Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg
Ymchwiliad i Addysg Heblaw yn yr Ysgol
EOTAS 12
Ymateb gan: Unigolyn

National Assembly for Wales
Children, Young People and Education Committee
Inquiry into Education Otherwise than at School
EOTAS 12
Response from: Individual

1) I am writing for my18-year-old daughter, who was diagnosed by a Dyslexia UK Psychologist, as Dyslexic with Visual stress, Dyspraxic tendencies and slow processing speed in June 2016, the day after her Year 10 English GCSE; almost two years after a LA Educational Psychologist assessed her, failed to identify her needs and failed to avert the resultant breakdown which followed.

Consequently, my daughter's functional skills are behind by at least 3 years in Literacy- L1-2- and much more in numeracy-Entry Level 1-2 on last assessment. The cumulative stress of long term non-inclusion has triggered a severe educational anxiety that leads to seizures (the freeze response) when she becomes emotionally / sensorially overwhelmed in the 'classroom' environment, (I have provided NHS flow charts which provide aetiology of the disease and its link to childhood adversity).

2) After Nursery and Reception, my daughter really struggled in school and had a number of years of Catch-up at Primary via a SEN ILP, managed by the SENCO, based in the school's SEN Unit.

She hated school after Year 1, where she had a very negative, whole year experience, with a teacher bereft of patience, who used shouting, screaming, withholding the toilet (A.M. [redacted] intervened here) and occasionally, physical contact, as class control. Subsequently, my daughter would NOT engage in 'Carpet Time' or put her hand up etc. She remained lacking in 'confidence' and deemed a 'daydreamer' throughout Primary, with difficulties on her SEN ILPs switching between literacy, numeracy and 'emotional'.

3)Her Year 6 ILP (2012) was for ***'Concentration, Self-esteem, Maths'*** (can provide this). She was given a **'Confidence'** Award on Graduation Day; subsequent teaching staff were aware that her Year 1 experiences and damage to her resilience had left her with poor self-esteem. She was extremely annoyed at this award and disappointed that she failed to get the award for her Artwork, which went to a child who was extremely academically proficient. She has not forgotten this.

As parents we encouraged her creative, musical and artistic skills, employing them to make learning fun. This is an area where she had some significant self-esteem. Sadly, the school did not prioritise this.

3) Due to constant struggles with homework and getting her to school, I often needed to enquire if she may have had some sort of learning need but was assured not, despite my Dad being a late diagnosis dyslexic. I have a copy of a letter to **her Year 6 teacher,** asking if an Educational Assessment was needed, after she pulled my duaghter out in front of the whole class and belittled her to the point of tears. This *'teacher'* was also the new Deputy Head who hadn't familiarised herself with my daughter's SEN ILP?

My duaghter found Primary school very stressful; this definitely impacted her on asthma, eczema and general health, which always improved greatly toward the end of the school Year and during all school holidays.

4) Later, at the age of 17, my duaghter was formally diagnosed with Dyspraxic tendencies, of which hypermobility in the arms and hands is one presentation.

During the resulting meeting with this *'teacher'*, I was again advised that catch-up was all that was needed and that my daughter's records of this would transition to Comprehensive with her; they didn't. SNAP Cymru advised me that this was not unusual and the root of many subsequent problems).

5) My daughter's educational welfare deteriorated rapidly at Comprehensive. She began to 'zone out' (dissociate) in Maths classes by the end of Year 7. This worsened and I spoke to all key staff, requesting an Assessment of Need in the Autumn of Year 8, due to her mounting anxiety and the distress she suffered after an attempt to move her to Set 3; an incident which caused her extreme anguish (she had been trying very hard to keep up at school and on homework), that changed her behaviour toward school and which I now firmly believe to be the **PRECIPITATING INCIDENT** which triggered off the 'flashbacks' and nightmares that started shortly afterward.

6) My daughter had been having Eye-to-Eye counselling for school related anxiety from spring of Year 7 to early Year 8, arranged after I spoke to Education Welfare; she was already vulnerable, and the incident turned the screws; an act of total ignorance of the welfare needs of a vulnerable pupil.

The Eye to Eye school counsellor, still working with my duaghter, had picked up a possible Dyspraxia in the November of Year 8. This Counsellor was the only person in Education who abided by the SEN Code of Practice.

7) My duaghter subsequently became ill with a worrying level of school anxiety over the Xmas of Year 8. I took her to the GP who referred her to

counselling for school related anxiety, which was by now triggering flashbacks and vivid nightmares of her negative experiences from Year 1 Primary.

I requested an urgent Educational Assessment, both verbally and in writing.

I informed The SENCO of my daughter's the extreme anxiety and her struggle to keep up with and finish work (also noted by teachers in reports), the possible Dyspraxia and the Maths blindness I had noticed and had written to the Maths teacher about this. The SENCO/ALENCO reluctantly agreed to initiating the assessment process saying that *'they knew she was trying hard'* but there would be delays due to cost and a long waiting list.

8) Despite my stressing her worsening anxiety, educational history and family ALNs and the SENCO being aware of my daughter's struggle, he left important decisions to junior, unqualified assistants and the process was deemed 'NON urgent'. I have this in writing from a SEN Admin assistant who was allowed to 'analyse her results'! I also advised both School (February Year 8) and Educational Psychology (July Year 8) of the GP referral to formal counselling for school anxiety and her deteriorating health, doing so verbally and in writing.

Regardless, the process was dragged out until the November of Year 9, by which time she was having panic-like attacks, terrifying, partial-seizures in school and had been put on Beta Blockers by the GP in the summer of Year 8; she was 14.

My duaghter thought that she was dying.

9) The GP initiated counselling held her together and she began to work out for herself that she was suffering from a severe, school related anxiety (I have provided **the recent 'APPG Report on the Human Cost of Dyslexia'.** This report outlines the link between childhood trauma and unsupported Dyslexia SpLds).

Classmates had been calling her 'Mong' and such like ; she wrote this on the second formal application for assessment (the first one was sat-on and mislaid); it didn't speed things up and there were administrative delays with both applications for assessment fuelled by certain, administrative, school staff who felt that she was putting-on her anxiety; this 'old-wives' approach is later confirmed by a Report from Social Services, whom I asked for help in June of Year 9. Later my daughter's EOTAS Psychologist (who was one of the few who understood her disorder), told me that her school records reflect this unprofessional and extremely damaging, opinion.

10) Despite obvious markers later identified by Dyslexia UK, The Educational Psychologist, who eventually assessed her on 7/11/14 (Year 9), missed her Dyslexia, Dyspraxic tendencies, the Visual stress and the low cognitive

processing speed, which she wrongly deemed low-average, misreading the JCQ benchmark for access arrangements for exams and controlled assessments, which she later apologised for in writing in April 2016 (Year 10).

The Psychologist did, however, pick up the severe emotional anxiety that was being triggered by these unmet needs and *'an emotional need in the area of'* maths, for which my duaghter received a replica of her Year 6 ILP, in the following Spring of Year 9 (can also be provided).

11) She deemed my child 'capable of coping' in school even though my duaghter and some of her teachers and I told her that she wasn't. Rather dichotomously the Psychologist asked if she could refer her to CAMHs for the '*severe anxiety*'?? I was relieved to agree to this referral. May duaghter was NOT coping in school and in fact spent a large proportion of Year 9 in and out of hospital, lost a lot of weight and struggled to care for herself due to the extreme exhaustion of repeated, intractable seizures ; she was in the Paediatric A&E system for a Functional Neurological Disorder causing neurological disturbance- *'most likely stress related'*. The condition has recently been debated in Parliament due to the lack of appropriate care pathways; I attach the link below:

https://hansard.parliament.uk/Commons/2019-03-12/debates/B4368A54-BAF2-4732-92D1-5CA441527DA3/DepersonalisationDisorderNHSTreatment.

12) Advice on the old Dyslexia UK website clearly warns that one of the co-occurring difficulties of Dyslexia is *Emotional Behaviour Difficulty (Disorder);* Dyslexics process emotions differently, with EBD therefore being an indicator for SpLDs. The same link has been made by Great Ormond St and other respected scientific research studies freely available on the 'PubMed' Research, site. Furthermore, Sensory processing has also been scientifically shown to be different in both Dyslexia and Dyspraxia, but the Psychologist was not alerted to any of these, despite her diagnosis of 'severe anxiety' and her notes in her report that my daughter was *' blind as a bat without her glasses'* (Dyslexia) and had been nicknamed *'Danger-mouse'* for her clumsiness (Dyspraxia)?

Her colleague, who later became my daughter's Educational Psychologist in EOTAS was knowledgeable of her seizure disorder and aware that her difficulty in processing overwhelming educational, sensory stimuli leads to the anxious, emotional response at the root of it.

13) Information on the condition can be accessed via 'Mind' and Links on their page, links on the Epilepsy Action Page below and **www.neurokids.org** 'About NEAD' – 'Why an I having them ?' where GOSH and other studies show that *'school stress/ worries is the main cause' in children'*.

https://www.mind.org.uk/information-support/types-of-mental-health-problems/dissociation-and-dissociative-disorders/nead/#.XL3zSfZFwc

https://www.epilepsy.org.uk/info/diagnosis/dissociative-seizures-non-epileptic-attack-disorder-nead

Academic information and information for parents and teachers can be accessed in ISSTD via their site, below and the Facts for Parents and Facts for teachers overleaf.

https://www.isst-d.org/public-resources-home/

https://www.isst-d.org/resources/child-adolescent-faqs/

https://www.isst-d.org/resources/faqs-for-teachers/

14) Trauma related DSD/ NEAD/DPDRD is such an appalling and destructive condition for children and their families that I can only surmise that lack of public recognition of it is due to it being an inconvenient side effect of years of Government austerity and is likely to trigger even further public outcry in relation to the cuts to education by raising the profile of the number of children being damaged and families being devasted by the demands of caring them (I lost my job to support her in Home Tuition and my husband had to accept work away from home to make up my wage!!!).

I am still a carer for my daughter 5 years on from the failures of the LA Educational Psychologist.

15) Following the failed LA Assessment, I pleaded, verbally and in writing, for my daughter to be taken out of school for her health sake. This was repeatedly refused between November 2014-July 2015. I also applied to move her to a more pastoral Church School.

16) The Paediatric Neurologist gave her Open Access to the Children's Ward on 24/11/14 as she was losing control of her nervous response, mainly, in Maths classes and having seizures, mainly in school. After a number of distressing, tests the Heart Consultant put it down to 'stress'. Tests for Epilepsy proved negative.

17) The seizures were mainly happening in school; my daughter repeatedly informed medical staff that she did NOT feel safe in school, that school was traumatising her and causing her seizures; so in early 2015 the Neurologist recommended the school make provision for lost schooling and a period of Home Tuition. This was dismissed by Education and I was told that nothing would be done until the Paediatric Psychiatrist made recommendations. There was a long wait for the Psychiatrist, and we were left in an extremely

distressing and damaging state of limbo during which my daughter's health and educational welfare plummeted.

18) I contacted the then Head of EOTAS myself, tracking him down like a sleuth. He was due to retire but told me that it was obvious that my daughter was not well enough to be in school (sentiments by now being echoed by sensible school support staff then helping her in the 'Learning House' at School). He told me that the school were trying to keep her there for financial reasons and that their numbers were already dropping due to it being such a poorly rated new school. He told me to fight; despite the exhaustion I did and managed to get her on a flexible programme from the middle of May 2015. This was too late to save her mental health and it was clear by now that she was in some sort of breakdown; I only took her to school when she asked to go and bless, her she did try.

I continually badgered CAHMs by phone and in writing for an early appointment and if my duaghter hadn't been starting her GCSE's in the autumn of 2015, I would have taken her out of school then; we were left in a state of distressing and damaging limbo by Education.

19) Around this time, Paediatrics also referred our daughter to CAHMs and on 19th May 2015, gave the formal diagnosis of Non-epileptic (Dissociative) Seizure Disorder, triggered by stressors. Education had been advised for some time that this was likely to be the diagnosis.

The Mental Health Nurse, who initially assessed her in the March of 2015, said that she was suffering from ***'Past Trauma'*** and that all the professionals who had been there to protect her had let her down. He advised me to find all her old school records and any letters of complaint to *'establish a paper trail'*. I did this but my complaints have been ' brushed under the carpet'.

This injustice did not help my daughter's recovery process so for her sake I have approached Education, Safeguarding and the Police (in relation to the latter's failure to act thoroughly). It seems that significant harm is only actionable when it is caused by soft targets.

The only body that has expressed concern about the way my daughter's case has been handled by those there to *'Safeguard her'* is the NSPCC who, following my contact with them in 2018, referred her case back for further investigation, sadly, to the same, ineffectual Safeguarding Department who can't extend their remit to government departments, who seem to be above the law when it comes to neglecting the needs of and thus causing significant, developmental harm to children in their care. The manager of Safeguarding did however meet with and talk to my daughter at home. In November 2017 she acknowledged that my duaghter has suffered an 'appalling experience of school'. She arranged an interview with Children's

Social Services which acknowledged my daughter's trauma and referred in it back to Safeguarding, who shelved it!!!!

20) The chain of causation shows that my duaghter has been caused significant harm by a failed Education system. In addition there has been a total failure to Safeguard her from further harm; she has to live with the emotional, psychological and social effects of these failings.

Sadly, speaking to other parents as an EOTAS mum, her experience is not unusual. Many children are left until they are broken by the 'system', before they are refereed to EOTAS. This seems to be a financial decision rather than a humanitarian one, the consequence of this robs teaching staff of their humanity, leaving the parents and child to pick up the pieces, if not too late to do so, as was almost the case with us.

21) On 5th August 2015 the Psychiatrist assessed my daughter. She makes clear references to early, school related trauma in her diagnosis (provided) and advised me that she would recommend Home Tuition. She later rang me on 1/9/15 to collect her letter to Education etc. and disseminate it. She strongly advised that '*under NO circumstances*' was I to return my child to school nor allow Group tuition.

Despite this, Group Tuition was advocated by 'someone' in the school; I fought for the Home Tuition recommended by the Psychiatrist. Whilst in EOTAS my duaghter was pressured to attend Group. The Psychiatrist called a multi-agency meeting to address this , to stress that if she hadn't removed her from school when she did *'she would NOT have been able to help her'* and to address other, inappropriate, stressful, academic pressures being pushed by the school e.g. 4 solid hours of Triple Science on a Thursday; leading to multiple seizures during the lesson and exhaustion afterward.

The Psychiatrist explained that safe learning environment was needed to reduce the seizures as this was paramount for my daughter's mind and nerves to heal

22) The school showed no understanding of mental health issues, their respect for the Qualified Medics in this area was atrocious and was only surpassed by their farcical, lack of understanding of the needs of children with SpLDs.

My daughter's condition is a severe anxiety disorder where, due to adrenal burn-out, the fight- flight-freeze response, feedback loop is damaged; when she is faced with educational challenges that she cannot meet she dissociates or freezes and goes into a seizure-like episode. This has been diagnosed by CAHMs and Neurology as 'Dissociative Seizure Disorder', a Derealisation Disorder or functional neurological disorder caused by complex (cumulative**) trauma;** the type of trauma that is caused by the exclusion, marginalisation and neglect that many children with undiagnosed/ unsupported SENs or ALN's/Disabilities feel when in the school system (see AAPG report Provided).

The condition is similar to Epilepsy, Multiple Sclerosis and Parkinson’s in its presentation. To cause this kind of damage to a child is inexcusable in a ‘civilised’, wealthy, ‘humanitarian’, society.

My daughter’s anxiety disorder is classed as a disability by the WHO and a rare disease by NORD; CAHMs report that it is on the increase in children. Neurology advises similar.

My child was given DLA in August 2015 and has received PIP until 2021; the condition being recognised as changeable. She has a disabled, companion bus-pass, a disabled Railcard and Blue Badge instead of a driving licence. She is only now doing the things that teenagers should be doing at 14 and above, she is doing them in ‘baby-steps’.

23) My daughter had 2 years of LA Home Education for her GCSE years 10 and 11, through which she battled due to the fact that she did NOT have the access arrangements that she should have had following her 2014 educational assessment i.e. a minimum of 25% extra time for her low processing speed and time for the ‘severe anxiety’ which she should have had in place automatically for her illness alone, from the start of EOTAS.

These failings caused her a significant amount of unnecessary stress and totally frustrated her recovery well into Year 11; very damaging and at a time when she should have been trying to get well; the whole purpose of EOTAS at home was undermined by the continued failure to identify early, effectively assess and skilfully support SpLds and the disability this had caused. Instead she got a lip service, tick- box, (and often fund- raising) exercise that it has been our experience of Access and in particular, INCLUSION.

24) School and Educational Psychology displayed complete ignorance of and indifference to the presentation and effects of anxiety conditions and how they associate to the needs of those with neglected ALNs and SpLDs. The Head of 'Education Other' did his best but this did not result in the much-needed Dyslexia support. However, he responded decisively to my threat to take her out of school for Year 11 due if the school continued piling needless pressure on her learning and he took over her learning programme for Year 11.

25) Following advice given me by Dyslexia UK, who read the erroneous LA Educational Assessment of 2014 in April 2015 (Year 9) and identified the overlooked Dyslexia, Dyspraxic tendencies and visual stress issues, in January 2016, the Head of EOTAS, supported by me and SNAP Cymru, attempted to

get the school to acknowledge the need for Dyslexia access arrangements. The response from the School Head was that [redacted] had been regularly assessed at school, despite them missing the SpLDs. The Head of EOTAS insisted the school check; an email response to me some weeks later, forwarded by the School Head and SENCO, directly from Educational Psychology-stated the following:

That my duaghter, *'xxxxxx does not need access arrangements in Maths or any other subject; its just her poor ability'*

This response indicates an Education / Educational Psychology Department, where the lack of training and skill is not only endemic but where it supports and encourages neglect and promotes cost saving exercises at expense of;

Equality, access and inclusion,

Educational Legislation and Codes of Practice

Disability Legislation.

Human Rights

And at the expense of Safeguarding children from significant developmental harm i.e. from the ACE of going through a system which fails a child on all the above provisions and in doing so promotes, exclusion, marginalisation, discrimination and penalisation for failing in a system which is setting them up for failure. These are not harsh words; these are the words of a parent who has watched the mental destruction of their child through the appalling experience of such failings.

26) On identifying the 2014, LA Assessment errors regarding the cognitive processing speed and access arrangements, which I confirmed via JCQ direct in the March of Year 10, I booked my daughter into Dyslexia UK for a full assessment in June 2016 (Year 10). This found Dyslexia, Dyspraxic tendencies, Visual Stress and possible ADD and a need for 50% extra time. All the findings have been borne out by two NHS OTs and a Behavioural Optometrist who is still treating her.

27) As a result, my daughter got a Statement of Need for Dyslexia and Co-occurring difficulties following the 2016 Dyslexia Report. I did all the Legal work on it myself. It was a full-time job for 6 months, but it saved £9000 plus in Legal Fees. The Statement finalised on 24/3/17 (Year 11) and apart from the exam access arrangements of extra time, rest breaks for exams etc. NO other formal Dyslexia tuition, support was ever received, apart from a green overlay and a list of Apps and Tips for college, which I sourced in person from RCT LSU in July 2016 a week or so AFTER my daughter had

finished EOTAS. She really struggled but despite the terrible cost to her recovery and the adversity suffered got 3 GCSEs and 2 B'Tecs.

Please see an example given in the APPG Report provided (page 12, particularly paras 4-5) as to just how destructive this may be.

28) In 2017, my daughter's Comprehensive failed it's ESTYN Inspection for, amongst other things, failing to transfer access arrangements and SpLD support back into the classroom from LSU sessions. Recent figures from 'School Cuts Cymru' (NAHT Cymru), show that her school lost out on £2 million worth of funds between 2015 and 2020 a loss of £567 for every pupil.

29) Despite the hard won and costly (to us) Statement of Need and the Section 140 Plan drawn up by Careers Wales, College have really struggled to support her neglected ALNs and the anxiety that underpins them. She now also has a detailed EHCP drawn up the College SENCO in March 2017 but getting it implemented has been a living nightmare.

30) My daughter moved from the local College Campus in autumn 2018, as her B'Tec L1 Art & Design Tutors advised moving to the Nantgarw Campus to access ALN support, saying, at parents evening, they did NOT offer support for her Dyslexia at the local campus. When I questioned this, I was given an example of a named boy who Dyslexic was and 'really struggling on the Level 2 course'. I raised this with Student Support and was basically called a liar. Other college staff acknowledged it as correct.

She moved, a 17-mile journey, which aggravates the Dyspraxic tendencies in the morning, but the promised support did NOT come without a tenacious fight. As a result her anxiety levels and dissociative episodes rocketed. After another fight/ campaign to hang-on by the finger nails to inclusion, she had no option but to spread her L2 B'Tec over this year and next, despite already having a GCSE 'A' Grade in Art , a B'Tec in Art and Media L1 (Distinction, Merit, Pass) and being identified as ' gifted and talented' in this area.

This failure spanned both years at College; in most cases staff were neither knowledgeable nor skilled enough to implement SpLd support in the classroom.

31) Getting the recommendations of her CAHMs therapists for anxiety management into the classroom has also been a relentless battle due to the fact that her needs as per the EHCP are frustratingly ignored and often even aggravated, while there. In Early 2019, out of desperation, I involved the local AM and emailed the Principal's Office with a copy of the Disability Rights UK Equality Rights guidance for Students with Mental Health and ALN's SENs, disabilities etc. There was a gradual improvement mainly in the area of tolerance of my daughter's needs, hence the offer to split the course over 2 years. In May 2019, I was lucky to finally engage her in private lessons with

Dyslexia Network Wales (£ 37 per hour in Howells School Llandaff, Cardiff) to make up for the lack of Essential Skills instruction on this Part Time B'Tec course.

32) Sadly, my duaghter has been worn down by the demands of this relentless battle to be included in a system that was not designed for people like her and felt unable to take up the gauntlet yet again this autumn. Due to the burn-out caused she found that she was too anxious to return to college; just the thought of it triggered a rash of extremely unpleasant seizures toward the end of august resulting in admission to A&E and a CT scan which we are awaiting the result of. Consequently, she has taken a year out to recover her health, build her resilience to educational apartheid and to improve her Essential Skills and speed of work, in safe, inclusive learning environments.

33) RCT Adult Education recently informed me (via Communities First whom I initially approached) that [redacted] is NOT suitable to their Essential Skills Classes as they are currently timebound to 5 hour modules for funding purposes; as such her need for extra time (access arrangements for Dyslexics) would be a barrier to her?? When I worked for Adult Education between 2007 and 2012 Access and Inclusion was Gospel; years of austerity has clearly taken its toll here.

Thus my duaghter is still being penalised, marginalised and neglected because of the failings of primary, secondary, FE Education and now Adult Education; is there no end to this. Her support officer at FE informed me that a large proportion of mainstream Students coming into FE are doing so without the Skills and with serious anxiety disorders to boot!! No doubt these include the 20% that leave with poor literacy and numeracy skills, many of whom will probably have undiagnosed SpLDs??

Thankfully, Essential Skills Wales has however, a less exclusive approach than RCT Adult Ed and has accepted her on their Essential Skills programme, offering the relaxed Merthyr Class or On-line modules which she can complete at her own pace.

34) My daughter has received 4 Years of CAHMs counselling and Psychotherapy for Educational Trauma including over a year of EMDR for traumatic memories of school (I have provided some information on this) and particularly, Year 1. In March 2018 we and CAHMs met senior College staff to help them understand this, to help avoid stressor triggers in the classroom.

CAHMs have diffused the traumatic memories but the anxiety remains. My duaghter was discharged in July but has been referred back following the august admission to A&E. She is is currently in CAHMs Primary Care learning techniques to manage her anxiety while in Educational scenarios. Her GP and therapist said that she may never feel relaxed in educational environments.

CAHMs are is hoping to give my daughter the skills to stay in control of her hyperarousal and hence anxiety disorder and her seizures when (or if) she returns college.

35) My experience as a parent and hers, as a student with SpLDs, is that Teachers and Tutors do not have the qualifications, knowledge or the skills to transfer reasonable adjustments from IEPs/EHCPs etc back into the classroom and indeed many are not inclined when they have 30 plus students in the class; an issue which suggests they and their employers, either don't know their legal obligations to pupils or deem themselves above the Law for lack of resources.

In our experience this is, along with lack of funding is the hub of the matter.

36) I firmly believe (as an ex- enforcement officer and teacher) that Education providers will continue to flout their moral and legal obligations here unless they are policed and held accountable.

The Head of Safeguarding visited to speak with us in October 2017; she said that [redacted] had been subjected to an 'appalling experience of Education 'but that it was 'beyond her remit to help'.

A discussion with the Ombudsman's Office resulted in advice to seek legal counsel as only an apology and/or small amount of compensation could be awarded there. SENTW could give no guidance whatsoever on whether my duaghter had a case with them or not as this would be dependent on the view of the sitting arbitrator on the day; a lot of work for an already over-stretched parent on whim of a gamble????

Legal advice received from more than one specialist solicitor suggests that she has a case for Educational Negligence for which there is no longer Legal Aid available and one for possible Personal Injury, which would be likely to be heavily defended and very traumatic for her.

The above is a precis of events.

<u>Appendix</u>

In their leaflet and on their website www.Neurokids.org (see 'what causes the seizures'), Great Ormond St Hospital studies have identified school stress to be the **MAIN** cause of the condition in children and that those with undiagnosed disabilities ALN's and SEN's are more prone to these seizures; a recent document produced by NHS Scotland (more 'trauma informed' than the rest of the UK) has also identified the fact that children with Disabilities SENs and ALNs are more susceptible to the effects of trauma. I attach the link below-see page 31 in relation to Link between Trauma and SENs.

https://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainingframework.pdf

Due to the initial lack of information on the Dissociative Disorders I have had to research widely; my background is legal and my later profession Teaching/ Tutoring and Training. There is a lot of respected and reliable research showing that children with neglected ALNs and SENs are susceptible to trauma and mental health conditions including dissociation (checking out of unbearable situations).

These children are therefore vulnerable, but their corner is not being championed because, I suspect, of the embarrassment it would cause the authorities and the fact their plight is becoming somewhat muddied by the fact that children suffering from trauma often appear to have ALNs, because of their behaviour or have developed them due to an inability to concentrate in class due to the hyperarousal and thus inattention that the trauma has caused.

Sadly it leaves a bit of a scientific, chicken and the egg scenario for those traumatised by neglected ALNs/SENs.

Our experience is that the type of psychological damage those with neglected ALNs/ SENs may sustain can be perpetuated by an out of date and discriminatory, education system, which functions outside the Rule of Law due to its' A-political status. This is profoundly unjust in an environment where children are no longer able to access appropriate legal representation and or/ legal aid to protect their plethora of on paper-rights to grow up in a healthy, equal and supportive learning environment.

In the case of Pamela Phelps et al V Mayor of LB of Hillingdon etc (2000) Hof L, which is still the precedent today, the main differentiating point from my daughter's case is that Pamela got Legal Aid, which is no longer available, according to recent Legal advice.

Pamela was also referred to Psychotherapy due to her inability to avail herself of the undifferentiated learning programme that she was force-fed. Luckily for Pamela she didn't have a breakdown and thus, having access to the funds, found the mental resilience to pursue her case for justice. Please see. The BBC overveiw is more concise and aids reading of the H of L transcript.

http://news.bbc.co.uk/1/hi/uk/852919.stm https://publications.parliament.uk/pa/ld199900/ldjudgmt/jd000727/phelp-1.htm

I have the educational records and medical/ psychiatric documentary evidence to support what I have said above in relation to the Educational Negligence and the Psychological trauma this has caused. Along with a significant amount of reliable research dating back to 2005 and before (Dr Petr Bob Prague University, Faculty of Medicine), which supports it

Many thanks in anticipation, apologies for the length of this ***'precis'*** please use which ever parts are of use in highlighting and meeting the needs of those with ALNs and SENs.

If all this work helps just one family to avoid the horror we have gone through since 2014, it will be worth it.