

ND MYTHS

AUTISM	
MYTH	FACT
Mental health issues are a characteristic of Autism	There is no evidence showing that being Autistic means automatically having mental health issues. Autistics are more prone since they have to work harder to navigate the world, fit in, and be accepted.
Autism is a mental health issue	It is currently classified in the DSM-5 as a neurodevelopmental condition. Autistic brains are wired differently from conception, and they see and interact with the world differently; environmental or social factors do not cause it.
Vaccines cause Autism	This has been proved many times to be incorrect. This idea came from Dr Wakefield, who wrote a paper stating this with no scientific study or backing. His paper was quickly debunked, and several studies followed that found that vaccines do not cause Autism.
All Autistic children act the same	Every Autistic is different and will be affected by their characteristics more or less than other Autistic children.
Autistic children cannot make friends or have relationships	Although they can find it more challenging to make friends or forge relationships due to possible social interaction difficulties, they are more than capable of making friends, having meaningful relationships, getting married, having children, etc.
All Autistic children are 'low functioning'	As it is an Autistic Spectrum, each Autistic child will have strengths and weaknesses in different areas. With the proper support, every Autistic child can achieve and thrive.
Autistics are uncaring and lack empathy	A high percentage of Autistics have incredibly high levels of empathy, though it is a different type of empathy to Neurotypicals. When they face a lot of emotion from another person, they may shut down as they are feeling too much and cannot cope with the intensity, or they are unsure how to react or process those emotions, so they can appear uncaring.
Autism can be cured	Autism is not a medical condition; it is a neurological difference; where the brain is wired differently, therefore cannot be cured.
Autistics cannot make eye contact	They can make eye contact, but many find it uncomfortable.

ADHD

MYTH	FACT
ADHD children cannot focus on anything	ADHD children do, generally, have difficulty focusing. But if it is a subject or game they are especially interested in, they can enter a state of hyper-focus, where they are completely engrossed, and it can be challenging to pull out.
All ADHD children are hyperactive	Not all ADHD children have hyperactivity as a characteristic. They may have internal hyperactivity, like talking quickly or continuously or thinking very fast.
Only boys have ADHD	Boys are twice as likely to be diagnosed than girls, but this is not because they are more likely to be ADHD. Girls are less likely to be diagnosed as their characteristics are different from their male counterparts, and these are the characteristics listed in the DSM-5 manual.
ADHD is a learning disorder	ADHD characteristics can create barriers to learning, but they do not cause specific difficulties in learning skills, such as reading, writing, etc.
Children grow out of ADHD	Some characteristics can lessen as children grow into adulthood, but they remain throughout their lives.
ADHD children who take medication are more likely to abuse drugs later in life	The opposite is true. Children who take ADHD medication are much less likely to self-medicate with drugs or alcohol later in life, to control their ADHD characteristics.
Giving an ADHD child stimulants to calm them down makes no sense	Stimulants increase certain chemicals in the brain, like dopamine, and helps the information pathways in the brain, which means that the child is more able to focus or require so much movement.
Girls with ADHD never experience hyperactivity	Girls are more likely to be hyperactive internally, such as being more emotionally reactive, talkativeness, or fidget a lot.
ADHD is caused by too much TV/gaming/sugar	ADHD is a neurological difference. There is no proof that diet, TV, or gaming affect ADHD characteristics, nor does it cause them.

DYSLEXIA

MYTH	FACT
Reading and writing letters backwards or in the wrong order is the main characteristic of Dyslexia	All young children do this until about the age of 6. Some Dyslexic children continue to do this, and some do not.
Dyslexic children just need to try harder to read	Effort has nothing to do with a Dyslexic child's ability to read. It is through changing instructions and methods of reading that helps them to read.

DYSLEXIA

MYTH	FACT
Dyslexia is a vision problem	Dyslexic children are no more likely to have vision problems than any other child. It is not a contributing factor.
Dyslexia is caused by not reading enough at home	It is a neurological condition, and although reading more at home will help all children to develop their reading skills, it does not affect whether a child is Dyslexic or not.
Dyslexia is a sign of below-average intelligence	There is no correlation between levels of intelligence and Dyslexia.
Dyslexia can be cured	It is not a medical condition; therefore, it cannot be cured. Interventions and adaptations in learning can help manage the characteristics, but it cannot be cured.
Dyslexia is caused by bad parenting and watching too much TV	It is a genetic neurological condition, and neither parenting nor exposure to a lot of TV has any effect on whether a child is Dyslexic or not.
Dyslexia can be helped with medication	There is currently no medication that affects the characteristics of Dyslexia.
Dyslexia affects more boys than girls	More boys are sent for assessment than girls, mainly because boys are more likely to act out in frustration during class than girls. It affects girls just as much as boys.
Accommodations for Dyslexic children are a crutch	Due to having a slower processing speed, things like extra time for exams 'even the playing field' compared to their peers. To learn, Dyslexic children may need these accommodations, but this does not put them at an unfair advantage and does not mean that they are not trying their hardest.

DYSPRAXIA

MYTH	FACT
Dyspraxia is extremely rare	It often goes undiagnosed or recognised, but it is pretty common. It is believed that 6-10% of children have some characteristics of Dyspraxia.
Dyspraxia just means that a child is clumsy	Dyspraxic children have difficulty with their motor skills and controlling their muscles, which can appear clumsy, but this is not the case.
Dyspraxic children have below-average intelligence	There is no connection between levels of intelligence and Dyspraxia.
There is no treatment for Dyspraxia	There is no cure for Dyspraxia, but therapies like Occupational Therapy and other tools and adaptations can help manage the characteristics.

DYSPRAXIA	
MYTH	FACT
Dyspraxic children will grow out of it	Dyspraxia is a neurological condition. Characteristics may lessen as they grow older with adaptations, therapies, and intervention, but they are lifelong.
Dyspraxia is just about motor skills	Evidence shows that Dyspraxia also affects Executive Function and sometimes speech (cognition skills such as organisation, planning, memory, and inhibition).
DYSGRAPHIA	
MYTH	FACT
Dysgraphia is just messy handwriting	Many Dysgraphics have messy handwriting, though some have very neat writing if they write slowly. Other characteristics are slow, laboured writing and inappropriately sized and spaced letters
Dysgraphic children have below-average intelligence	There is no connection between levels of intelligence and Dysgraphia.
Dysgraphic children are just being lazy	Dysgraphia can make writing a slow and frustrating process, and some children may avoid work that involves a lot of writing, which may make them appear lazy. This is not the case.
Dysgraphia is the same as Dyslexia	Both conditions can affect the child's ability to spell, though Dysgraphia does not affect a child's ability to read.
Dysgraphic children will grow out of it	With accommodations and tools, Dysgraphia characteristics can lessen as the child grows older, but it is a lifelong condition.
DYSCALCULIA	
MYTH	FACT
Dyscalculia is not very common	It is not a condition that is discussed very much, but it is as common as Dyslexia, and the two conditions often present in the same child.
Dyscalculia is just 'maths dyslexia'	Dyscalculia is not a difficulty in reading numbers; it affects number sense (a group of key math abilities) and other mathematical concepts.
Dyscalculic children are just being lazy	Effort does not affect a Dyscalculic child's ability to understand maths.
All Dyscalculic children have the same difficulties with maths	Dyscalculia can appear different with each child. Some may have difficulty with working memory, making it challenging to do multi-step math problems, while others may have trouble understanding information on graphs or charts.

DYSCALCULIA

MYTH	FACT
Dyscalculic children cannot learn maths	Dyscalculic children may have more difficulty learning maths, but they can learn maths to a high level with suitable accommodations and support.
MYTHS ABOUT SERVICES, SUPPORT, AND PROVISIONS	
MYTH	FACT
You need a diagnosis to receive support	Support is based on the needs of the child, not on having a diagnosis.
A private diagnosis provided by a singular paediatrician will be accepted by services, schools and the NHS	According to NICE guidelines, a diagnosis can only be made with input from multiple professionals. A paediatrician cannot diagnose without that input from others. If they do, that diagnosis will not be accepted by services, schools or the NHS.
The Lighthouse Centre will continue a prescription that a private paediatrician has prescribed	The Lighthouse centre will not continue a prescription prescribed by a private paediatrician. If you have a private prescription, the private paediatrician who prescribed it will need to continue and maintain it.
You need to have a diagnosis to be on the SEN register or get an EHCP	Settings should place children on the SEND register and/or apply for an EHCNA based on the presenting needs, and there is no requirement for a diagnosis.
You cannot get school transport if you live within three miles of the school	Local authorities are under a duty to provide transport support for some disabled children. For example, to school or respite service. Transport assistance cannot be refused because the disabled child lives less than three miles from school or receives DLA/PIP mobility allowance.
EWMHS and CAMHS do not support Autistic or ADHD children or young people	Legally, they cannot refuse treatment for certain groups of people, and they should work with every child or young person with specialist mental health needs.
You do not have a right to Direct Payments	<u>Please see the Direct Payments section PAGE 129</u>
A child will only be eligible for an EHCP Assessment if they have an EP report or been through two cycles of the plan, do, review at SEN support, are two years behind, and school have spent £6000	There is no connection between levels of intelligence and Dyspraxia.
You cannot ask for a school placement outside your LA area	Yes, you can. The LA should consider your preference unless the suggested placement is incompatible with the efficient use of public funds or the efficient education of other pupils.

MYTHS ABOUT SERVICES, SUPPORT, AND PROVISIONS

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A child will only be eligible for an EHCP Assessment if they have an EP report or been through two cycles of the plan, do, review at SEN support, are two years behind, and school have spent £6000	<p>The legal test for statutory assessment under the Children and Families Act 2014 is:</p> <ol style="list-style-type: none"> 1. whether the child/young person has or may have SEN and 2. whether it may be necessary for the special educational provision to be made for the child or young person in an EHCP <p>All Local authorities will have criteria for making decisions on assessment. These must not impose a higher threshold than the legal test. The LA can reasonably expect the education provider to prove that they have taken 'relevant and purposeful action'. However, a lack of this will not necessarily be enough to prove that an EHCP is not necessary. The LA cannot insist on an EP or any other report as part of any eligibility criteria.</p>
Maintained mainstream schools can refuse to admit your child if they choose	No, they cannot, unless the admission of your child would be incompatible with the efficient education of other children, AND there are no reasonable steps that can be taken to overcome that incompatibility.
The LA has no responsibility towards children who are unable to attend school because of medical needs	This is a common myth - LAs have a legal duty to make arrangements to provide a suitable education for children who cannot attend school because of their medical needs (section 19 of the Education Act 1996). In addition, LAs must not refuse or reduce such provision based on how much it will cost.
Secondary schools don't support children with SEN in the same way Primary Schools do	All schools are required to follow the same legislation as specified in the Children and Families Act 2014. All primary and secondary schools receive delegated SEN funding to deliver the provision needed.
A child must have been seen in school by an Educational Psychologist before they can see a paediatrician	If a child has been seen by an Educational Psychologist or other educational professional, this information should be shared with the paediatrician. However, there is no requirement that they must have been assessed.
An EHCP will support a Young Person until they are 25	An Education, Health and Care Plan can remain in place until a young person is 25 if they stay in education or training and continue to require special educational provision. All children and young people with an EHCP have a review each year, which determines the provision they need and if the EHCP is still required.
My child can only get a place in an SEN school if they have a diagnosis	Having a diagnosis is not a requirement to get a place in an SEN school. However, other than in exceptional circumstances, your child needs an EHCP to gain a place.