses.

**Nystagmus** - an involuntary 'wobble' movement of the eyes from side to side or up and down which results in an unclear image. Find out more at www.nystagmus.net.org.uk.

**Optic atrophy** - the deterioration of the optic nerve.

**Optic nerve hypoplasia** – under-development of the optic nerve that can affect vision in different ways, depending on the development of the optic nerve.

**Retinal detachment** – when part of the retina becomes detached from the back of the eye.

**Retinitis Pigmentosa** - a group of hereditary diseases of the retina. This sometimes results in 'tunnel vision', where there is a gradual loss of peripheral vision. Find out more at www.brps.org.uk.

**Retinoblastoma** - a malignant tumour of the retina which only affects children under the age of five. It is very rare but it is treatable. Find out more at www.chect.org.uk.

**Retinopathy of prematurity** - damage to the retina in a premature baby's eye.

**Strabismus (squint or sometimes called an eye 'turn')** - where the eyes do not look in the same direction, often due to a muscle imbalance or long sight. This is a very common condition in childhood and it is estimated that around 5 percent of children will have some kind of strabismus. The treatment may include wearing glasses, wearing an eye patch or surgery to the eye muscles to realign the eyes. Find out more at www.strabismus.org.
Registering as blind or partially sighted

It is also important that you register your child as visually impaired. To register, your child’s vision will have to be tested by an ophthalmologist. If the results show that they are partially sighted or blind, you will be issued with what is known as a Certificate of Visual Impairment (CVI) and a copy will also be sent to your local social care services.

Being registered as visually impaired may entitle you to a range of benefits, including:

• Disability Living Allowance (DLA) – a tax-free benefit to help with any costs a person has relating to their disability
• Reduction in the TV licence fee (www.tvlicencing.co.uk)
• Free NHS eye tests (see www.nhsdirect.nhs.uk for more information)
• A disabled person’s railcard (www.disabledpersons-railcard.co.uk)

Your GP or ophthalmologist should be able to provide more information about registration.
8. Parenting a child with visual impairment

Parenting a visually impaired child is in many ways just the same as parenting any other child but there will be some differences. Like all children, visually impaired children need love, support, security and guidance. Children with a visual impairment develop in much the same way as other children, although there may be differences in the rate and sequence in which skills develop. Below are some tips that you may find useful when communicating with a visually impaired child:

Tips and hints when communicating with a visually impaired child.

Do…..
- Identify yourself - don’t assume the person will recognise you by your voice.
- Speak naturally and clearly. Loss of eyesight does not mean loss of hearing.
- Use accurate and specific language when giving directions. For example, “the door is on your left” rather than, “the door is over there”.
- Continue to use body language. This will affect the tone of your voice and give a lot of extra information to the person who is vision impaired.
- Name the person when introducing yourself or when directing conversation to them in a group situation.
- In a group situation, introduce the other people present.
- Relax and be yourself.

Don’t……
- Channel conversation through a third person.
- Leave a conversation with a person without saying so.
- Hold a conversation in situations where there is competing noise (if you can).

The difficulties experienced by children with a visual impairment are not always obvious. Different eye conditions create different ways of seeing, with different implications for each child. It is important to remember that each child is an individual and that even children with the same eye condition may appear to see very differently.

Children develop gradually and nobody can guess where the strengths of a child with a visual impairment will lie or what aspects of life they will find challenging.
The following advice may be helpful:

- Assume your child can understand - talk to them, and encourage others to do the same thing.
- Be positive - let them hear you talking about what they can do - not about what they can’t do.
- Assume that, in time, they will learn to do some things for themselves. Try to show your child how to complete small parts of a task that you feel they could achieve on their own.
- Set them up for success and build on it.
- Discover their likes and dislikes and try to respect them.
- Use the things they like as rewards to encourage the repetition of positive behaviour.
- Find ways of showing them your interest in their smallest achievement.

Often doing things for your child is quicker and easier than allowing them to complete tasks themselves. It is important to remember that your child will probably learn best by doing things independently.

When teaching your child a new task, try doing it yourself first without looking at what you are doing. Pay attention to how things feel as you are doing them. This may make it easier for you to instruct your child and talk them through the task. The more practice you and your child have in working out these challenges, the more confident you will become.
9. Equipment

There is a variety of equipment available that may be useful for a person with a visual impairment. This equipment can help to promote their independence and well being. One simple piece of equipment can make a huge impact on your child’s life.

Canes

**Symbol Cane** – Used like a badge or sign to show others that the user is blind/visually impaired and that they may need assistance.

**Guide Cane** – Can be used in a diagonal position across the lower part of the body for protection or it can be used to scan for kerbs and steps.

**Long Cane** – Designed as a mobility device, the cane acts as a “probe”. It is usually used when the person is traveling in an unfamiliar area to provide an extra measure of safety.

**Guide Dogs** – To promote a person’s mobility, independence and confidence. [www.guidedogs.org.uk](http://www.guidedogs.org.uk)

**Magnifiers** - Used for reading. There are several different types of magnifiers available, including handheld, stand, hands free, dome, bar magnifiers, pocket and illuminated.

**Talking Equipment** – Includes talking watches and clocks, talking kitchen scales, talking microwaves, talking measuring jugs, label readers, talking bathroom scales and talking colour detectors.

**Specialist Games** – Including touch/texture dominos, Braille dominos, Braille bingo cards, large print board games, tactile dice with raised dots, large print playing cards, Braille playing cards and audible footballs.

**Telephones** – Big buttons make dialling easier. Some phones will also have a memory feature to call a stored number by pressing just one button. Speech functions are available such as announcing numbers or menus, as well as phones with large display screens.

**Non Slip surfaces** - When placed on a worktop or surface can make many tasks easier.

**Audio Description** – A television commentary that describes body language, expressions and movements, making a television programme, film or production clearer through sound. This can usually be set up on your television by changing the settings.
**Lighting** - While most people with sight loss need and benefit from enhanced lighting, there are some eye conditions that cause people to experience glare problems which could be uncomfortable for them. There are different types of lighting which may make things more accessible for your child:

**General lighting** – This provides background lighting that enables your child to see the size and shape of the room and the main objects within it. It helps them to move around safely. General lighting should give fairly even illumination and you should try to avoid shadows and dark areas, especially when moving from room to room.

**Task Lighting** – A light placed where it is needed for detailed activities. Providing extra lights in addition to the general lighting can make some tasks easier to see.

**Natural Daylight** – Light through a window may need to be controlled by using blinds to stop bright light and glare. Natural lighting varies depending on weather conditions, time of day and distance from the window. It needs to be supplemented by electric lighting.

**Colour Contrast** - Creating documents and images which contain high contrast between colours (i.e. light against dark) will make things easier for your child to read.

**Useful websites for purchasing equipment:**

- www.rnib.org.uk
- www.livingmadeeasy.org.uk
- www.visualeyesuk.com
- www.aspire-consultancy.co.uk
- www.yourdolphin.com
- www.synapptic.com
- www.optimalowvision.co.uk
- www.optelec.com
- www.pamtrad.co.uk
Some children with a visual impairment may not require any more support than any other child of their age. However, others may need extra, specialist support to enable them to reach their full potential. Below is a list of services and agencies that you may find useful.

### Health Services

- **Family doctor/GP** - a doctor who works in the community. They are the first point of contact for many families concerned with the general health of their child.

- **Ophthalmologist** - a doctor based in a hospital who specialises in the diagnosis and treatment of eye defects and diseases. They have special qualifications and experience in eye disorders and in treating them with appropriate medicine and surgery. You may be referred to an ophthalmologist to check that your child's eyes are healthy. The local Ophthalmology department is based within James Cook Hospital, they can be contacted via the main hospital switchboard number 01642 850850.

- **Orthoptist** - a health professional who specialises in correcting vision by non-surgical means, for example by fitting an eye patch and monitoring the child’s progress. They often work with ophthalmologists in hospitals but you might meet one working in a health clinic or visiting a school.

- **Optometrist** - a health professional who specialises in measuring children’s sight and prescribing glasses. They can identify eye diseases and are usually based at a hospital or an optician.

- **Health Visitor** - a qualified nurse or midwife with additional special training and experience in child health. They visit family homes in the early years to check on children’s health and development. They give help, advice and practical assistance to families about the care of very young children, normal child development, sleep patterns, feeding, behaviour and safety.

- **Physiotherapist** - a health professional specialising in physical and motor development. They can assess your child and develop a tailored plan that might include helping your child to control their head movement, sit, roll over, crawl or walk. Physiotherapists can also teach you how to handle your child at home for feeding, bathing, dressing and advise on equipment which might help your child's mobility.
• **Speech and Language Therapist (SALT)** - a health professional specialising in communication development and disorders. They offer support and advice to parents of children with any type of communication problem. They assess, diagnose and develop programmes of care to help children develop their communication, language and speech, including sign language. The contact number for the local SALT service is 01642 516780.

• **Occupational Therapist (OT)** - helps children improve their developmental function by using therapeutic techniques. They also advise on environmental adaptations and the use of specialist equipment. OTs are concerned with the difficulties that children have in carrying out the activities of everyday life.

**Education Services**

• **Educational Psychologist** - a qualified teacher who has additional training as a psychologist. Educational psychologists help children who find it difficult to learn, to understand or to communicate with others. They can assess your child’s development and provide support and advice.

• **The Visual Impairment Service** - is an educational service that provides support for all children with a visual impairment in the Tees Valley area. This service is managed by Middlesbrough Council under a joint arrangement with the other local Councils.

Support and guidance is provided to children and their families from diagnosis of the visual impairment and continues throughout the child's educational career.

Support may take different forms, ranging from minimal support to enable a child to succeed in a neighbourhood school, to the support offered by facilities providing high levels of specialist staff and equipment.

At present, the service operates an open referral system to minimise the risk of a child being disadvantaged by their impairment.
The range of help offered varies with individual need and can include:
• Pre-school visiting at home.
• Parent and toddler group fortnightly.
• Support to children in mainstream schools.
• Support to children in specialist schools.
• Support to parents and teachers.
• Liaison with all professionals including medics, social workers, local and national support organisations.
• Mobility training.
• Touch typing skills.
• Awareness raising and training.
• Holiday opportunities for visually impaired children.

For more information please contact the service:
Childrens Service for the Visually Impaired
Sensory Support Centre
Whinney Banks Primary School
Fakenham Avenue
Middlesbrough
TS5 4QQ
Tel: 01642 354353
Fax: 01642 354358

• The King’s Academy - This school provides secondary and sixth form education and has specialist provision for students with statements of special educational needs. This includes students who are deaf or hearing impaired, are blind or visually impaired or have moderate learning difficulties. The staff for visually impaired children includes a teacher of the visually impaired and experienced support assistants. Visiting staff currently include a fully qualified and experienced Mobility Officer for the Visually Impaired.

For more information, please contact:
The King’s Academy
Stainton Way
Middlesbrough
TS8 0GA
Tel: 01642 577577
Fax: 01642 590 204
Email: enquiries@thekingsacademy.org.uk
Website: www.thekingsacademy.org.uk
11. Websites/General Information

**Action for Blind People** - Provide practical help and support to blind and partially sighted people of all ages.  
www.actionforblindpeople.org.uk

**British Computer Association of the Blind** - Offer training, discussion, networking and help to their members.  
www.bcab.org.uk

**British Diabetic Association** - Connects with, and campaigns on behalf of, all people affected by and at risk of diabetes.  
www.diabetes.org.uk

**Calibre** – An audio library with a one-off joining fee of £20 for young members. Books are available in an MP3 format, compact disk and on USB memory sticks.  
www.calibre.org.uk

**Guide Dogs for the Blind** - Provide guide/buddy dogs for people with a visual impairment.  
www.guidedogs.org.uk

**Henshaws Society for the Blind** - Provides expert support, advice and training to anyone affected by sight loss and other disabilities to develop the skills and independence they need to lead lives that are as full as possible.  
www.henshaws.org.uk

**International Glaucoma Association (IGA)** - Works to prevent glaucoma blindness by providing support, information, literature and advice.  
www.glaucoma-association.com

**Look** – Aims to improve the lives of families with visually impaired children and young people by providing support information and activities.  
www.look-uk.org

**Macular Disease Society** - Promote independence, confidence and quality of life for people with macular disease.  
www.maculardisease.org

**National Blind Children’s Society** – Aims to enable children and young people with visual impairment to achieve their educational and recreational goals.  
www.nbcs.org.uk

**National Childbirth Trust** – Gives parents accurate, impartial information so that they can decide what’s best for their family. They can also introduce them to a network of local parents to gain practical and emotional support.  
www.nct.org.uk

**National Federation of the Blind** - Campaigns to improve the overall welfare and quality of daily life for all blind, partially sighted, deaf-blind people and those whose sight impairment is part of multi disability, in the United Kingdom.  
www.nfbuk.org
Retinitis Pigmentosa Fighting Blindness - Provides support and information as well as funding research into the causes of, and potential treatments for, the disease.
www.rpfightingblindness.org.uk

Royal National Institute for the Blind - Provides information, support and advice to people with sight loss.
www.rnib.org.uk

RNIB National Library Service – A library for readers with sight loss. They offer a wide choice of fiction and non-fiction books in audio, braille and giant print for adults and children.
www.rnib.org.uk/livingwithsightloss/readingwriting/rnibnationallibrary

Useful Vision - Help blind and partially sighted children and their families in the north east to get the most out of life. They deliver family support services, imaginative events, educational activities, and skills workshops designed to meet the needs of vision impaired children of all ages and abilities.
www.usefulvision.org.uk
12. Information about Sensory Integration

We all learn through our senses. Sensory Integration is the process by which the brain takes in and interprets information about the body and its surroundings. This information is then used to control and organise the body.

It's tempting to think of senses as separate channels of information but they work together to give us a reliable picture of the world and our place in it.

For example, when we sit at home reading, we:
- hear background sounds
- feel our clothing against our skin, the chair we sit in and the floor beneath our feet
- resist gravity to stay seated
- see the letters on the page and feel the paper with our fingers
- filter out unimportant sensory input so we can concentrate on what we are reading.
- move our body in response to a burning smell in the kitchen

Our senses all work together to help us know how to respond appropriately to situations.

Normally, good sensory integration is developed in the early years as a child explores his/her body and environment, learning about the way they work together. This subconscious awareness provides the foundation for learning and behaviour. It enables a child to be comfortable with the way their body moves and confident about their ability to do as they wish.

Sensory Processing Disorders

Sensory processing works on a continuum. We can all have difficulty tolerating or processing certain sensory information (touch, smell, taste, sound, movement etc.) and we all have sensory preferences.

Such difficulties become a sensory processing disorder only when they are at extreme ends of the continuum and impact significantly on our everyday functioning.

Sensory Processing Disorder (SPD) - also known as sensory integration dysfunction - describes the difficulty that some people have in taking in, and making use of, sensory information. To be classed as a disorder, a sensory issue must be significant enough to interfere with the activities of daily living. SPD co-exists with many learning disabilities, in particular Autistic Spectrum Disorder (ASD). 1 in 20 children has a sensory processing disorder.
A child with a sensory disorder gathers information from sight, sound, touch, movement and the pull of gravity, like any other child. However, when the data enters the brain, it is not organised or processed correctly. As a result, the brain sends out an inappropriate response.

**A child with an SPD may:**
- resist messy play or may not realise they have a dirty face.
- dislike seams in socks or refuse to wear certain materials.
- avoid playground equipment – may even be fearful of it.
- crave movement, be full of excessive energy.
- move constantly.
- touch everything and everybody, to the point of annoyance.
- throw objects indiscriminately.

**Some examples of how a child may be affected by sensory processing disorder:**
- If a child is irritated by the feel of their clothes on their skin, they will not be able to concentrate on following instructions.
- If a child can’t feel where their body is positioned, they will have difficulties with play.
- A child may experience being touched as something threatening or even painful.

People around the child or young person may interpret their behaviour as challenging. The child may seem to be resistant in certain situations or anxious. This is because sensory input can cause a ‘fight or flight’ response in the child. The information the brain receives may be interpreted as dangerous and the child may use various behaviours to avoid it.

There are two main areas of sensory processing based on the Sensory Processing Model. These are Sensory Modulation and Dyspraxia or Developmental Co-ordination Disorder.

**Sensory Modulation**

We all interact with our environment by taking in information, processing it, responding to it and gaining feedback. We alter, or ‘modulate’, our response with regard to that feedback.

Children who have difficulty with the processing aspect will not automatically produce the right responses, causing an abnormal behaviour to occur. They then, of course, don’t get the right feedback, causing further inappropriate behaviour. This is called ‘regulation to an experience’. Some children are not able to regulate their responses to engage appropriately in an activity.
Dyspraxia/Developmental Coordination Disorder (DCD)

Dyspraxia/DCD is the inability to coordinate your motor functions because of poor sensory processing. In order to move effectively and negotiate our physical world, we need to be able to make both sides of our body work together in a fluid and purposeful fashion. If you have difficulty with planning how to move (something most people can do instantly, without thinking), this becomes a very difficult task. Asking a child with motor planning difficulties to climb a frame or use scissors can create a very difficult and challenging situation for them. Often, their response is inappropriate behaviour.

Therapies

Each child has a unique set of sensory needs. A sensory assessment allows for identification of the child’s unique needs and must be carried out by an Occupational Therapist who is trained in sensory integration.

Children whose nervous system is causing them to be hyperactive need more calming input. Children who are more underactive or sluggish need more arousing input.

Sensory Integration Therapy

This is a therapeutic approach that involves controlling the sensory stimulation a child receives. Therapy usually involves activities that provide stimulation of the senses using touch, body position and body movement.
Sensory Diet

This is a carefully designed, personalised activity plan that provides the sensory input a person needs to stay focused and organized throughout the day.

The effects of a sensory diet can be immediate and cumulative. Activities that perk up a child or calm them down are not only effective in the moment; they can help to restructure a child's nervous system over time so that they are better able to:

• tolerate sensations and situations they find challenging
• regulate their alertness and increase their attention span
• limit sensory seeking and sensory avoiding behaviours
• handle transitions with less stress

Being Sensory Smart

Parents and professionals need to become “sensory smart” and recognise what it is a young person’s body is craving when they start to throw themselves at strangers or when they tip their head up and start laughing hysterically.
13. Support Services

Paediatric Occupational Therapy Service

This is a specialised service which provides a family-centred approach. The aim is to help children and young people to achieve their developmental potential in daily activities which enhance their health.

The service provides specialist assessment, advice or treatment to children and young people who have delayed or impaired functional skills associated with a wide range of developmental difficulties.

Assessment and treatment is tailored to meet the child/young person’s functional difficulties. This includes, but is not limited to, the following client groups and areas of difficulty:

- Physical disability – e.g. cerebral palsy, muscular dystrophy, etc.
- Developmental delay.
- Impaired/delayed hand function
- Pencil skills/handwriting difficulties
- Movement difficulties – e.g. developmental co-ordination disorder, including dyspraxia
- Sensory processing disorders (affecting motor planning, learning and behaviours)

- Visual perceptual difficulties
- Self-care/independence skills
- Functional mobility/transfers (e.g. compensatory strategies, assistive equipment, minor environmental adaptations, manual handling advice)

The team works with children and young people aged 4-16 years, who:

- attend mainstream school
- live in Middlesbrough or Redcar and Cleveland
- have delayed or impaired functional skills associated with developmental difficulties.

This service also works closely with the child/young person, families and schools to support inclusion and learning. Joint assessments are undertaken with other professionals when required.

The team consists of a small team of three clinicians and a support worker. The team specialises in sensory integration and is accredited to deliver sensory integration intervention. The team also works closely with the school physiotherapy team.
Referrals are accepted from:
• GPs
• Consultants and community paediatricians
• Healthcare professionals
• Schools
• Psychology services or other professional
• Self-referral (if child/young person already known to the service)

For more information, please contact:
Children and young people's services
West Acklam Centre
Birtley Avenue
Acklam
Middlesbrough
TS5 8LA
Tel: 01642 873901

14. Websites/General Information

Sensory Integration Network
The Sensory Integration Network (SI Network) is a not-for-profit organisation, promoting education, good practice and research into the theory and practice of Ayres' Sensory Integration.
www.sensoryintegration.org.uk/

The National Autistic Society
This is a national charity for people with autism (including Asperger syndrome and their families). Their web site includes a section on 'The sensory world of Autism' that includes a wide range of information and resources.
www.autism.org.uk/
Most children with sensory issues can take part in the same activities as other children and young people. Most families have no difficulties finding the right activities for their child - some require additional help.

Some families use short break services, which can provide parents with a break from caring and children with the opportunity to take part in social activities. Sometimes, short break services support children and their families taking part in activities and outings together.

Short break services exist to help children, young people and their families to have the sort of short break that other families take for granted. A short break can be for an hour or a day or for several days. It can take place anywhere – in a child’s home, in a special centre or during a trip to a cinema or other activity.

Depending on the needs of your child, short break services may or may not be needed. If you would like to discuss short breaks please contact the short breaks facilitator 01642 579167.

There are now many activities which are available for children whatever their disability, health need or impairment. Many organisations also provide activities and outings which are specifically for children with a range of special needs. These include:

Child Deaf Youth Project – This project provides a range of educational and social activities for Deaf and hearing impaired young people such as youth clubs, summer play schemes, befriender service, school leavers’ courses and signing classes for siblings.

Please contact them, or visit their website for more information.
Child Deaf Youth Project
Middlesbrough Deaf Centre
3 Park Road South
Middlesbrough
TS5 6LD
Voice / Fax: 01642 852165
www.cdyp.co.uk
Action For Blind People – run a club called Actionnaires which is a club for children aged 4 – 16 years who are visually impaired and their siblings. The group runs in Middlesbrough on the 2nd Saturday of every month for 2 hours. The group participate in a variety of activities including: basketball, dance, goal ball, sound tennis and visits to local community amenities. The group is based at the Rainbow Centre, Coulby Newham.

To join Actionnaires, please contact Lisa Simpson on 01642 233439 or lisa.simpson@actionforblindpeople.org.uk and ask for a joining form. Once this form is completed, the children will be able to attend the group.

Useful Vision - runs free events and activities for vision impaired children and their families across the north east. If you would like to register for any of these events, be put on their mailing list for future activities or to find out more about their family support services please contact them, or visit their website. Useful Vision B2 Dobson Prestwick Park Prestwick Ponteland Newcastle Upon Tyne NE20 9SJ Telephone: 0845 60 48 49 1 E-mail: info@usefulvision.org.uk www.usefulvision.org.uk

Your Local Cinema – This website gives details of subtitled films being shown locally. www.yourlocalcinema.com

Cleveland Youth Club for the Sight Impaired - This youth club runs most Friday nights for young people aged 5-18 years. For more information please contact: Cleveland Youth Club for the Sight Impaired c/o Teesside and District Society for the Blind Stockton Road Middlesbrough TS5 4AH Telephone: 01642 247518 Email: cathythomas56@btinternet.com

The Cinema Exhibitors’ Association - The Cinema Exhibitors’ Association Card is a national card that allows the holder to one free ticket for a person accompanying them to the cinema. The card is valid for 1 year for a small fee of £5.50. To apply for the card, you will need to be in receipt of Disability Living Allowance or Attendance Allowance or be a registered blind person. More information is available on www.ceacard.co.uk
**Information**

"Disability Matters" is a good source of helpful information. This is a newsletter, which is produced every two months and has information about local events and services for children with disabilities, including those with sensory needs. It will tell you about free activities and tell you how to make contact with other services. If you would like to receive copies of this free newsletter, please ring 01642 579176 and ask to be put on the mailing list. Or email disabilitymatters@middlesbrough.gov.uk.

There is a "Text Alert" service which can give you information about parents’ meetings and events for children and young people. Just let us have your mobile telephone number to join this free service. Telephone 01642 57914 and say that you want to join the texting service.

There are also information days and family days where services meet with families to talk about the help that families need, and the help that is available. Disability Matters has information about all of this.

16. Social Work Support

Middlesbrough Council’s Children with Disabilities Team now has a Social Worker for Children with Sensory Support Needs. There are many ways in which a social worker can help a family who have a child with Sensory Support needs. These include:

- Helping them to find the right support.
- Helping in emergencies
- Helping families have a break or get support in the home when it is needed.
- Helping them discuss difficulties with education and health.
- Helping them plan for the future.
- Helping families stay together when there are problems.

Some families are worried about having a social worker and refuse this support. This means that they miss out on support that can help.

Families who have a child with sensory support needs can ask for an assessment by a social worker to see what help can be provided. They can change their minds and say they do not want the support or do not want to continue to have a social worker.

However, children with additional needs are very vulnerable and research shows that they are more likely to be abused than other children. Social workers act in the interests of children and try to keep children safe.
When harm happens to children or young people, families also need support. Social workers and other professionals get involved when parents may be unable to protect their child from harm and need some help. In some cases, the police vulnerability unit will investigate with social workers to help protect children and decide whether an offence has been committed.

Removing a child from its home is something that happens very rarely. Social workers will do everything possible to keep children with their families.

Social workers in the Disability Team work only with children with disabilities – they have a lot of experience and help many families. They listen to parents and their children and make sure their views and wishes are taken fully into account. They help families make decisions about the best way forward.

If you feel you need any additional help to care for your child, think about asking for an assessment by a social worker. They will try to help you find the right support. If you are not sure and just want to talk to someone about this, contact the Children with Disabilities Team on 01642 579160.
Disability Living Allowance

Disability Living Allowance (DLA) is a tax-free benefit for children who require additional help with personal care or have walking difficulties, not just because of long-term illness but also due to additional needs.

You should consider applying if your child has a long-term illness, which affects their everyday activities, even if you do not consider your child to be disabled.

The DLA Form

Forms can be downloaded from the Directgov web site or telephone the Benefit Enquiry Line on 0800 88 2200. If you have your form and are having difficulty filling it in, please telephone the Children With Disabilities Team on 01642 579176 and ask for help. Someone will contact you to make an appointment to help you.

The following tips may make filling out the Disability Living Allowance forms a bit easier.

1. Always keep in mind why you are filling out the form.
2. Enlist the help of an outsider who knows your child.
3. Keep a detailed diary of all the help you give your child. The diary should include headings relevant to the DLA form.
4. Have a trial run. It will allow you to plan the most appropriate responses.
5. Keep a copy! This will help should you need to appeal or ask for a review. It will also be handy when the benefit award period ends and your claim will be renewed, since you have to fill in a renewal form giving almost the same information all over again.

Key points

DLA is there to help you meet additional expenses caused by long-term health problems, such as higher heating bills, taxi fares, or additional laundry.

A long-term health problem is one that has lasted for at least three months and is expected to last for at least another six. You can prepare an application before the three months is up.

The health problem has to result in your child needing substantially more care or supervision than other children of the same age without the health problem.

If your child is under 16 you can make a claim on their behalf. Once they are 16 or over, they can claim in their own right. Making a claim for DLA can be a long drawn out and emotionally draining process but there is help at hand.
DLA is non-means tested. This means it is not affected by any money the child or the child’s family might have in the form of income or savings. Your child will not automatically be 'registered disabled' if they receive DLA and it will not make it more difficult to get a job when they become an adult.

**There are two parts to DLA:**
- Help with personal care (care component)
- Help when someone has problems getting around (mobility component)

The help with personal care component of DLA is available at three rates depending on your extent of need - lower, middle and higher.

**Carer’s Allowance**

The Carer’s Allowance is a taxable benefit paid to carers who look after someone who is disabled. It is a contribution towards the income of carers who are unable to work or study full-time because of their caring role. It is not a wage for caring. To find out how much the Carer's Allowance is, visit the Directgov website [www.direct.gov.uk](http://www.direct.gov.uk).

**Can I get Carer’s Allowance?**

You may be able to get Carer's Allowance if you:
- Are aged 16 or over.
- Spend at least 35 hours a week caring for someone who is getting Disability Living Allowance at the middle or highest rate for care.
- Are not in full-time education (21 hours or more of supervised study each week)
- Earn no more than the 'earnings limit'.
- Meet conditions about which country you live in.

For Carer's Allowance, a 'week' is seven days, Sunday to Saturday. So, you can still get Carer's Allowance even if you provide care only at weekends. If you care at least 35 hours every weekend for a child who is away during the week, you can still get Carer's Allowance. You may have to pay tax on your Carer’s Allowance. The amount of savings you have does not matter for Carer's Allowance.

The Carer’s Allowance is paid to only one carer so the carers need to decide who should claim. Carer’s Allowance is paid for caring for only one person. More than one person in the same household can claim Carer’s Allowance but they must be caring for different people. For example, if both parents are caring for two disabled children and both meet the qualifying conditions for Carer’s Allowance, each could claim Carer’s Allowance for caring for one of the disabled children.
Tax Credits and Other Financial Help

Understanding the financial help available

- There is money to help families who have a child with a disability.
- Some families never know about this or do not claim it because they think they should be able to manage themselves.
- The money is there to help you – always check what you can claim – do not struggle if you can get extra money.

Having a child with a disability can cause extra expense and can mean that working is more difficult. Support is available so you should think about using it. No one will think that you are “scrounging”, they know that families who have a child with a disability need help.

There are various benefits that you could receive to help you with the costs of caring for a child with a disability. Some examples are given below but you can also contact Middlesbrough Welfare Rights Unit on 01642 729242.

Council Tax Discount
You may be entitled to a discount under the Disability Reduction Scheme if your child is substantially and permanently disabled and certain conditions are met within the home. For further information, contact Middlesbrough Council Tax Department on 01642 726005 or visit www.middlesbrough.gov.uk.

Child Tax Credit
If you are responsible for any child under the age of 16 (or under 20 if they are in full-time education or approved training), you may be able to claim Child Tax Credit to help with the cost of looking after them.

Working Tax Credit
Working Tax Credit is based on the hours you work and get paid for, or expect to be paid for, either as an employee or a self-employed person. Unpaid work does not count as work when claiming Tax Credits.
Other Financial Help

The Family Fund
This is a charity providing grants and information to ease the stress on low-income families arising from the day-to-day care of a severely disabled child. The Family Fund can provide help with items such as a washing machine, fridge, driving lessons or a family holiday. It is very important to see if you can apply to the Family Fund as you can ask for help every year. Many families find the Family Fund provide a lot of support - don’t be afraid to ask.

The Davison Trust
The Davison Trust for Children can help children living in Middlesbrough who are sick or who have a disability. The Davison Trust can make small grants of money to help with holidays or days out or sometimes other items. It is very easy to apply to the Davison Trust, you just have to fill in a simple form.

Requests by or on behalf of children up to their 19th birthday are considered by the Trustees who know that relatively small sums of money can make a big difference to children who are disabled or sick. Telephone 01642 579176 ask for an application form for the Davison Trust.

18. Sources of Information & Support

If your child has a specific diagnosis, the support group for their condition can usually offer tips and strategies to prevent or manage problem behaviour.

Many parents say their best tips come from the other parents they meet at groups. Contact a Family’s freephone helpline can put you in touch with a support group for your child’s condition.

Contact a Family also produce a range of useful documents, such as: 'Understanding your child’s behaviour - Information for Parents of Disabled Children'.

Contact a Family
http://www.cafamily.org.uk
Telephone Number 0808 808 3555

Other organisations that can help include:
The National Autistic Society
http://www.nas.org.uk
Telephone Number 0845 070 4004

SCOPE
www.scope.org.uk
Telephone Number 0808 800 3333
Locally, you can contact:

**Middlesbrough Children with Disabilities Team**
2nd Floor Hemlington Health Centre
21-25 Viewley Hill Centre Hemlington
Middlesbrough  TS8 9JH
Tel: 01642 579160
Fax: 01642 579172

**Community Nursing Team for Children with Learning Disabilities**
Tel: 01642 283331

**Parents4Change**
Parents4change@hotmail.co.uk
07971 602168 or 07848 909350

We can provide this information in other languages, large print, Braille, on CD or tape.

This booklet was given to you by:

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<tr>
<th>Name</th>
<th>Contact No.</th>
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The information in this handbook was correct at the time it was printed in January 2013.