



Attention Deficit Hyperactivity Disorder PARENT RESOURCE PACK

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Introduction

How this pack came to be written

In 2003 the West Midlands Regional Special Educational Needs Partnership (now called the West Midlands Regional Partnership) commissioned a consultation with the families of children with emotional, social and behavioural disorders (ESBD) living in the West Midlands. This was carried out through a postal survey and a number of face-to-face interviews with families.

The families were asked about:

- their experience of the process of identifying their child's condition;
- the services they had received once a condition had been identified.

Many of the parents taking part in the survey had children with attention deficit hyperactivity disorder (ADHD) and they stated that the information they were given about the disorder varied widely. It was therefore decided to design an information pack to help this group of parents, a pack that could be made available throughout the West Midlands.

Who has been involved?

The following have been involved in deciding on the content of the pack:

- Parents
- Parent partnership services
- Educational psychologists
- Clinical psychologists
- Paediatricians
- Child psychiatrists
- Behaviour support specialists

Who was consulted?

Many different professional groups are involved in supporting families affected by ADHD and the development group is very grateful to the parents and professionals throughout the West Midlands who have taken the time to comment. It acknowledges that widely differing views and approaches to the identification, diagnosis and management of ADHD exist within the region.

The pack has been developed over a two-year period in order to work towards a consensus between parent/carer representatives and professionals of different disciplines regarding the content of the pack.

What does the pack offer?

The pack aims to present families with practical guidance related to:

- identifying and managing your child's ADHD;
- the range of approaches to ADHD;
- education;
- family life;
- transition;
- signposts to sources of further help, advice and training.

In the pack you will find that a range of approaches to ADHD have been described. The pack does not endorse any one method of identification of ADHD or any one approach to managing the condition.

The group also acknowledges the ongoing research and debate related to the identification, diagnosis and management of ADHD and it is anticipated that the contents of the pack will be revised in the future as further information becomes available.

How the pack is to be used

Finding the advice and support you need can be a complicated process and we hope that the pack will help you to understand your child's condition better and better inform you about the advice and support available. As the provision available in each local area in the West Midlands may vary, you should also refer to any local information supplied with the pack.

There is a great deal of information in this pack. It is designed so that you can dip in and out and go to whichever section suits your needs at the time. The pack is not intended to replace personal contact and the information it contains is best used in conjunction with advice and support from those involved in identifying, diagnosing and meeting your child's individual needs.

Finding your way around the pack

- The pack includes a folder and a CD ROM, giving choice of access to the material
- The folder is in sections designed for easy reference
- Included in the final section is an ADHD Directory – this contains more detailed information and listings of helpful organisations

Folder content

- Section One – ADHD – what it is and what causes it
- Section Two – Who are the professionals involved?
- Section Three – Approaches to ADHD
- Section Four – Living together at home
- Section Five – Your child's education
- Photocopiable information to pass on to your child's school
- Section Six – Transitions
- Section Seven – Training
- Section Eight – Resources, References, ADHD Directory



ADHD Directory content

- How ADHD is diagnosed
- Related conditions and difficulties
- Glossary of terms and acronyms related to ADHD
- Glossary of general terms and acronyms
- Other professionals who may be involved with your child
- Who can help? – directory of agencies
- Parent partnership services in the West Midlands
 - ADHD-specific organisations
 - Bullying
 - Education
 - Finance
 - Health
 - General
 - Play/Leisure
 - Counselling / Mental Health
 - Legal rights and discrimination
 - Other
- Further information about Special Educational Needs
 - The Code of Practice for Special Educational Needs
 - School action
 - School action plus
 - Making a request for Statutory Assessment
- Sample health care plan for a child with ADHD
- Additional information related to training

A note on the wording used in the pack

There are many abbreviations used for attention deficit hyperactivity disorder. After discussion, it has been decided to use the abbreviation ADHD throughout the pack. Some children may have a diagnosis of attention deficit disorder (without hyperactivity – ADD). The pack makes reference to this specifically. Much of the information given throughout the pack will be relevant to all forms of ADHD.

We have referred to the child as “he” throughout the pack in order to make the text easier and more comfortable to read. Girls do sometimes have a diagnosis of ADHD; however, more boys than girls have a diagnosis of ADHD.

Similarly the term “children” is used to refer to both children and young people and the term “parent” to include all those in the main caring role such as foster carers, step-parents, grandparents and so on.

We hope that you will find the pack a useful reference both now and in the future.

Members of the development group

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Contributing organisations

West Midlands Association of Principal Educational Psychologists

West Midlands Paediatric Psychopharmacology Interest Group (WMPPIG)



Section One – ADHD – What it is and what causes it

This section of the pack gives a summary of information about ADHD and ADD and the terms that parents may come across in relation to the identification/diagnosis of their child's ADHD or ADD.

Later sections of the pack give a selection of websites, books and other sources of information. These will enable you to study the subject of ADHD in greater depth should you wish to.

What is ADHD or ADD ?

ADHD is a brain-based disorder and studies have shown over time that there are groups of people who have difficulty with concentration, controlling impulses and in some cases, hyperactivity.

Children with ADHD have difficulty controlling their actions and this should be regarded as a challenge to the child, not an excuse for his behaviour.

ADHD may be a lifelong condition and causes children and adults to have difficulties in the following areas:

- Impulsivity – thinking through actions and speech
- Maintaining attention
- Being motivated to listen to those in authority and act on what they have been told

Some children do not have hyperactive symptoms although they fit the descriptions of being impulsive and inattentive. These children are described as having ADD – attention deficit disorder, without hyperactivity.

Estimates of the numbers of people affected varies between different studies and countries. Research into the incidence of the condition suggests it may affect between 3% and 7% of school-age children and there is evidence that boys are three times more likely to suffer from ADHD than girls. Previously it was thought that children grew out of ADHD in adolescence. However, more recent evidence suggests that in approximately a third to a half of children with ADHD the symptoms continue into adulthood. Children with ADHD are not alike and may have mild, moderate or severe forms of the condition.

A child may display difficulties in the following ways but it is possible to have all of the following “symptoms” and not have ADHD.

Hyperactivity

- Constantly fidgets with hands, feet or nearest available object
- In classroom or other situations where children are expected to remain seated leaves seat constantly
- Runs or climbs excessively where this is inappropriate or displays restlessness
- Is unduly noisy and has difficulty engaging quietly in activities where this is appropriate
- Exhibits persistence of excessive movement not appropriate to the circumstances

Inattention

- Fails to sustain attention in tasks or activities
- Appears not to listen to what is being said
- Fails to follow through instructions or understand what is being asked of him
- Experiences problems in organising possessions, tasks or activities
- Easily distracted by external stimuli
- Forgetful of events in course of daily routine or activities

Impulsivity

- Blurts out answers before the question is completed
- Fails to wait in line or wait turns during games or group sessions
- Interrupts or intrudes in the conversations or games of others
- Talks excessively, not waiting for responses or following social codes
- Needs to be “on the go” with an inability to settle and stay focused or interested

Identification/Diagnosis of ADHD

A multi-professional team or combination of professionals will be involved in the identification/diagnosis and management of your child’s ADHD. Ideally, more than one of the following would be involved in the process:

- Child psychiatrist
- Child psychologist
- Community paediatrician
- Psychiatric social worker
- Educational psychologist
- General practitioner
- Occupational therapist

It is important that an accurate identification is made and that ADHD is not confused with other disorders that feature inattention and distraction, such as intellectual disability, hearing impairment, speech and language/communication disorder, autism, epilepsy or depression. The professional team will initially aim to exclude any other conditions that may be causing your child’s difficulties such as sleep disorder, attachment disorder and thyroid problems.

The impact of ADHD is wider than that of the symptoms themselves as, untreated, it may lead to other hard-to-manage behaviours and conduct disorders.

Children must fit the criteria set out in the Diagnostic and Statistical Manual IV (DSMiv) which is an American classification system. Some professionals may also use an alternative system ICD 10. The criteria are listed in the ADHD Directory.

A child’s difficulties must have been obvious for more than six months and have started before the age of 7 years. They must have been consistent across all areas of a child’s daily living.

It should be remembered that many people will from time to time display some of the above difficulties. The team identifying ADHD will also consider how a child’s behaviour compares with the “normal active child” and identification of ADHD will rest on the greater frequency, severity and pervasiveness of the symptoms than is normally expected. If you have questions about the identification of your child’s condition you should discuss these with the professionals involved.

Possible causes of ADHD

It is not known exactly what causes ADHD but we are starting to have a better understanding. What is known supports the idea that ADHD is a real condition.



The role of genes

Studies of twins suggest that between 65%-90% of the risk of having ADHD comes from a person's genes. This means that ADHD is often inherited and tends to run in families.

Specific genes have been linked to ADHD. People with these genes don't all have ADHD but they are more likely to have it than people without these genes. Many of these genes have to do with the action of dopamine and norepinephrine, substances that enable nerve cells in the brain to network with each other. The main medical treatments for ADHD boost the function of dopamine and norepinephrine.

The role of other factors

Some factors in the child's development may increase the chances of having ADHD but are not the whole cause of the problem. These include:

- Difficult or complicated labour
- Low birth weight
- Mother using benzodiazepines (tranquillisers like diazepam or temazepam) smoking or drinking excessive alcohol during pregnancy
- Brain diseases and injuries

Brain scan studies and psychological studies have found subtle but distinct differences between the brains of people with and without ADHD, in their structure, the way in which they develop and the ways in which they work.

Whilst all of these scientific techniques are proving helpful in understanding the causes of ADHD, they are unfortunately not helpful in diagnosing whether someone is suffering from ADHD or not. There is no test for ADHD and there is unlikely to be one in the near future.

The impact of an ADHD diagnosis

The impact and implications of having a child identified with ADHD or other related conditions will present itself in many ways. It is important to be aware of how this may affect not only your child's life but that of every member of your family unit e.g. siblings as well as parental relationships etc.

Having a child with ADHD can be an emotional roller coaster from point of identification, if not before, so it is imperative that your child's difficulties and differences are recognised and acknowledged. This will avoid confusion about your child's needs from the outset and prevent him from being misunderstood. Although it can be a challenging feat, this should ensure that your child receives relevant and timely support in every aspect of his life.

Children with ADHD can have many positive qualities. Commonly, children with ADHD have bundles of energy and can be very creative. Talents like these should be encompassed and enhanced to enable them to reach their full potential. Children with ADHD have aspirations too and, with appropriate understanding, have the ability to make a valuable contribution to society.

Perceptions of children with ADHD can be somewhat negative. Remember that your child is a unique individual who may not be able to control many of his actions. You should not feel obliged to explain or justify these actions constantly. And remember that you are the best person to care for a child with ADHD. It's the child that matters – not the "label".

Living with ADHD

Living with the condition can be frustrating at times for children and families alike.

Being a child with ADHD

A parent contributed this poem written at school by her son who is currently at a primary school unit.

Thoughts

Thoughts run round and round and round!

But all they do is **Frustrate, Frustrate, Frustrate, Frustrate, Frustrate,**

Oh what am I thinking?

I just can't get around to it!

Why Why Why

Oh please tell me **Why!**

By Alistair, age 10. 15/9/05

However your child is not alone! Several well-known people have or have had ADHD. For historical figures the supposition that they had ADHD is speculative and based upon what is known of their life histories rather than firm identification, but for the following celebrities some evidence does exist through interviews and reports.

- Billy Connolly – well known as a comedian, Billy Connolly believes that his scattergun style of comedy can be attributed to his disorder. It is thought that he has been successful as a comedian because he has been able to harness the energy and creativity that often accompanies ADHD.
Source: www.sundaymail.co.uk
- Daniel Beddingfield – Daniel is a singer/songwriter. Although he believes he has had ADHD since he was 4, he was 15 when the condition was diagnosed. The drug Ritalin and counselling helped control it, but he says he still suffers from it. Like Billy Connolly, Daniel believes that his condition has influenced his work. He says, "It has helped my song writing because when I write songs my brain is flooded with adrenaline and endorphins. All my songs have been influenced by my condition."
Source: www.ananova.com/news/story/sm
- James Redmond is an actor currently appearing as a mental health nurse in the TV series Casualty. He found education difficult and says "I was a bit of a tearaway and got into loads of trouble – I got bored very quickly and was really disruptive." After leaving school, James struggled to hold down a job at first until he was spotted by a model agency whilst working in Greece. Modelling for famous designers led to appearances in TV commercials and then to a part in Channel Four's serial Hollyoaks.

Some children may enjoy researching the lives of these and other famous individuals to demonstrate the positive achievements of other people who have shared their condition.



Section Two – Who are the professionals involved?

During the identification/diagnosis of ADHD for your child and afterwards, you are likely to come into contact with a range of professionals working in health, education and sometimes social services. In this section, we have listed the staff you are most likely to meet and have briefly described their roles.

There is a further list of professionals you may meet less frequently in the ADHD Directory.

There may be a range of professionals involved with your child and it is helpful to share information with them, as it will help you and them to work together.

Changes currently being developed in local authorities will mean that services will work more closely to improve the outcomes for all children and their families. You may hear these changes referred to locally as the “Every Child Matters agenda.” More information is available on the website below:
www.everychildmatters.gov.uk/

The following professionals are most likely to be involved with a child with ADHD:

Health professionals

General practitioner (GP)

Your family doctor will be able to recognise children who might have ADHD and send them to specialists for assessment and diagnosis.

Child and adolescent psychiatrist

A medical doctor who specialises in treating emotional and behavioural problems. Unlike a psychologist, a psychiatrist is able to prescribe drugs to treat conditions.

Community paediatrician

A children’s doctor who specialises in the management of children with learning, behaviour or development problems. They often act as the link between all the different professionals who are involved in the management of your child. School health can refer your child to them directly or via your GP.

Clinical psychologists / Child psychologists (CPs)

They are usually employed by the Health Service, working within the Child and Adolescent Mental Health Service (CAMHS). CPs specialise in helping families of children who have social/emotional/behavioural difficulties such as sleeping or eating problems, temper tantrums, bedwetting or toileting problems, anxiety, fears or phobias, obsessions or compulsions.

School nurse / health advisor

A trained children’s nurse who works in school providing a link between health and education. School health advisers work in partnership with parents, teachers and other health professionals to promote and maintain physical and emotional well-being of school-aged children.

Speech and language therapist

A therapist who works with children who have communication difficulties by helping them to understand and communicate with others. They may also work with children who have eating and drinking difficulties.

Education professionals

Head Teacher

The lead professional in your child's school who is responsible to the school's governing body for all aspects of the day-to-day running of the school, for example standards of teaching and learning, deployment of staff, implementation of school policies, including behaviour and exclusions.

Special educational needs co-ordinator (SENCo)

The teacher in the school / early years setting with responsibility for the day-to-day operation of the school's special educational needs (SEN) policy. This involves making sure that the school / early years setting meets the needs of children with special educational needs.

Class teacher

The person in charge of your child's class. Class teachers are responsible for planning the work of the class to meet the needs of different groups of children within it. They are also responsible for the work and deployment of ancillary staff such as teaching assistants.

Teaching or classroom assistant

Works under the direction of the class teacher often to support pupils on an individual or group basis. Provides additional support working under the direction of the teacher.

Educational psychologist (EP)

Provides advice to the school and families regarding a range of learning and behavioural difficulties. They carry out assessments of individual children and work with schools – for example on whole-school approaches to behaviour.

Outreach services

These are specialist services that work in your child's school or setting. Staff from these services may be involved directly with your child or be involved in training in ADHD for staff at the school or setting.

Parent partnership officers (PPOs)

PPOs work within your local parent partnership service to support parents/carers who have children with special educational needs. They are available to give independent information and support regarding the local authority (LA) procedures and processes. They are also able to provide parents with information about other sources of help available locally. Your local service may provide training events related to ADHD and some services also include staff who support parents when a child is excluded from school.

Social care professionals

Family support workers

Working in conjunction with social workers, these workers go into people's homes to offer practical help and emotional support to families experiencing various problems. The work varies according to the needs of the family and can include support with discipline or behavioural difficulties.



Local departments

You may like to record useful numbers below:

Contact numbers		
Title	Name	Telephone number
General practitioner (GP)		
Community paediatrician		
Child and adolescent psychiatrist		
Child psychologist		
School nurse		
Speech and language therapist		
School – Head Teacher, class teacher, assistant		
SENCo		
Educational psychologist		
Behaviour support outreach service		
Parent partnership officer		
Social worker		
Family support worker		
Other		



Section Three – Approaches to ADHD

Approaches to the management of ADHD

Once your child's ADHD has been identified/diagnosed, a programme will be needed that allows the best control of his condition and helps him to participate more fully in all areas of family life, as well as in school, social and leisure activities. This section provides a description of the various approaches that are available for working with children with ADHD but the working group does not recommend any particular approach. This is because there are differing professional views and varying parental preferences about the best way to manage ADHD.

Some of the following approaches have been used for many years whilst others signify more recent developments. You should also bear in mind that the success of some alternative approaches may not yet be scientifically proven.

As a parent, you will know your child best and it is important that you discuss your child and his or her needs with all of the professionals involved. It is helpful if everyone involved has an understanding of your child's needs and uses a consistent approach towards meeting them. The usual approach that professionals will use will be a combination of

- behaviour management, and
- medication.

Parents may also use:

- diet;
- alternative therapies/approaches.

Creating positive change in your child's behaviour

Top tips for creating positive changes in the behaviour of a child with ADHD

These guidelines are reproduced with thanks to Wolverhampton ADHD family support group.

- Set simple attainable targets
- Have consistent rules, and follow up consequences
- Reinforce good behaviour
- Identify problem behaviours and act upon them immediately
- Encourage and praise to raise self-esteem and confidence
- Communicate effectively: use language appropriate to child's age / level of understanding
- Avoid confrontation
- Recognise the child's abilities and difficulties
- Ignore petty behaviours
- Support social skills: teach appropriate skills / acceptable social codes
- Constant routine and structure
- Ensure a fresh start once an incident has been dealt with

Support for parenting

As a parent you can learn some specific ways of talking, playing and working with your child, which have been shown to improve your child's attention and behaviour. The topics covered in a typical parenting programme include:

- Play – how to play with your child, the value of play
- Communication – listening, talking and giving instructions
- Attention and Involvement – helping children to make responsible choices; creating a safe, calm environment; enhance concentration
- Empathy – developing self-esteem, coping with feelings
- Problem solving
- How to give praise and encouragement
- Rewards and celebrations
- Establishing rules, setting limits, consistency
- Unwanted behaviour – ignore, distract and redirect. Reduce bullying and antisocial behaviour
- Consequences – time out, loss of privileges
- Establishing good links with home and school

In many local areas, parenting programmes are offered. Some parents find the programmes very helpful and the following are comments from parents who have attended:

"I attended a parenting course and they helped me to adapt it for my son who has difficulties and I found it really useful."

"I know the content of the course wasn't geared for my child but it helped me to think about things differently and I am a much calmer person, which helps me help my son."

"I found the parenting programme very useful. I have met parents in the same situation and we have supported each other. My house seems less erratic."

Parenting programmes are often carried out in groups, using a course book and/or videotapes, although some providers offer individual programmes dependent on need. The programmes in use locally will vary but you may include the following:

- Triple P parenting programme www.triplep.net
- Webster Stratton Programmes www.incredibleyears.com
- Alert Programme www.alertprogram.com/
- Nurturing Programme www.familylinks.org.uk

Case Study

The Nurturing Programme

"It was suggested to me by a friend who is a school nurse and knew about the programme. At first, I thought it wouldn't work with my son because of his difficulties, but I wanted to give it a go. We were given a copy of the 'Parenting Puzzle Book' and I used this to make notes, which I can refer back to even now because I did the programme about two years ago and sometimes I forget the strategies we discussed. I found that the 'time out' option really worked with my son and he asks for



them himself now as he is beginning to understand his own limitations now that he is nearly ten years old. I try to find time each day to spend with my son – quality time – to play or talk about his interests, which happens to be sharks and Batman at the moment. Next week it might be something else! Even though some days are really bad days and I don't like my son's behaviour, I try to end the day on a positive note. I find something to say to my son at bedtime that he has done really well during the day, which could simply be eating his tea without making a fuss, or if he helped me do something; anything to let him know that I still love him. I know how important it is to hug my son and show him that I'll be there for him no matter what. I looked forward to going to the programme each week, having time for myself for a few hours and meeting other 'mums' for a chat, even though sometimes it was difficult because I'm so busy; but I felt I wanted to see it to the end. It helped me to understand my son's needs much better, to see his behaviour differently and learn how to manage him more effectively, which has a positive outcome on our relationship."

Parent of a child diagnosed with ADHD

You may be also invited to participate in the following, depending on what is available locally:

Social skills training – a social skills trainer will work with your child, often in a role-play situation with the aim of teaching him how to behave in social situations by picking upon social cues and by learning how their behaviour affects others.

Counselling – does not improve the core symptoms of ADHD but may be useful in helping a child's social and emotional development. A therapist will talk or play with your child to explore their feelings and examine how they are linked to their behaviour. The aim is to increase your child's self-esteem. Counsellors may also work with parents as part of a programme of family support and guidance.

Cognitive behaviour therapy – a therapist will work with your child with the aim of changing the way they look at situations and helping them to learn how to make decisions. There is some evidence that this may be more helpful as children get older.

Medication

There has been much controversy in the press and media about treating children with ADHD with medication. Parents may find that they are asked if they would like their child to be prescribed with medication. It is important that you feel comfortable with your decision on behalf of your child, until they are at an age where they may be able to express their own feelings about medication. You should feel able to ask as many questions as you think necessary to the health professional and obtain as much information as possible about the drug that is being offered for your child. This will help you to make a more informed decision about how it will help your child, and you should also be aware of the side effects.

Main agents

The following is based on information made available by Janssen-Cilag Ltd.

The medicines licensed in the UK for ADHD are:

- Methylphenidate
- Dexamfetamine
- Atomoxetine

Other treatments that are mainly used to treat other conditions but sometimes used in ADHD include imipramine and clonidine.

Methylphenidate

This has been proven effective in many clinical studies. It is frequently the first choice of medication made by specialist teams.

Dexamfetamine

Like methylphenidate, this belongs in the class of medicines called stimulants. Sometimes a child who does not respond to methylphenidate will respond to dexamfetamine.

For most children the stimulants methylphenidate and dexamfetamine rapidly reduce the symptoms of ADHD – the child should be less restless and aggressive and have better concentration and self-control. However, these benefits only last whilst the drug is being taken.

Atomoxetine

This acts in a slightly different way and is not classed as a stimulant.

Long-acting medicines

The effect of methylphenidate lasts only for a few hours, so three daily doses are recommended. Two longer-lasting preparations of stimulants are currently available in the UK. Concerta XL which lasts for 12 hours (equivalent to methylphenidate three times daily) and Equasym XL which works for 8 hours (equivalent to methylphenidate twice daily).

Equasym XL makes school-time dosing unnecessary while Concerta XL replaces school-time and early evening dosing. For the child, long-acting medications can avoid embarrassment and increase privacy and make it more likely that they will take the medication as prescribed. For the school, not having to dispense a medication may be a great advantage. However, once-daily dosing may reduce dose flexibility and tailoring at different times of the day.

There is no standard dose of these medicines – the best dose varies from child to child. Normally the specialist will start with a low dose and gradually increase it, looking for the best balance between effectiveness and side effects. At this stage, parents and teachers may be asked to monitor the child's behaviour quite intensively using standard questionnaires.

While these drugs frequently provide effective treatment, they also have side effects.

Side effects of stimulants

Common side effects include:

- Sleeplessness – although this can be a symptom of ADHD as well as a side effect of the treatment
- Reduced appetite
- Nervousness and depressed mood – this is relatively uncommon
- Tics and mannerisms which can occur at any stage of treatment
- Possible effects upon growth

Side effects of atomoxetine

Common side effects include:

- Abdominal pain
 - Decreased appetite (with short-term weight loss in some patients)
 - Nausea and vomiting
-



- Somnolence and fatigue
- Possible effects upon growth

In accordance with National Institute of Clinical Excellence (NICE) guidelines, regular monitoring of the child's health, medication and progress is recommended. With both stimulants and non-stimulants doctors should regularly check blood pressure, pulse, height and weight.

Stimulants and drug abuse

In the UK methylphenidate and dexamfetamine are controlled drugs. Taken by mouth, methylphenidate does not induce euphoria so it is not popular as a recreational drug in this form. However, there are some cases of it being diverted to illicit use by intravenous injection. Once-daily formulations such as Concerta XL mean that children do not have to bring medications to school. The once-daily preparations are much more difficult to grind up or snort.

Parents often worry if use of methylphenidate and dexamfetamine in childhood increases the chance that the child will become addicted to similar drugs or other drugs in later life. More research needs to be done before this question can be answered with certainty.

However, we know that having ADHD doubles the risk of substance abuse (drugs and alcohol) in later life. Overall, the studies that have been done suggest that stimulants do more good than harm in this area. In young people with ADHD treated with stimulants, the risk of substance abuse is almost halved compared with those not treated with stimulants. In other words, stimulants reduce the risk of substance abuse to the level found in the general population.

Dietary approaches

Parents often feel that diet plays a role in their children's ADHD. Current scientific evidence suggests that:

- food allergies and intolerances can be important in some cases;
- food additives and preservatives may have an impact on behaviour.

A "food-diary" is one way of trying to find out if there is a link between behaviour and food in an individual child.

Elimination diets, i.e. avoiding specific foods, are sometimes recommended by specialists, although these may in the end turn out to be effective for a minority of children only.

Case study – How modifying your child's diet can help

This parent found the following helped:

"Firstly cutting out artificial colourings, flavourings and preservatives. I realise in this day and age this can be quite difficult. However labelling has improved vastly in the last couple of years and manufacturers have become better at labelling their products.

There is a support group called the Hyperactive Children's Support Group and, for a small joining fee, they can provide a lot more in-depth guidance on this."

Feingold food programme

This is a programme designed to eliminate some synthetic chemical additives and some foods containing natural salicylates. The dietary plan aims to encourage families to cook fresh products by eliminating food packaged in boxes, cans or bottles.

The programme has been adapted by the Hyperactive Children's Support Group (HACSG) and CHADD have further information on their website.

Further details of these organisations can be found in the ADHD Directory.

Nutritional supplements

Supplements include Omega 3 oils from fish and plants. Researchers in many places, including Durham and Oxford Universities, have been studying children who have been given these oils. They have found that some appear less anxious and may have improved concentration, reading skills and behaviour. However, research is at an early stage, and we do not yet know the answers to some important questions: Does fish oil have a beneficial effect for those on other medication? What is the optimum dose? How long should treatment continue?

Fish oil supplements are available at chemists and health food outlets and are available in widely different strengths. The evidence so far is that the most important ingredient is eicosapentaenoic acid (EPA). A dose of 500mg EPA a day is recommended for up to a month before it can be decided whether these oils are going to benefit a child.

Other approaches/therapies

Sensory integration therapy

Sensory integration (SI) therapy is a sensory-motor treatment based upon theories developed over the last 40 years by Dr. Jean A. Ayres. It aims to stimulate the nervous system to help interpret and organise sensory information to act upon one's environment in a purposeful manner.

Co-ordination training

There is no co-ordination training programme specifically for children with ADHD. However, over 50% of children with ADHD have also got difficulties with their fine and gross motor co-ordination. If those difficulties interfere with the child's learning and independent living skills he may be referred to a paediatric physiotherapist or occupational therapist (or both) to work more specifically on those co-ordination difficulties. This may be done in the form of groups or individually.

Deciding if alternative or complementary treatments may help

New products, therapies and "treatments" appear frequently, often claiming great success in treating ADHD. These treatments are often in their infancy and their effectiveness yet to be proven. Before considering any such treatments, you may like to consider the following questions:

- Have clinical trials taken place to assess the value of the treatment?
- Is information about the treatment available from a trusted source?
- Is there a respected national organisation of people who practise this therapy?

...and look for warning signs:

- The treatment is claimed to work for everyone with ADHD
- The "proof" consists of only a few people saying it works
- There is no information about side effects
- It is claimed that the medicine is a "secret formula", "astonishing", "miraculous, an "amazing breakthrough" or "cure"

Sound information usually comes from recognised sources, such as medical bodies, government and national organisations.



Section Four – Living together at home

Living together at home – benefits and allowances

Caring for a child who has ADHD can involve extra costs. This section will help you find out about some of the financial support that might be available to you. This is a brief summary only as the benefits system is complex and changes frequently. If you would like more information, you can contact your local Disability Information Advice Line (DIAL) – see page 68 of this pack for further details –, your Citizen's Advice Bureau, the Disability Benefits Helpline on Freephone 0800 882200 or the Disability Alliance Rights Advice Line on 020 7247 8763. Some organisations provide benefits advisers who can provide individually tailored advice.

The following publications will also be helpful:

The Disability Rights Handbook. Published annually by The Disability Alliance (see above) £14.00. This should be available at your local library.

Details are also available on their website www.disabilityalliance.org

An Introduction to Benefits and Other Financial Help. Published by Contact a Family. Single copies are available free of charge to parents. See ADHD Directory for contact details.

Some local benefits agency offices have a special needs officer who can offer benefits advice and information to parents/carers of children with special needs. This service is also available to professionals and agencies working with children who fit these criteria.

Further Information about all of the following benefits can be found on www.direct.gov.uk

Disability Living Allowance (DLA)

This is a tax-free, non-means-tested benefit for people who need help with personal care, with getting around, or with both. There are two components to this allowance: care and mobility. The “care” component can be paid from 3 months of age, if your child needs significantly more care than other children of the same age. There are three rates of payment (as at April 2006), depending on the amount of care needed:

- higher rate if your child requires help day and night.
£62.25 per week as at April 2006
- middle rate if your child requires help during the day or at night.
£41.65 per week as at April 2006
- lower rate if your child requires some help during the day; also for over-16-year olds who cannot cook a meal
£16.50 per week as at April 2006

Some children with severe learning difficulties and/or challenging behaviour may be eligible for the mobility component, even when they do not have a physical disability.

Filling in the DLA form is best done with specific guidance. It is advisable to contact a local benefits advice organisation such as DIAL and/or to refer to a guidance booklet such as the one produced by autism.west midlands (see ADHD Directory for contact details). In addition, the National Autistic Society Helpline has produced a DLA diary, which has been developed to help parents fill out the DLA application form. The helpline suggests that a diary is kept for a week or so before completing the application form as a reminder of all the things you have to do for your child.

Carer's Allowance (CA)

This is a benefit for people of working age who cannot work because they are looking after someone (for at least 35 hours per week) who is severely disabled (i.e. receiving DLA care component at the higher or middle rate).

- ***The allowance is £46.95 per week as at April 2006***

You may also be able to claim additional allowances for dependants (children or a non-working partner). You are allowed to earn up to £84 per week (as at April 2006) and still claim CA.

Some benefits can be claimed at the same time as CA, for example income support, pension credit, income-based jobseeker's allowance, but the amount received through carer's allowance is taken into account when calculating these benefits. See also income support below.

Income Support (IS)

If your family receives income support, DLA is not counted as income, so you will continue to receive your full entitlement to income support plus DLA. In addition, you will become entitled to a Disabled Child Premium.

Carer's allowance is counted as income, which means your IS entitlement will be reduced by that amount. However, if you meet the conditions for a carer's allowance but do not receive it because you receive another benefit, you are also entitled to an additional amount for a carer (carer premium) provided you have actually made a claim for carer's allowance.

Child Tax Credit and Working Tax Credit

The Inland Revenue administers these tax credits. They are means tested and available to all working parents. A higher premium is paid where a child is in receipt of DLA or is registered blind. Under Working Tax Credit, help with childcare costs may be available. If you need further advice, you can phone the helpline on 0845 300 3900, or textphone the helpline on 0845 300 3909.

Social Fund Payments

If you are on income support, you can apply for a grant or loan to help with essential household items that are specifically related to your child's needs. There is a very limited amount of money, so success with an application cannot be guaranteed but there is a right of appeal to an independent review service. For further information, contact your local office of the Department for Work and Pensions (DWP) or Job Centre Plus (see your local telephone directory for contact numbers).

Road Tax Exemption

If your child (from 3 years) receives the Higher Rate Mobility Component of DLA, you may be able to claim Road Tax Exemption. However, please note that the vehicle is exempt only while it is being used solely for the purposes of the disabled child. For more information, write to:

The Disability Living Allowance Unit
Warbreck House
Blackpool
Lancashire FY2 0UE

Fares to Hospital

If you are on income support and your child has to stay in hospital, you can claim back your travel costs. Take receipts for petrol, bus or train tickets with your IS book to the hospital reception where they will arrange a refund.



For further advice, ask to speak to the hospital social worker, or visit the website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/HospitalTravelCostsScheme/fs/en

Motability

Motability is a scheme to help people with disabilities and those who care for them to buy or hire a car. To qualify, your award of DLA Mobility Component, Higher Rate, must be of at least 3 years' duration. For further information, contact Motability (see Section 5 –Who Can Help?) or visit the website at www.motability.co.uk.

The Blue Badge Scheme

It may be possible to apply for a Blue Badge depending on the criteria set in your local area.

This scheme is designed to allow people with disabilities to park close to shops or other places that they need to visit. It also entitles them to use a designated disabled parking space outside their home and free parking in metered areas and on yellow lines. The badges are available from local councils. You will need to provide two passport photographs and some supporting evidence such as a letter from your GP. The schemes are operated by your local council and they charge an administration fee, typically £5, for supplying the badge.

Centro – Free Travel Pass – for mobility and visually impaired people in the West Midlands

The pass allows free travel on all buses, trains and the metro from 9.30am until the end of the daytime service Mondays to Fridays, and all day at weekends and Bank Holidays.

Centro
PO Box 9421
Birmingham
B19 3TR

If you have any questions, would like more information or an application form, please contact the helpline on 0121 214 7979 (telephone interpreting service is available).

Incapacity Benefit

When your child reaches the age of 16, he may be able to claim other benefits such as incapacity benefit (Youth), which is payable to people who are unable to work due to illness or disability. Children with ADHD may be able to receive this benefit from the age of 16 even if they are still at school or college, but specific conditions apply. If you think your child may be entitled to this benefit, contact your local Benefits Office. Your local Citizen's Advice Bureau should also be able to give advice.

Please note that if the child receives this benefit, child benefit paid to the parent for that child will cease.

If the child does not qualify for incapacity benefit (Youth) or income support, then the child benefit continues to be payable to the parent while the child is still in education, until their 19th birthday.

Respite and family support

Respite can be very hard to obtain and depends largely on what is available in your area. Some local authorities offer respite or shared care at local centres, but provision is limited and will be subject to strict eligibility criteria. For information about respite in your local area, speak to your social worker.

The following organisations may be able to offer home-based support:



Parent support groups

There may be a local parent support group, either ADHD-specific or covering special needs more generally. These groups provide mutual advice and support, sometimes arrange speakers, arrange support for siblings and raise awareness of the ADHD condition.

Information supplied by Worcestershire ADHD Support Group says

“When a parent has a problem, there is always someone in the group who can try to advise and support them. Education, behaviour, siblings and a host of other problems are chatted over in a friendly atmosphere. Plenty of advice is usually forthcoming from others who have been through similar problems.”

Information about local parent support groups may be included as a local addition to this pack. Alternatively, your local parent partnership service may be able to supply details. A list of parent partnership services operating in the West Midlands is included in the ADHD Directory.

Case Study: Supporting Parents and Carers

“We are a voluntary support group, run by parents for parents and carers. We aim to provide parents and carers with a much-needed “listening ear” at the meetings that we have been organising. In addition, we try to help parents and carers access information about ADHD in relation to what it means for their families.

Through the promotion of the support group, we want to raise awareness of ADHD. Children diagnosed with this disorder have to learn to live with their behavioural problems, which are sometimes severe, and their learning difficulties too. The main areas for concern are impulsivity, hyperactivity and inattention, which cause these children to lack the appropriate level of understanding to make correct judgements regarding all aspects of daily life, personal skills and especially social interaction. This, in turn, leads to problems and difficulties during routine daily activities and creates disruption throughout school life.

As parents of ADHD children, we know that these children can feel like “outsiders” in life and that parents and carers of children with ADHD are isolated from what is known as normal family life. Our support group wants to make a difference to the lives of these families.

We try to help parents and carers access sources of information or advice. This may include health, education, social care, out-of-school clubs and holiday play schemes. We also try to invite guest speakers to the support group meetings from the various services working with children with ADHD and their families.

We have links with the Wolverhampton Parent Partnership Service and the Wolverhampton Parents SEN & Disability Forum. We want to be able to reach as many of the families as possible in the City of Wolverhampton and local surrounding areas. We are a local support group for all local families affected by ADHD.”

Wolverhampton ADHD Family Support Group

Support for brothers and sisters

There are a number of national organisations that you can approach for advice, information and support for your other children. For details of local organisations, such as family support groups or sibling support schemes, contact your local parent partnership service or Contact a Family’s local office. See ADHD Directory for contact details.

Barnardo's

Barnardo's run a number of groups around the country for siblings of disabled children. Some of these groups are also mixed – for both disabled children and their brothers and sisters. For more information contact the Midlands regional office on 0121 550 5271.

Contact a Family

Contact a Family is an organisation that puts people in touch with support networks, both locally and throughout the country. They have produced a fact sheet about siblings and keep information on sibling support groups and activities. Further information is available from Contact a Family's regional office (in Birmingham) on 0121 455 0655 or from the national office (in London) on Freephone 0808 808 3555.

Mencap

Mencap keep details of local sibling support groups and can be contacted on 020 7696 5593/5503.

Websites

www.sibspace.org is a sibling website developed by the Tuberous Sclerosis Association. It welcomes siblings regardless of which disability they are affected by.

www.chmc.org Children's Hospital & Regional Medical Center, Seattle Washington. They provide opportunities to share information and discuss issues of common interest with other children all around the world.

Local leisure opportunities

The ADHD Directory gives details of some national organisations for leisure and holidays. Some of these organisations (e.g. Contact a Family and The Family Fund Trust) produce their own fact sheets, which give further information and ideas.

In order to develop and extend your child's interests locally and to help him meet other children, you might want to consider making enquiries about local leisure activities/centres. Your child might be able to attend local groups without additional support, or it might be possible to obtain some one-to-one support through your social worker.

When exploring leisure opportunities for your child, it may be helpful if you can meet with the local facility manager or group leader to discuss your child's interests, strength and needs and to discuss ways in which your child can be supported and included in local activities.

Below, we have left space for you to keep a record of the leisure activities and centres that operate in your area. Some of the best sources of information are other families, your child's school or local parent support groups. They will have first-hand information on local centres, and which ones are most able and willing to support children with special needs.

Concession example: Those receiving disability living allowance or attendance allowance can apply for a Cinema Exhibitors' Association Card that entitles the holder to free admission for a person accompanying them to the cinema.

Further details from

The Card Network

The Technology Centre

Rossmore Business Park

Ellesmere Port

Cheshire CH65 3EN

Tel: 0151 348 8020

Email info@ceacard.co.uk Website www.ceacard.co.uk

National key scheme – toilets

This scheme was initiated by RADAR with the co-operation of local authorities and allows access to public toilets designed for people with disabilities and which are kept locked to prevent vandalism. A standard key fits all the locks of those toilets where the local authority participates in the scheme. RADAR keeps a list of these, and can supply the keys (£3.50 – VAT-free for eligible people with a disability – including postage and packing. Price correct November 2005).

Additionally, a guide may be purchased for £10.00 including postage and packing, which lists well over 6,500 toilets fitted with the NKS lock throughout the UK. RADAR (2005).

Contact RADAR on 020 7250 3222 or Textphone 020 7250 4119.

Information cards

www.adders.org produces a “handout card” to help parents who find that they are always having to explain their child’s behaviour to others. Available in packs of 10, the charity does not charge but requests a donation of £3.00 to cover the costs involved. Information is available via the website.



Section Five – Your child’s education

Introduction

If you are a parent of a child who has recently been diagnosed as having an attention deficit hyperactivity disorder (ADHD) you may be thinking about how pre-school or school will meet your child’s needs.

All parents want the best education for their child. If your child has a diagnosis of ADHD, it can be very difficult to know what is best and where and how your child should be educated. Children with ADHD have a wide range of educational needs. They are all individuals and require a level of support appropriate to their own needs.

The right educational setting will often depend on your child’s abilities and needs. Children with ADHD may require an adapted environment, with teaching tailored to their individual learning styles. Most children with ADHD are best placed in a mainstream school and may not require a statement of special educational needs (SEN) to receive the support they need in school. Others with additional learning difficulties may require a statement of SEN, and perhaps a placement in specialist provision (i.e. a special school or a specialist behavioural unit within a school).

Whichever school is chosen, pupils with ADHD are entitled to receive a full curriculum and, as a child’s skills develop over time, the school placement may also need to change accordingly. All the people who know your child in school need to keep working together to make sure your child’s needs continue to be met appropriately.

Good practice in educating a pupil with ADHD

Whilst it may appear that some of the educational difficulties experienced by people with ADHD are shared with those who have other forms of special need or disability, there are distinctive patterns of difficulty within ADHD. These require understanding on the part of education staff, and development of appropriate teaching techniques and adaptation of the classroom environment.

Assessment of an individual child’s needs is an important pre-requisite of a suitable plan of support. Most local authorities have specialist staff who provide educational assessment, advice and support to schools.

A pupil with ADHD should be fully included into mainstream school systems adapted, as necessary, through individualised programmes and support staff. All those working with the child should be made aware of his needs and the school’s approach to supporting them. It should be borne in mind that ancillary staff, such as lunch-time supervisors and administrative staff, are an important part of whole-school approaches.

Supportive classroom management for children with ADHD

As your child goes through his school years he will encounter different members of staff who will each develop their own approach to your child’s education. Your child’s teacher should:

- have some knowledge of ADHD and accept the condition as a “learning difference”;
- be calm and positive but consistent about the rules;
- run an organised classroom with predictable routines;
- match teaching strategies and materials to the child’s learning style and level of ability;
- know how to manage your child’s trigger points and their frustration when it begins to peak;

- make good eye contact with the child and speak in clear concise sentences;
- provide immediate and consistent feedback regarding behaviour, including personal cues to remind a child when off-task behaviour is happening;
- recognise the importance of involving parents in their child's education and respond appropriately to the frustrations they often experience.

What to look for in a classroom environment

A good environment for a child with ADHD may have:

- pupils with ADHD seated within the normal seating pattern but near to the teacher's desk;
- pupils with ADHD seated near the front with their back to other children to minimise distractions;
- children who are good role models sitting around the child with ADHD (peer tutoring and co-operative learning should be encouraged);
- the child with ADHD sitting away from distracting stimuli in the classroom, such as heaters, doors or windows, busy areas or air conditioning;
- disruptions, changes in schedule and physical location minimised;
- a "quiet, low-distraction area" available for all children.

Getting involved with school

Recognising and valuing your role

As a parent, you are the expert on your child; so it's vital that you get involved in your child's education. You can help the school understand your child's difficulties, what works well and where potential problems may develop. If you are able to share information with the teacher, there is less likelihood of problems developing.

Your information is important because:

- You have experience of bringing up your child at home and you know what works well or better for him
- You understand how your child feels and reacts to certain situations and the impact that can sometimes occur when changes have to happen in his life
- Sharing these techniques with your child's school will help the staff understand how they can make the school environment work for your child and the rest of the class

It's about relationships!

A school year can go well when the teacher has built a good relationship with and understands your child. If in a subsequent year your child is less settled, it may be a warning sign that the teacher appears to have a less understanding attitude towards your child's difficulties/differences. Get to know your child's teacher. Share with them your expertise. (Remember you know your child far better than they do).

You may like to arrange to meet your child's new teacher, either at the end of the Summer Term with their existing teacher or at the beginning of the new term. This will give you the opportunity to share your expertise of your child to help the teacher give your child a good start. Teachers can use this information to help them plan support for your child's learning differences. For example, it is useful for them to know that:



- they are often not good in large groups, like large classes;
- they find working in close proximity to others a struggle;
- getting changed for games and P.E. may cause difficulties. Your child may be good at sport but find the team element difficult.

How parents can expect to be involved

Schools should always encourage parents of children attending their school to take an active part in their child's education. When a child is identified as having a learning difference or difficulties, generally described as a special educational need, it is even more important for parents to become involved in all discussions and decisions about how their child's needs will be met.

Schools follow the guidance outlined by the DfES in the SEN Code of Practice and must involve parents in the following ways:

- Discuss with you if they believe that your child has SEN
- Ask your permission before making any referrals to other agencies
- Ask your views when planning any individual or group support for your child that is in addition to or different from that made for other pupils
- Involve you in your child's individual education plan (IEP) or provision plan, jointly setting targets and ensuring you understand how you can support your child's learning at home
- Invite you into school once a term to review your child's progress against the targets set for him. One of these reviews may be completed at parents' evening
- Invite you into school as and when required to discuss any difficulties or issues that may arise to avoid further problems developing

Parents should be confident about the way in which their child's needs are being met and that they are equal partners in all discussions and decisions relating to their child's education.

Making sure your child is included

You want your child to be fully included in what is provided at school, for example in:

- social activities;
- school outings and trips;
- after-school clubs;
- extra-curricular activities.

Schools' duties under the Disability Discrimination Act are designed to sit alongside the special educational needs framework and all pupils should be able to participate fully as equal citizens.

However, there may be some occasions when this is not achieved.

What you should expect

You will have been working in partnership with your child's school and therefore you will have been involved in the planning towards full inclusion for your child. This plan may include a "package" of approaches, interventions and support and the aim will be to ensure your child's full access to the curriculum and full-time attendance.

However, there may be times when the school employs measures that result in your child spending less time in school. These measures should be regarded as steps along the way to achieving full inclusion.

For example, your child may be experiencing the following:

- Reduced timetable in terms of hours actually spent in school
- Withdrawal from class for individual support to help with learning and/or behaviour
- Restricted access to some curriculum activities e.g. Art or Science, perhaps because of their unstructured nature

Positive steps you can take

Working with school, you should be aware of a structured plan. This plan will show how full curriculum access and whole-day attendance at school will be achieved. These are examples of some of the questions you may want to ask:

- What arrangements are in place so that, if necessary, a short-term internal seclusion can be used to defuse a situation? Your child may need to be removed from class to a designated area within school with the appropriate support and supervision, thereby avoiding the need for a formal exclusion. (Learning Support Units should not be used to provide internal seclusion and they should be for the shortest time possible.)
- Are staff aware that sometimes your child may need to remove himself from a situation to cool off, to a designated area or person?
- How can your child work towards managing his behaviour e.g. by use of “time out” cards?
- When there is restricted curriculum access what are the timescales involved? How and when will your child be able to access a full curriculum?
- How could individual or small group work be used to assist your child?
- Where and when is individual support for learning and/or behaviour being given? (It may not always be appropriate for your child to attend the SEN or Learning Support resource for this purpose.)
- Where is your child on the SEN Code of Practice? (Their needs should have been identified and met through actions at school action / school action plus or, if appropriate, through a statement of special educational needs.)
- If appropriate, does your child have an individual education plan (IEP)? If so, you should be involved with school in writing your child’s IEP, jointly setting targets and ensuring that you understand how you can support your child’s learning at home.
- If your child does not have an IEP, would it be more appropriate for him to have a pastoral support plan (PSP) to help him to manage his behaviour? This plan should be discussed with you as you will know what motivates your child and which strategies your child responds to. Any changes to the child’s entitlement to 25 hours of education per week should be covered by a PSP which is reviewed regularly by all parties.
- Instead of restricting access to subjects as a way of managing his behaviour, can positive steps be taken such as “doubling up” on lessons that your child finds enjoyable/rewarding? There are many other creative ways of redefining the school calendar for those students who find it difficult to maintain a full week in school:
 - *Long weekends* – perhaps reducing the timetable to a three- or four-day week, but done in such a manner that the student does not see it as a punishment
 - *Re-punctuating the week* – breaking the week into smaller, more manageable segments
- If your child is being excluded from break and lunch times, how will he have the opportunity for social learning?



About exclusion from school

In some circumstances your child may receive a formal exclusion from school.

There are two forms of formal exclusion from school:

- Fixed-period exclusion – time-limited periods when your child is not allowed into school following serious breaches of the school’s behaviour policy.
- Permanent exclusion – when the Head Teacher of a school takes a decision to exclude your child from the school permanently. Permanent exclusion can also occur if your child accrues 45 days of fixed-period exclusion in one school year.

Your child may be sent home to “cool off”, e.g. at lunch times. This is an illegal exclusion regardless of whether or not it is done with the agreement of the parent. Formal exclusion is the only legal method of removal of a child from a school site.

Pupils whose behaviour at lunch time is disruptive may be excluded from school for the duration of the lunch-time period. Lunch-time exclusion is a fixed-period exclusion; it is equivalent to one half of a school day and should be treated as such. Parents have the same right to be given information and to make representations. A lunch-time exclusion for an indefinite period, like any other indefinite exclusion would not be lawful. Arrangements should be made for pupils who are entitled to free school meals to receive their entitlement, which may mean, for example, a packed lunch. Lunch-time exclusions should not be used for prolonged periods and other strategies for dealing with the problem should be worked out.

Any exclusion from school is a serious matter and schools must only use this sanction in accordance with government guidelines. In brief, these are:

- Only the Head Teacher or teacher in charge of a Pupil Referral Unit (PRU) has the authority to exclude a pupil
- The decision to exclude your child should only be taken in response to serious breaches of the school’s behaviour policy and if allowing your child to remain in school would seriously harm the education and welfare of himself or others
- In exceptional circumstances the Head Teacher can exclude for a serious one-off offence e.g. supplying illegal drugs or carrying an offensive weapon
- Exclusion should not be used for:
 - failure to do homework;
 - poor academic performance;
 - truancy;
 - lateness;
 - pregnancy;
 - breaches of school rules including jewellery and hairstyles;
 - a punishment for their parents’ behaviour e.g. for failure or refusal to attend meetings.
- The Head Teacher should ensure that an appropriate investigation has been carried out and the pupil has been allowed to give his version before a decision is made to exclude the pupil permanently

If a permanent exclusion happens, it is an acknowledgement by the school that it has exhausted all other available strategies and is using exclusion only as a last resort.

What will happen if your child is formally excluded from school?

If your child is excluded from school the Head Teacher should, whenever possible, inform you immediately by telephone. This should be followed within one school day by a letter explaining the following:

- The type of exclusion, whether it is a fixed-period exclusion or a permanent exclusion
- The reason for the exclusion, the date it takes effect and any relevant previous history, for example previous warnings or fixed-term exclusions
- In the case of a fixed-period exclusion, the precise number of days the exclusion is for and the date/time the pupil should return to school
- The parents' right to make representations to the governing body and the arrangements for this
- The parents' right to see their child's school record upon receipt of a written request
- The arrangements for enabling the child to continue his education
- The name and telephone number of an LA officer who can provide advice
- The telephone number of the Advisory Centre for Education (ACE) exclusions helpline 020 770 49822

What you can do if your child is formally excluded from school

Supporting your child through a fixed-period or permanent exclusion can be challenging and demanding emotionally. You may feel that you would like support in understanding the process and planning ahead for your child's future education. In addition to the information provided nationally by ACE, many parent partnership services provide support for parents in this situation. This may include:

- Explaining what you can expect to happen
- Your child's rights
- Preparing appeals
- Accompanying you to meetings

Your local parent partnership service will be able to advise you of the support available locally.

Choosing an inclusive school

When looking around prospective schools, it is worthwhile checking to see if the school is "friendly" towards pupils with special or additional educational needs. A school that is able to provide an appropriate environment for children with special or additional educational needs will:

- make sure all teachers are aware of their duties under the SEN Code of Practice to identify children's needs;
- have a named person, possibly the SENCo, who can provide guidance on SEN and ensure that all staff who come into contact with a child with SEN are aware of the particular needs of that child;
- encourage staff with knowledge and experience of children with SEN to share their expertise with any existing outreach support teams and with other school staff;
- keep an up-to-date bank of information on SEN for use by staff and parents;
- have a policy on working with children with an SEN and keep up-to-date records of staff SEN training;
- consult specialist staff (outreach support teams if available within the LA) when developing policies on special educational needs and disabilities (SEND);
- make sure a named member of staff who knows about SEN is available to discuss any concerns the child with SEN may have and help the child to contribute as fully as possible to the development of his provision;
- ensure the curriculum of the child with an SEN is tailored to meet his needs;



- recognise that information and communications technology (ICT) can be an effective medium for children with an SEN;
- work closely with parents and families, consulting them about individual education plans and behaviour plans and inviting them to join in with training relevant to their child's needs where appropriate;
- support families by ensuring that out-of-school activities include provision for children with SEN;
- develop communication networks between the children's services and health departments so that there is appropriate information-sharing about policies and practices related to special needs and disability;
- ensure smooth transition between settings by exchanging accurate and up-to-date records, profiles and ways of working with the child with SEN;
- work closely with the Connexions services to ensure a smooth transition to post-16 provision for pupils with SEN.

When looking around a school and talking with staff it will be important to think of the specific needs of your child and how the school is able to cater for these needs. These might be some of the questions to think about or discuss with staff:

The school environment

- How big are the buildings?
- Are they on more than one level?
- Are there satellite buildings, Portakabins?
- Is the environment warm and inviting?
- What are the noise levels like outside as well as inside the classrooms?
- How many play areas are there?
- Are the buildings in good decorative order and well-maintained?
- Is there a feeling of calmness and orderliness in the movement round the school?
- Are there specialist rooms for technology, science, music, and is there a library?
- Are there quiet areas for pupils to use?
- Are classrooms self-contained or open plan?
- Do they have their own sink/toilet areas?

Staffing

- Does the person who shows you around understand the nature of your child's SEN?
- Do they demonstrate that understanding?
- Are they keen to obtain information from you or are they dismissive?
- How many staff are there in your child's year group?
- What do you observe any support staff doing?
- How interested does the receiving teacher seem?
- If you are there at these times – how many staff are on duty in the playground/dining room?

Pupil numbers

- Look out for movement around the school at social times, e.g. break times / lunch time, in the playground and around toilet and cloakroom facilities

- Look at general class size and whether the size of the room accommodates them comfortably
- How are the pupils seated in the prospective class – individually/groups/large tables/random arrangement?
- Do you see any withdrawal work going on?

Ethos

- How are you made to feel?
- How do you see staff communicating with pupils?
- Is there anything that makes you cringe?
- How do the pupils treat each other?
- How is the child with obvious difficulties (physical/behavioural/sensory) treated by the staff and his peers?

Curriculum

- What work do you see going on?
- Are pupils engaged in different tasks or are they all doing the same thing, e.g. copying from the board / painting etc.?
- Are some pupils doing “easier” work?
- How are staff supporting pupils – nearby or from a desk?
- Are all the pupils doing the same thing, e.g. copying from the board / painting etc.?
- Are there any pupils doing nothing?

Timetable

- Can you see a timetable on display?
- Do the pupils seem to know what they are doing?
- Does the Head (if that’s who’s showing you around) know where the classes are?
- Are all the facilities being used?

Social activities

- What social activities do you observe?
- Are pupils encouraged to play/work co-operatively?
- What considerations are made for the child who does not want to join in?
- How do you observe pupils’ behaviour being managed? What recognition, rewards, praise, reprimands and sanctions (punishments), if any, are being used?
- How often are pupils being praised?
- Are pupils given responsibilities around school/classroom?

Parental involvement

- What evidence do you see that parents are welcome in the school?
 - What activities are arranged for parents to attend?
 - How welcome are you made to feel?
 - Do the things that you are told take place actually happen? What prior knowledge do you have about the school and parents?
-



Organisation of the environment

- Are there times when children are not allowed into the building?
- Will my child be in one class or move around the school?
- Are there lessons timetabled in specialist rooms?
- Where do the children eat?
- Is there a cafeteria or a family service meal system?
- Where do the children do P.E. and where do they change?
- Where will my child keep his possessions?
- If my child needs 1:1 work, where does this take place?
- If my child needs a place to calm down, is there a place to go and a mechanism to enable this to happen e.g. an exit card system?
- Are there clear boundaries in the playground (i.e. fences or physical barriers)?
- Are there security measures that ensure the safety of all children – i.e. against intruders – and to ensure that pupils stay within the school site?

Getting help in school

In this section we have outlined the process that will decide what help your child needs in school. We have also included information about parent partnership services whose members can guide you through this process.

You may find it helpful to refer to the glossary in the ADHD Directory of this pack, to explain some of the terms used by schools and local authorities (LAs).

Does your child have special educational needs?

Children who have a diagnosis of an attention deficit hyperactivity disorder (ADHD) often (though not always) are considered to have special educational needs (SEN). The legal definition of children with special educational needs is children who have learning difficulties or disabilities that make it harder for them than for most children of the same age to learn. These children may need extra or different help from that given to other children of the same age.

Five main areas of SEN are recognised by local authorities and schools:

- Communication and interaction
- Cognition and learning
- Emotional, social and behavioural development
- Sensory and physical difficulties
- Medical conditions

What happens if my child has special educational needs?

All education settings and local authorities have duties to identify, assess and make provision for children's special educational needs. The Government has produced a Special Educational Needs Code of Practice (2001), which advises LAs and educational settings how to carry out these duties.

What is the code of practice?

The Special Educational Needs Code of Practice (2001) is a document produced by the Department of Education and Skills (DfES). It gives guidance to early years settings, state schools, local authorities and anyone else involved in identifying, assessing and providing help for children with special educational needs. It sets out the processes and procedures that all these organisations must or should follow to meet the needs of children. The organisations must not ignore the guidance in the code. They must also take account of the code of practice when they write their formal SEN policies.

Key features from the code of practice are outlined below, but for more detailed information about this please refer to DfES Booklet: Special Educational Needs - A Guide for Parents and Carers, ask your child's school for information, or speak to other professionals you know.

The code of practice describes how help for children with special educational needs in schools and early education settings should be made by a step-by-step or "graduated" approach.

What is the graduated approach?

All state-funded schools and pre-school settings are supported by the local authority to provide a graduated response to special educational needs, where needs are identified, support given and progress monitored.

The graduated approach recognises that children learn in different ways and can have different kinds or levels of SEN. So, increasingly, step-by-step, specialist expertise can be brought in to help the school with the difficulties that a child may have.

All educational settings have to have a special educational needs policy, which outlines how the setting will respond to a child's needs. Each will also have a special educational needs co-ordinator (SENCo), who is responsible for the day-to-day running of the policy, though the daily work with your child remains the responsibility of his teacher or key worker.

Your child's teacher or key worker will be continually assessing your child's progress, informally through day-to-day observations.

The teacher / key worker will try to meet your child's needs using different approaches and materials (known as "differentiation"). Feel free to ask the teacher what they know about your child's needs and to share the valuable knowledge that you have about your child.

A summary of how the graduated approach works is provided in the flow chart (Fig. 1). More information about the school-based stages of the code of practice and statutory assessment is included in the ADHD Directory.

Case Study: Supporting my child's education

"My son has had a statement of SEN for just over four years now. I have given as much information as possible to the staff at secondary school. I put in writing my son's behaviour traits and suggestions on how to help him in school. I feel this helped my son's transition from primary to secondary immensely. I have read many books and other resources on ASD and ADHD. These have also helped me to understand and cope with my son's challenging behaviour and try to help him with his learning difficulties at home.

The majority of the staff have supported my son well in school to reach his full potential. There have been a few isolated incidents where some staff have not been aware of or fully understood my son's diagnosis and dealt with him completely inappropriately. Shouting is not a good idea if you want any response from my son. This is the reason why I tend to speak quietly. I only use my firm voice when absolutely necessary!



The form tutor, with help from the SENCo, is trying to ensure my son has a happy and fulfilled school life and I hope I am not looked upon as just a parent but, perhaps, an expert on ASD and ADHD. After all, I do know my son best and many other children like him.

My son is highly intelligent and is currently in Year 11 at school and in June of last year completed a GCSE Maths paper in which he attained the highest grade. I am very proud of this achievement and so are his teachers. He has the potential to do very well in his final GCSE exams at the end of Year 11. I also hope he will continue his study with A levels and beyond.

I know he has aspirations too, just like any other child and, with the understanding he deserves and the appropriate support for his needs, he will reach his goals in life. Having a child with ASD and ADHD is not the end of the world, but the beginning of something special.”

Parent of a child with ADHD (and ASD)

Bullying

Bullying can happen anywhere. The following is advice from the DfES to parents who are concerned that their child may be affected by bullying at school. Bullying is unacceptable and parents, teachers and others working with children all share responsibility for tackling it.

Identifying the problem and dealing with it

One of the most difficult times in a child's school life can be if they are bullied. Bullying can be defined as deliberately hurtful behaviour, repeated over a period of time, where it is difficult for those being bullied to defend themselves. There are various types of bullying:

- Physical (e.g. hitting, kicking, theft)
- Verbal (e.g. name calling, racist remarks, being called “chicken”)
- Indirect (e.g. spreading rumours, excluding someone from social groups)
- Via mobile phone, text message or email

Signs to watch out for

Parents and families are often the first to detect symptoms of bullying, though sometimes school nurses or doctors may be the first to suspect that a child has been bullied. Common symptoms include headaches, stomach aches, anxiety and irritability. It can be helpful to ask questions about progress and friends at school; how break times and lunch times are spent; and whether your child is facing problems or difficulties at school. You should trust your instincts if your child is acting out of character at home and contact the school immediately.

What you should do if your child is being bullied

It is required by law that your child's school has an anti-bullying policy which sets out how it deals with incidents of bullying. You have a right to know about this policy which is as much for parents as for staff and pupils.

If your child tells you he is experiencing bullying at school, there are certain people you can speak to in order to resolve the problem. Initially, you should write to the Head Teacher and express your concerns. Try to work and resolve the issue. If that does not help, you could then write to the Chair of Governors, and then to the local authority (LA). If the problem still remains unresolved, the department for education and skills (DfES) can investigate the allegations with the school. You could also ring the helpline at Parentline Plus on 0808 800 2222 for general information.

Graduated approach to meeting special educational needs

Teacher or key worker continually assesses progress of all children. Different approaches and materials are routinely used to meet the needs of individual learners

If special needs are identified



School Action – parents and professionals in school or setting agree ways of working together to meet child’s needs. Individual education plan (IEP) devised with targets and date for review

Review outcomes and action



Continued significant difficulties? Seek advice from external agencies (School Action plus)



Progress towards targets or targets reached but more work needed? New targets set to be reviewed as before



Targets reached – no further concerns – return to monitoring by teacher / key worker



School Action plus – school consults with external services e.g. learning support service, educational psychologist or health professionals. These services contribute ideas to your child’s IEP and may work with your child directly. They may also work with the school, for example to provide training to increase staff knowledge of your child’s difficulties. Review as for school action stage

Review outcomes and action



Complex, long-term significant difficulties identified



Progress towards targets, or targets reached but more work needed? New targets set to be reviewed as before



Targets reached – no further significant concerns – return to school action stage

Possible case for Statutory Assessment which may lead to statement of SEN – see further information in CD Directory

Fig.1



Help your child's school deal with bullying

Parents have an important role to play in helping schools deal with bullying. The following are some suggestions of how you can help:

- Whenever the anti-bullying policy at your child's school is reviewed, think about contributing your ideas to the consultation process
- Watch out for signs that your child is being bullied, or bullying others
- Discourage your child from using bullying behaviour at home or elsewhere.

If a child is being bullied, he can get free advice and support by calling ChildLine on 0800 11 11, 24 hours a day, seven days a week. Another useful site is Bullying Online (www.bullying.co.uk)

If your child is bullying

Often parents are not aware that their child is the one involved in bullying. This can be embarrassing for you, but it is important to remember not to become angry with your child. The following are some suggestions of how you can try to stop his bullying:

- Talk with your child. Let him know what he is doing is unacceptable and making other children unhappy
- Discourage other family members from bullying behaviour or from using aggression or force to get what they want
- Show your child how he can join in with other children without bullying
- Make an appointment to see your child's teacher or form tutor and explain the problems your child is experiencing
- Discuss with the teacher how you and the school can stop your child bullying
- Check regularly with your child how things are going at school
- Give your child lots of praise and encouragement when he is co-operative or kind to other people

Find out more information and advice on how you can deal with bullying from the Department for Education and Skills' anti-bullying website (www.dfes.gov.uk/bullying/)

Health issues in school

Some of the current health issues related to school may have particular relevance to the child with ADHD.

Medication in school

The government has produced guidance for schools called *Managing Medicines in Schools and Early Years Settings* (DfES/DH 2005). Further information and examples of how complex health needs can be managed in school is provided in a book,

Including me – Managing complex health needs in schools and early years settings – Jeanne Carlin – Council for Disabled Children

Diet

If you find that your child's ADHD is affected by diet, you may be concerned about maintaining a suitable regime whilst he is at school.

The whole area of food in school is a high priority at present with nutritional standards for school meals being reconsidered and encouragement given to schools to take a whole-school approach to healthy

eating and drinking through the National Healthy Schools programme. Across the country schools have become involved with healthier

- breakfast clubs;
- lunch boxes;
- tuck shops;
- vending machines.

Nutritional standards in school meals

The Soil Association, in conjunction with the Hyperactive Children's Support Group, have produced a list of additives that should not be used in school meals. Some local authorities have agreed to exclude the listed additives from school meals in their area.

For more information <http://www.foodinschools.org> or www.soilassociation.org

Dehydration

Some children can lack concentration because they have become dehydrated. Many schools have installed water dispensers and encourage children to drink water regularly throughout the day. Teachers report increased concentration levels as a result.



Photocopiable information to pass on to your child's school

Information for school

Introduction

Your child's school may welcome guidance regarding your child's ADHD. The following provides a brief introduction to ADHD to pass on to your child's teacher and others working with your child.

There is also an ADHD "passport" in this section. This allows your child to explain his ADHD, and how it affects his life, to the people that he comes into contact with.

Brief guidance for the teacher

Attention Deficit Hyperactivity Disorder (ADHD)

The following is background information about ADHD. In addition to this leaflet, an ADHD "passport", held by the child, describes how to help him manage his condition in school.

What is ADHD?

ADHD is a brain-based disorder and studies have shown over time that there are groups of people who have difficulty with concentration, controlling impulses and, in some cases, hyperactivity. Children with ADHD have difficulty controlling their actions and this should be regarded as a challenge to the child, not an excuse for his behaviour.

ADHD may be a lifelong condition and causes children and adults to have difficulties in the following areas:

- Impulsivity – thinking through actions and speech
- Maintaining attention
- Being motivated to listen to those in authority and act on what they have been told

Some children do not have hyperactive symptoms although they fit the descriptions of being impulsive and inattentive. These children are described as having ADD – attention deficit

disorder, without hyperactivity.

A child may display difficulties in the following ways:

Hyperactivity

- Constantly fidgets with hands/feet or nearest available object
- Leaves seat in classroom or other situation where expected to remain seated
- Runs/climbs excessively where inappropriate or displays restlessness
- Unduly noisy, difficulty engaging quietness in activities where appropriate
- Exhibits persistence of excessive movement not appropriate to social context or demands

Inattention

- Fails to sustain attention in tasks or activities
- Appears not to listen to what is being said
- Fails to follow through instructions or understand what is being asked of him
- Problems organising his things/tasks/activities
- Easily distracted by external stimuli
- Forgetful of events in course of daily routine/activities

Impulsivity (key factor in the classroom)

- Blurts out answers before question are completed
- Fails to wait in line or wait turns during games / group sessions
- Interrupts / intrudes into others' conversations/games, wanting to dominate any given situation, to be the main attention seeker
- Talks excessively, not waiting for responses or following social codes
- Needs to be "on the go", having the inability to settle / stay focused or interested

Tips for teaching and managing inattentive/hyperactive/impulsive children

Helping with set tasks

- Position the child close to the teacher
- Remove unnecessary distractions

- Give easily managed structures for the task
- Make sure verbal instructions are clear and concise
- Arrange short deadlines
- Identify good software for the computer
- Let the child tutor a younger child
- Set up visual prompts

Encouraging better behaviour

- Allow a child space and privacy away from the rest of the class to calm down if he is frustrated and misbehaving
- His daily timetable should be structured and predictable
- Value good behaviour by rewarding it and withdraw rewards for undesirable behaviour
- Opportunities for productive physical movement should be planned
- Co-ordinate and plan movement around the school
- Any reprimands should be short and given at the time of the incident
- Tell children what is expected as part of the reprimand
- Explain the timetable at the start of the day

List of useful websites for information/resources on ADHD:

1. www.nhsdirect.nhs.uk – about ADHD
2. www.mentalhealth.org.uk – about ADHD
3. www.cspinet.org – diet/medication
4. www.feingold.org – diet
5. www.hacsg.org.uk – about ADHD/diet
6. www.practicalparent.org.uk – behaviour strategies
7. www.rcpsych.ac.uk – fact sheets for parents/teachers
8. www.mind.org.uk – understanding ADHD
9. www.cafamily.org.uk – about ADHD/support groups
10. www.ncbi.nlm.nih.gov – research on ADHD
11. www.food.gov.uk – diet/additives

12. www.addiss.co.uk – books/resources on ADHD

13. www.adders.org – ADHD support groups

14. www.nasen.org.uk – SEN/inclusion

Information for school: child's passport

Possibly in A5 format for ease of use and to include a passport size photo of the child. This could be updated at child's reviews or parents' evening.

The following example has been completed for a child in Key Stage 2 (Aged 7-11) but could be adapted for older or younger children.

1) What is my ADHD?

Short sentence bullet points which include general information about the following:

● Hyperactivity

I constantly fidget if I'm asked to sit still or fiddle / touch things. It helps me if I am allowed to hold something in my hands when someone is talking to me or giving me instructions.

● Inattention

I am not able to focus on specific tasks and find it difficult to concentrate for more than a few minutes. I find it difficult to follow instructions and it may help me if these are given to me in short quick bursts and I am allowed to attempt tasks in small stages.

● Impulsiveness

I tend to interrupt conversations/activities frequently and talk when not appropriate.

● Distractibility

I am easily distracted by what others are doing and what may be happening outside the classroom.

Available space for parent/carer to add some specific details about their own child.



2) What helps me in school?

Bullet point list of practical strategies. These can be general “behaviour” management strategies that work with children with ADHD.

Include:

● Classroom environment

I need frequent reminders about the consequences of my actions especially if these are inappropriate to the situation. I need frequent breaks from working in lessons in the class. This may be a short “time out” of the classroom. I could run errands for the teacher with the help of a “peer buddy”. I find it easier to try to concentrate and focus on tasks if I sit at the front of the classroom with my back to other children and away from any windows or doors where possible. I need structure and predictability with the help of a clearly defined timetable and/or a plan of expected tasks every day. I will need help with organising my time and things such as the correct equipment to complete tasks.

● Moving around school

I need to be at the front of the line of children when moving along the corridor within school from classroom to classroom or to the dining hall or gym. I find it easier to understand what is expected of me if the teacher / classroom assistant re-enforces the school rules before moving from place to place. This gives me the opportunity to try to comply and show appropriate behaviour.

● Support with social skills (working in groups, recreational/break time)

I will need adult supervision when working within groups to help me understand what are acceptable codes of behaviour in all social situations. Incidents or misinterpretations should be dealt with immediately where possible so I can try to understand where I may have gone wrong.

● Recognising positives / strengths

I am energetic, enthusiastic, creative and perceptive! Please try to help me use these exceptional qualities in a positive way.

● The importance of praise! (alleviating low self-esteem / lack of confidence)

Please think positively about my behaviour and try not to focus constantly on the negatives. It helps me if I get immediate feedback on how I am doing whether this is to reprimand me or to let me know if I’m doing well; and frequent feedback helps me keep on task.

Available space for parent/carer to include details about what they feel works for / helps their child.

3) What are my strengths?

● What I am good at

Art and sports. However, I tend to be more successful at individual sports. With support and advice from an adult I can try to play alongside my peers. I like to draw dinosaurs, either copying them from a book or trying out my own ideas.

● What I like doing

Creating and designing models. I like using Meccano, K-Nex or Lego to construct different ideas. I don’t always finish what I start, but I may try to finish at another time or usually I have a better idea! I also like to play on the computer. Sometimes I am able to focus for longer periods if I work on the computer.

These could include school/home activities/subjects or anything, such as swimming or riding a bike!

4) Health

● Dietary needs: foods to avoid / allergies

If I drink fizzy pop such as cola and eat sweets with colours in them I tend to get a lot more excitable so I avoid drinking and eating things with additives in them. I seem to react adversely to milk and cheese so I don’t have these either.

● Medication: what type, dosage, when to be taken

Ritalin – two tablets – lunch time.

5) My targets (this could be linked to IEP/Statement/Action Plan)

● What I want to do better

I want to try to sustain concentration long enough to complete a task/activity or piece of writing.

● **How I am going to do it**

First attempt: three minutes followed by a short break, then, if I'm successful, I could try five minutes followed by a short break. Each time I try to focus on a task I should aim to concentrate for longer. I will need an incentive or reward to encourage me, such as playing games on the computer.

● **Who will help me**

I will need support from the class teacher and the classroom assistant. My mum will help me by continuing the same strategy at home when I'm doing an activity.

6) My achievements (this could be linked with a Home/School Diary/Journal – achievements happen at home too!)

● **What I have done well**

I recently completed ten maths calculations on a worksheet in one lesson and got them all correct! My mum said that I managed to eat my tea without causing a disruption to everyone else at the table.

● **What I am good at now**

Trying to understand rules of games in sports and P.E. lessons. I know sometimes that my behaviour upsets other people and I say sorry to make them feel better.

● **What I have learned**

That I should try to share and take turns when playing games because this means making friends.



Section Six – Transitions

Living with ADHD as your child grows up

Parents often hope that ADHD will improve as their child grows up but, in reality, there is no set pattern. Each child is individual – some do not experience ADHD-related symptoms in adulthood, some have a decrease and others have no change in their symptoms as they become adults.

In some cases hyperactivity decreases during the teenage years, usually because children learn to control their behaviour and redirect their frustrations. Inattention may become more of a problem in secondary school as a result of the need to organise homework and complete more complex work. For children with ADHD, changes or transitions need to be planned for carefully.

Transition is defined as “passing or change from one place, state, condition to another.” This could be change involving moving from one activity to another or one class to another. It is also the term used to mean the major moves at different stages of education. For example, home to nursery, nursery to primary, primary to secondary, secondary setting to adulthood. For children with ADHD the small changes can be harder to accept than the larger ones.

Effective ways to help prepare your child for change

Change can often make people feel anxious, especially children with ADHD. They may become anxious, for instance, when changing classes or moving to a new school. They may find it difficult if there is a change of class staff. For example, your child may find it more difficult to cope with a supply teacher at school. Sometimes children find it very difficult to cope with meeting new teachers and new friends and some may find it difficult just to change activity. At all these times children with ADHD may have feelings of uncertainty or confusion. Sometimes small adjustments can make a difference as in the following case study:

Case study – Preparing for change

“Changes to the school day can make a child feel very anxious. This anxiety was lessened for my son by the use of some digital photographs and Velcro!

Digital photos were taken of anyone who might come into contact with my son during the school day; then Velcro lines were stapled to the wall of his class by the door.

As he entered the classroom he could see who would be teaching him that day.

This technique could be used in many situations at home and in the classroom.”

Tip from a parent of a child with ADHD

Children with ADHD are often particularly vulnerable during transition/transfers (changes within and between schools) because of the inevitable change of environment and routine. Even the child who appears very settled in his current environment can have difficulties with changing school. A carefully planned programme of transition is crucial.

Specific strategies to support transition

The following may help to support the smooth transition of pupils with ADHD:

- Provide full information to the receiving class or school about how your child learns and interacts. In the case of transition to secondary school, the SENCo is likely to be the key link person.

- Liaison meetings with you (parents), class teachers and SENCoS from both the present and the new setting to discuss:
 - successful strategies used in previous settings;
 - organisation of the learning environment;
 - possible stress factors in the new setting;
 - strategies to promote your child's personal, social and educational development.
- Introductory planning meetings followed by regular planning and monitoring meetings for the core staff and parents. Meetings may need to be weekly during the initial phase of transition. Your child may have an individual education plan (IEP) that specifically addresses transition issues.
- A programme of visits to the new class or school to introduce your child to the new environment and key members of staff. A visit by key staff from the new school to the current school may help your child to become more familiar with them, and help them to identify possible sources of stress in the new environment so that contingency plans can be made.
- **It is helpful if a key contact within school is identified. This may be the SENCo, a year head or a preferred teacher or learning support assistant.**

Some schools establish a "human bridge" where the teaching assistant from the previous school or teaching assistant at the new school is responsible for communication concerning the child.

Case study – Transition

Sometimes a transition worker may be assigned to your family as in this case study. This is a parent's account of transition to secondary school supported by a transition worker.

The worker first rang to make an appointment to see the family.

"After our conversation, she made an appointment to come and see me to get background information about his likes and dislikes and things that make him upset. After this, she went into school to meet him. He liked her as she did things with him and gave him rewards. She soon had the idea of the way my son worked.

As the weeks went on, he began to trust her more and she then talked to him about moving schools. It was arranged that he would go to the new school with both of us for a visit so that he would find his way around more easily on the induction days.

The teacher from the pupil support centre showed us round. She told my son lots of things that would be helpful to him when he came in September. He was very anxious when we were there but the teacher picked up on it straight away. She made arrangements for us to go again three times before he had his induction days. This was very good as my son became more relaxed and stopped biting himself as much.

He has now been in his new school for nine weeks and the behaviour support worker is still seeing my son on a weekly basis. He has had his troubles since starting the new school but is not so worried about asking for help. The behaviour support worker has been invaluable to my son and she has taken a lot of the burden off me, as I didn't know who to turn to beforehand."

Parent of a child with ADHD

- In order to introduce your child to all the staff of the receiving school, the following may be helpful:
 - A talk by the SENCo from the current school and/or other people involved (e.g. the outreach support teacher), about your child, including his strengths and likes, tips about stress triggers and successful ways of working with your child



- A “passport” compiled by your child, which outlines important information that he would like to share with new staff. This might include likes, dislikes, stress triggers and helpful strategies. This “passport” might provide consistency for your child in new situations and help him to feel reassured. (A completed example of a child’s passport is provided in the education section of this pack.)
- A plan of the school or a colour-coded timetable may be useful to help your child to prepare and rehearse for the transition.
- Visual reminders such as photos of the setting and key people can also be helpful. Digital cameras can be helpful to provide these.
- It will be important to work with your child to understand his expectations and possible anxieties. Specific concerns may be tackled using a “story-based” approach, which outlines expectations of a situation and clarifies useful strategies. Some children may also enjoy role play and acting out situations.
- If your child will need to use public transport to travel to school, he may need to have experiences of the journey beforehand. This could involve checking the right number/colour bus for the journey, dealing with money and how to buy a ticket, what to do if the bus is empty or full, and what to do if he misses the correct stop.
- A “buddy” system may provide further peer support for your child when starting at a new school. Some secondary schools operate “peer-mentoring programmes” where older youngsters are trained to give some support to new children. Ask the receiving school about any of these “buddying” arrangements. Later on, your child may be able to buddy another child.

Planning the transition to adult life

Every child in Year 9 should have a meeting with their personal adviser from the Connexions service. If your child has a statement of special educational needs, his annual review in Year 9 will involve a wider range of professionals to plan your child’s move into adult life. This review is called a transition planning meeting or transition review. People who are likely to be invited to this are:

- Education professionals
- Health professionals
- A representative from social services (if social services are already involved)
- A Connexions personal adviser

At this meeting a transition plan will be drawn up. You and your child will be fully involved in writing this plan alongside the other professionals. This plan will outline ongoing school provision and arrangements for once he leaves school.

The SEN transition plan, as with all personal action plans, must be designed for and with the young person. When a personal advisor is involved in drawing up the transition plan, they will gather all existing school information about the pupil including the statement, appendices, and copies of previous annual review reports. This, together with other information, will be used to build an assessment profile.

This profile provides a picture of a young person’s situation at a particular time covering their level of basic skills, life skills, attitudes, health circumstances and so on. It includes the areas where support will be needed as well as those areas where the young person is functioning well.

The Connexions personal adviser should co-ordinate the delivery of the plan. You will be given a copy of this plan. It will be updated at following annual reviews.

Transition Pathway project

The Transition Pathway is a resource pack which can be used by anybody who is involved in supporting a young person in transition to adult life.

It gives information and guidance about transition and provides tools, using person-centred approaches, to help young people think about, plan and lead the lives they want.

Several local authorities in the West Midlands are using the Transition Pathway.

www.transitionpathway.co.uk

Specialist Colleges

Normally pupils with ADHD will be educated within mainstream settings post 16. Should a specialist post-16 placement be needed, the Connexions service can provide the most up-to-date advice.

There are two directories that offer information on each specialist college:

1. NATSPEC - National Specialist College Directory
2. COPE - Directory of post 16 residential education and training for young people with special needs

The sort of information contained in these directories includes:

- contact names, addresses, telephone numbers
- a brief description of each college and the support they offer

These directories should be available from Connexions.

Connexions

The Connexions service has been set up in England to ensure the smooth transition from adolescence to adulthood, so that every young person has the best possible start in adult life. Its aim is to provide all teenagers with the help and support they need to participate in learning and achieve their potential.

Connexions covers the ages from 13 - 19, or to 25 (before 25th birthday) for young people who have learning difficulties and/or disabilities.

Connexions contact details are listed in the ADHD Directory.

Choosing a school

Detailed guidance to support you in choosing a school can be found in the education section of this pack (Section Five – Your child's education).



Section Seven – Training

Introduction

The report of a consultation with parents carried out by the West Midlands SEN Regional Partnership published in 2004 found that there is currently no fixed pattern of provision of training for parents or professionals regarding ADHD. Within the West Midlands local authorities this appears to be an area of support for families requiring further development.

The training available in your area is therefore likely to be funded and organised by various groups and organisations rather than through a single provider. Information about local workshops and other ADHD-related events might be found through:

- Parent partnership services
- Local child and adolescent mental health services (CAMHS)
- Community psychology service
- Parent support groups
- Schools

For example, in Worcestershire the community psychology service offers a programme of talks for parents of children with varying disorders including ADHD. Parents can attend the sessions most relevant to their needs. The programme is repeated on a twice-yearly basis to allow parents more than one chance to access the training they need.

Session titles include:

- Understanding ADHD
- Understanding the psychological world of ASD and ADHD
- Motivating children to behave
- ASD and ADHD and mental health
- Stress management for parents

Further details can be obtained from:

Community Psychology Service
187 Worcester Road
Malvern
Worcester
WR14 1EX

Requesting training

Parents commonly identify training needs in the following areas:

- Behaviour management
- Managing ADHD with the wider family and siblings
- Planning for the future

If you feel that you need training in order to support your child effectively, you should request it via the professionals concerned with your child's case. Most services will have a method of consulting with

service users in order to establish what is needed in their area. There may also be a support group, special needs forum or patient user group for local services. These may provide an avenue through which to pursue a request for parent training, particularly if this is a service needed by other families in your area.

How training and support can be provided

Some authorities have adopted multidisciplinary approaches with the involvement of parent groups to identify and manage ADHD. The following give examples of patterns of provision from different parts of the country.

Havering, Barking and Dagenham

BHB community health trust, London Boroughs of Havering, and Barking and Dagenham have combined with parent group ADD + UP to design a referral and treatment protocol for ADHD. This includes:

- Family support.....to promote parental empowerment and develop strategies to manage behaviour
- Behaviour support advice for parents of pre-school children via health visitors, nursery nurses and pre-school opportunities play groups.

Sheffield

Voluntary sector organisation “fsu” has established an ADHD project. One of the aims of the project is to “increase knowledge and awareness of ADHD and everything that comes with it through facilitating and co-ordinating training for professionals and parents. The project has developed:

- A 10-week course for parents entitled “Managing ADHD”
- A training pack for professionals in conjunction with their local CAMHS multi-agency training co-ordinator.

North East Wirral

Each of the child and family teams based in localities on the Wirral run a one-day ADHD workshop for parents of children with ADHD who have been recently diagnosed. Each workshop has two trainers and approximately eight parents in attendance. The agenda for the day is:

- Introductions and expectations
- What is ADHD?
- How do children with ADHD feel?
- How do parents feel?
- Look for positives
- Medical interventions – behaviour management – boundaries, routines and consistency
- Time out, planned ignoring, reducing language, token reward systems
- Talk from ADHD advisory teacher about ADHD and education
- Questions and answers



They also run a 9-week parenting ADHD children course covering:

- What is ADHD?
- Stress management
- Social skills
- Organisation
- Parent partnership talk from local parent partnership officer
- Talk from ADHD advisory teacher on education and ADHD
- ADHD and the brain
- Behaviour management
- Talk from local sports development officer on sessions for special needs children
- Evaluation

They also run a “parenting teenagers” group, which follows the same format as the children’s group but has a teenage slant. It also looks at alcohol and drugs.

On the whole, the training is delivered by a combination of three CAMHS therapists, a neuro psychologist and a co-ordinator. There are two workers per group/workshop.

Parents are referred by paediatricians, G.Ps, social workers, teachers etc. To start with, parents are given the option to attend the workshops and courses. If they still feel that they need further support after attending these courses then they can have 1:1 sessions with a key worker.

In this model parents are also referred to two local support groups.



Section Eight – Resources

There is a wealth of information available about every aspect of ADHD and most ADHD-related organisations have extensive lists, reviews and recommendations. The following list is not exhaustive!

Books about parental experiences of ADHD and other disorders

These have been selected because parents have found them useful and, in some cases, inspiring!

Only a Mother could love him

Ben Polis

ISBN 0340830

“A wonderful book which helps parents to see things from the ADHD child’s view and give encouragement to them in ways to help and support their child.”

Multicoloured Mayhem – Parenting the Many Shades of Adolescents and Children with Autism, Asperger Syndrome and ADHD

Jacqui Jackson.

Useful information on dealing with e.g. holidays and difficult situations in school, written from parents’ experiences. There is also some information on medication.

The Other Me

Wilma Fellman

A book of poems, focusing on issues surrounding ADD.

Marching to a Different Tune

Jacky Fletcher

Jacky is the mother of a child diagnosed with ADHD. The book covers four years of life in a diary format, talking about everyday things that happened, and how the family coped. It is an honest appraisal of how things are for the family and many situations will be very real to those of us living with children with ADHD. You can sympathise, laugh, cry and empathise with both Jacky and Stefan as they live day to day with ADHD.

Billy

Pamela Stephenson

Pamela Stephenson describes Billy’s life in this excellent biography. In the book she describes the many ADD-like traits that go to make Billy what he is. Billy Connolly is a popular comedian in the UK and around the world. Born and raised in Glasgow, Scotland, he now lives with his wife, Dr. Pamela Stephenson Connolly, in Los Angeles. Pamela herself is a well-known comedienne, famous for her starring role in the TV comedy series “Not the Nine O’clock News”. An Australian, born in New Zealand, she now practises as a clinical psychologist in LA.

Books describing approaches to ADHD

The Out of Sync Child – Recognising and Coping with Sensory Integration Dysfunction

Carol Stock Kranowitz

Useful information and strategies if your child has definite sensory modulation/processing difficulties.

Caged in Chaos – a Dyspraxic Guide to Breaking Free

Victoria Biggs

Contains loads of useful strategies for any child with difficulties with organisation, particularly in school. Also gives strategies to cope and information on sensory perceptual differences.

ADHD: Recognition, Reality and Resolution

Dr G Kewley

An excellent book for all those involved with ADD/ADHD, be they parents bringing up the child with ADHD or professionals treating or teaching the ADHD-diagnosed child. It is easy to read with case studies and practical help given, with how to deal effectively with treatment both medically and educationally. For parents it is a must, giving practical advice, help with understanding some of the medical jargon we have to contend with and giving hope for a brighter future.

ADHD – How to Deal with Very Difficult Children

Alan Train, 2005

ISBN 0285 63311 2

Alan Train aims to address both the needs of the child with ADHD and the needs of the adults looking after him.

The book is divided into two main parts plus a range of appendices and a bibliography. Alan Train is a former Head Teacher and the information he has assembled has real educational significance. However, with a strong emphasis on a holistic approach, the needs of parents are equally included.

Transforming the Difficult Child – The Nurtured Heart Approach

H. Glasser and J. Easley

Clear and implementatible behaviour management.

All About Attention Deficit Disorder

Thomas W. Phelan

ISBN 1889140112

A comprehensive guide, written in straightforward language. It describes how to recognise the symptoms of ADD, how best to treat it and how to handle its effects in everyday situations.

1-2-3 Magic: Effective Discipline for Children 2-12

Thomas W Phelan

ISBN 1889140163

A book that provides practical and easy-to-learn parenting techniques that will be effective for children aged 2-12.



Resources about ADHD

Barbara Maines and George Robinson
Lucky Duck Publishing
www.luckyduck.co.uk

Has a range of resources for teachers and parents related to emotional literacy, self-esteem, behaviour and various aspects of special educational need.

Behaviour programmes based on Barkley's Guiding Principles

Based on the work of Russell A. Barkley, Ph.D. who recognised that a child with ADHD has a problem with the "executive functions" in the brain critical to planning, organising and carrying out complex human behaviour over periods of time. This means that the child is not suffering from a lack of skill or knowledge and programmes that simply aim to teach alternative behaviours will be ineffective. Instead programmes based on Barkley's principles concentrate on:

- Giving clear instructions
- Rearranging work to make it more interesting and motivating
- Redirecting the child's behaviour towards future goals rather than immediate gratification
- Providing immediate rewards for a completed task or adherence to the rules.

Numerous books are available that explain this approach.

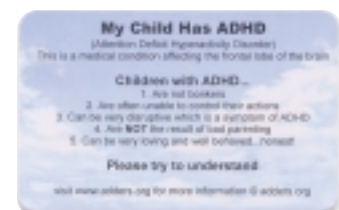
Time Out Cards

Time Out Cards are intended to be used in partnership with your child's school. The idea is that the teacher agrees with the parents that if your child is finding things difficult to cope with and feels they need a bit of "time out" to enable them to regain their focus and attention, the Time Out Card is placed on the teacher's desk and the child is given an agreed time in which they can be by themselves to calm down before re-joining the rest of the class and getting on with their work. Each one is personalised with the child's name. Available from www.adders.org

Hand Out Cards

Adders.org have produced a "Hand Out Card" which is intended to be used to help parents who find that they are always having to explain their child's behaviour to others. These are business card size and a picture of one is shown here.

Available from adders.org – reproduced with permission



References

Attention Deficit Hyperactivity Disorder – compact guide for parents, Janssen-Cilag Ltd

Carlin, Jeanne Including Me – Managing complex health needs in schools and early years settings, Council for Disabled Children 2005

O'Regan, Fintan How to teach and manage children with ADHD, LDA 2002

Regional consultation for families of children/young people with emotional, social and behavioural difficulties living in the West Midlands – analysis and commentary, West Midlands SEN Regional Partnership 2004

ADHD Directory

Contents

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- Legal rights and discrimination
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Further information about special educational needs

- The code of practice for special educational needs
 - School action
 - School action plus
 - Making a request for statutory assessment

Sample health care plan for a child with ADHD

Additional information related to training

How ADHD is diagnosed

Children must fit the criteria set out in the Diagnostic and Statistical Manual IV (DSMiv)) which is an American classification system. Some professionals may also use an alternative system ICD 10 (see glossary).

In order for ADHD to be identified, the child should display six or more of the following symptoms of inattention:

- Often fails to give close attention to detail or makes careless mistakes
 - Often has difficulty sustaining attention to tasks or play activities
 - Easily distracted
 - Often does not seem to listen when spoken to
 - Often does not follow instructions through or finish work
-



- Often has difficulty in organising tasks or activities
- Dislikes tasks that require sustained mental effort
- Often losing things necessary for the task
- Is often forgetful in daily activities

Or the child must display six or more of the following symptoms:

- Often fails to give close attention to detail or often fidgets with hands or feet or squirms in seat
- Leaves seat in classroom or in situations where staying seated is expected
- Often runs around or climbs in inappropriate places
- Often has difficulty in playing or engaging in leisure activities quietly
- Is often “on the go”
- Often blurts out answers before questions have been completed
- Often has a difficulty in taking turns
- Often interrupts or intrudes on others

A child’s difficulties must have been obvious for more than six months and have started before the age of 7 years. They must have been consistent across all areas of a child’s daily living.

Related conditions and difficulties

ADHD rarely occurs alone; it will often co-exist with other problems. Many children with ADHD have at least one associated co-existing condition. These may include:

Autism Spectrum Disorder Autism is a developmental disability that affects a person's ability to communicate, understand language, play, and interact with others. Autism is a behavioural syndrome, which means that its definition is based on patterns of behaviours that a person exhibits.

Attachment Disorder Difficulties in relating to other people, forming and maintaining relationships. Usually caused by interruption to the child’s emotional development in early childhood as a result of trauma, separation, constant change of routine, neglect or abuse.

Conduct Disorder A repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated. Problem behaviour may involve aggression to people and animals, destruction of property, deceitfulness or theft and serious violation of the rules.

Bipolar Affective Disorder (BPD) This is a condition in which a young person will have extreme changes of mood – periods of being unusually “high” or manic and periods of being unusually “low” or depressed. It is also known as manic-depressive disorder.

DAMP Disorder of attention, motor co-ordination and perception. Significant difficulty in all three areas.

Depression Can happen in children and young people with an ADHD. A family history of depression is a risk factor. Warning signs may be changes in behaviour, apathy, tearfulness, sleep problems, aggression or self-injury.

Dyslexia A specific learning disability causing ongoing problems with reading, writing and spelling (and often maths). Some children experience visual difficulties in identifying letters and numbers, which may appear blurred or distorted, and hearing difficulties in identifying sounds which make up words and matching the spoken word with its printed symbol.

Developmental Co-ordination Disorder (including Dyspraxia) A difficulty with planning, organising and carrying out sensory and motor tasks. Symptoms vary and may include poor posture, balance and co-ordination. Visuo-perceptual difficulties and associated emotional and behavioural problems may affect a person’s performance and independence in all activities of daily living.

Learning Difficulties Delay in overall development and ability to learn. May be described as mild, moderate (MLD), severe (SLD) or general (GLD).

Literacy Difficulties Some children with an ADHD have difficulties learning to read and spell.

Obsessive Compulsive Disorder (OCD) These children have obsessional thoughts, activities or routines, which they feel compelled to carry out such as checking light switches or hand washing. They may also have limited social understanding.

Oppositional Defiant Disorder Characterised by the child frequently demonstrating defiant, disobedient and hostile behaviour toward authority figures.

Specific Learning Difficulties Overall development may be appropriate for the child's age, but there may be specific areas of difficulty e.g. reading, writing or maths. See "dyslexia". Others are fluent readers but do not understand the meaning of what they are reading. This is known as hyperlexia.

Tourette syndrome Characterised by multiple tics, including facial and vocal tics, Tourette syndrome has a later onset than some conditions – generally between 5 and 11 years of age. Children show some of the same behaviours in that they act impulsively and without apparent note of the social context. Some severely affected children involuntarily say obscenities or make obscene gestures. Three to four times as many boys as girls are affected.

Glossary of terms and acronyms related to ADHD

- **Alternative treatment** – used instead of prescription medication and professional help with behaviour problems
- **Co-morbid conditions** – such as sleep disturbance, conduct disorder that may co-exist with ADHD
- **Complementary treatment** – added to the usual treatment with the hope of even better control of ADHD symptoms
- **CT – ADHD Combined Treatment Approach** – treatment of ADHD combining drugs with behaviour management and other therapies
- **DSM-IV** – diagnostic and statistical manual of the American Psychiatric Association – lists combinations of symptoms and their severity that enable practitioners to make a diagnosis
- **Hyperkinetic disorder** – a disorder classified in the International Classification of Diseases (ICD 10) World Health Organisation that is characterised by the definite presence of abnormal levels of inattention and restlessness that are present across different situations and persist over time
- **ICD 10** – International Classification of Diseases (produced by World Health Organisation)
- **Multimodal treatment** – an American term for multidisciplinary approach – when professionals from different disciplines work together to formulate a diagnosis, treatment or educational plan for a child
- **Pupil Referral Unit (PRU)** – a unit catering for small numbers of pupils who are having difficulty accessing a full mainstream curriculum for behavioural or other reasons
- **Sensory Integration (SI)** – the ability to process and respond adequately to information received through the senses. A child with SI difficulties responds differently to sensory stimuli: he may over-respond / under-respond to information i.e. show unusually high/low activity levels, impulsivity, distractibility, poor motor co-ordination and planning, and may be a fussy eater and resistant to change
- **SSA/TA** School Support Assistant / Teaching Assistant – assists the class teacher and may have special responsibility for an individual child or group of children
- **TOAD** – Talk Out (of turn / of seat) Attention Disrupt



Glossary of general terms and acronyms – which you may come across in reports/information about ADHD

ABA	Applied Behavioural Analysis
AIT	Auditory Integration Therapy
BEST	Behaviour and Education Support Team
BSS	Behaviour Support Service
CAMHS	Child and Adolescent Mental Health Service
CAS BAT	Communication and Social Behaviour Assessment Team
CASDAS	Communication and Social Development Assessment Service
Central coherence	The way the brain processes the world. People with strong central coherence find meaning in the whole context of a situation but may miss the details. People with weak central coherence, e.g. those with an ASD, concentrate on the details but may miss the meaning in the whole situation because they cannot see the “the big picture”
CDC	Child Development Centre
CDT	Children’s Disability Team
CLASP	Complex Learning and Social Problems
Communication	Sharing experience/ideas/information and relating to others by letting people know what you want/need and how you feel. Understanding the information people convey to you in speech, gesture and body language
CPN	Community Psychiatric Nurse
DDA	Disability Discrimination Act
DfES	Department for Education and Skills
DoH	Department of Health
DLA	Disability Living Allowance
Early Years Setting	Pre-school / Nursery
EBD/ESBD	Emotional Behavioural Difficulty / Emotional Social Behavioural Difficulty
Ed Psych/EP	Educational Psychologist
EPF	Earmarked Pupil Funding
Executive Function	Ability to plan, organise, switch attention and respond appropriately to situations. Poor executive function can result in repetitive, rigid behaviour, inflexible responses to changing situations and a lack of planning skills
EYAP	Early Years Assessment Plan
EYDCP	Early Years Development and Childcare Partnership
Fine Motor Skills	Ability to handle small objects with dexterity, use scissors, hold a pencil appropriately and exercise control in writing, drawing etc.
GEP	Group Education Plan
GP	General Practitioner
Gross Motor Skills	Ability to walk, run, jump, climb etc. with agility. Also includes throwing, catching and kicking a ball, a sense of balance e.g. riding a bike, and spatial awareness i.e. control over where your body is in space and time and how it moves

IBP	Individual Behaviour Programme
IEP	Individual Education Plan
IPS	Independent Parental Supporter
LA	Local Authority
LAC	Looked After Children
LSA/LSP	Learning Support Assistant / Practitioner
LSS	Learning Support Service
MAA	Multi Agency Assessment
MD	Medical Doctor
Neurobiological disorder	An illness of the nervous system caused by genetic, metabolic, or other biological factors. Included are: autism, bipolar disorders, obsessive-compulsive disorders, schizophrenia and Tourette syndrome
NICE	National Institute for Clinical Excellence
OT	Occupational Therapist
Optician	Person qualified to make and sell spectacles and contact lenses
Optometrist	Person trained in detecting and correcting poor eyesight
Orthoptist	Person trained in the study or treatment of irregularities of the eye, especially eye muscles
PCP	Person Centred Planning
PCT	Primary Care Trust
PECS	Picture Exchange Communication System
PEP	Personal Education Plan
PPS	Parent Partnership Service
Pragmatic	Knowing what to say, when and how to say it to other people
PSP	Pastoral Support Programme
S(A)LT	Speech and Language Therapy/Therapist
SCB	Severe Challenging Behaviour
School Action	Extra help for a child from a school's own resources
School Action Plus	Extra support for a child from outside agencies e.g. Educational Psychologist
Semantic	The meaning of words and phrases
SEN	Special Educational Needs
SENCo	Special Educational Needs Co-ordinator
SPD	Semantic Pragmatic Disorder
SPELL	An educational approach that stands for Structure, Positive, Empathy, Low Arousal, Links
SSA	Special Support Assistant
SSD	Social Services Department
Statementing	The name often used to describe the statutory assessment process. A statement is a legally binding document that sets out the child's needs and how they will be met



Statutory Assessment The formal process of finding out about a child's special educational needs and how to meet those needs appropriately

SULP Social Use of Language Programme

Theory of Mind The ability to understand things/situations from the point of view of someone else

Other professionals who may be involved with your child

In addition to the professionals listed in the text, there are many others who may be involved, depending on the needs of your particular child or family.

Community paediatrician – a medical doctor with a specialist training in the management of children with special needs. They co-ordinate community health services and make relevant referrals to other professionals for assessment of children who may be showing developmental difficulties

Community psychiatric Nurse (CPN) – a registered mental nurse who works in the community providing practical advice, ongoing support with problems, supervises medication, gives injections and helps with supportive counselling

Counselling psychologists – concerned with psychological and emotional well-being. By developing an in-depth, supportive relationship they can be of assistance before, during and after the diagnostic process. They can facilitate communication and understanding within and outside the family context. In working with the Counselling Psychologist, a child can become more emotionally aware, improve self-management, increase social skills and raise self-esteem. The wider family can also benefit from help to develop more effective ways of coping with the child's needs and behaviours or by addressing issues around the ADHD that may cause them difficulty or concern

Health visitor – a trained nurse who works in the community with families and young children and specialises in child development; can be contacted via your G.P. surgery or health centre

School nurse / health advisor – a trained children's nurse who works in school providing a link between health and education. School health advisers work in partnership with parents teachers and other health professionals to promote and maintain physical and emotional well-being of school-aged children

Occupational therapist – works with children through purposeful activity and play to help them maximise their abilities and independence. Offers advice on special aids and equipment. May use techniques based on Sensory Integration to help the child and his parents develop skills to regulate his activity and arousal levels and thus participate more effectively within his environment

Physiotherapist – provides help with exercise and movement in order to gain as much independence as possible. Can also provide aids to mobility

Audiologist – works with children who have hearing difficulties and will be able to advise on aids to improve hearing

Enuresis specialist – a health professional who specialises in the care and treatment of children who have difficulties with their bladder control. Psychological and physiological approaches and strategies may be used to help the child gain or regain those skills

Dietician – is involved in all aspects of diet and nutrition. Will offer advice and help on special diets

Education

Behaviour Support Service – offer specialist services to schools in the area of behaviour

Education Welfare Service – deals with attendance and truancy issues

Learning Support Services – teams of teachers and in some cases, special support assistants who support educational settings in their work with children with a range of special educational needs

Higher Level Teaching Assistants – have more responsibility within the classroom – for example, they might contribute to the planning and preparation of lessons; monitor pupils' participation and progress and provide feedback to teachers. They might also give constructive support to pupils as they learn; and work with individuals, small groups and whole classes where the assigned teacher is not present

Social Services

Social Worker – social workers are able to assess your child's and family's needs and help you access services and information including financial help. In addition, you are entitled to a separate assessment of your own needs – a carer's assessment (see Section Four, Living Together at Home)

Children with Disabilities Team – brings together health, education and social care services for disabled children, young people and families

Sure Start – provides a range of services for families with at least one child under five. It is a government programme that aims to achieve better outcomes for children, parents and communities by:

- increasing the availability of childcare for all children;
- improving health and emotional development for young children;
- supporting parents as parents and in their aspirations towards employment.

Who can help? – directory of agencies

In addition to the support provided by the statutory services, there is a network of local, regional and national organisations, which provide information and a range of support to children with ADHD and their families.

The help needed will be different in each case and the following list includes major organisations dealing with disability and special educational needs as well as others offering services in a particular field such as benefits, leisure or legal advice.

Not all children with ADHD will be classed as disabled or have special educational needs but for those with more severe or complex needs resulting from their ADHD and associated conditions, this extended list offers many valuable contacts:

Parent partnership services in the West Midlands

Parent partnership services are provided by each local authority to provide information, advice and support to the parents of children with Special Educational Needs. Your local service is able to provide information about the services and support available in your local area.

Birmingham

SEN Parent Partnership Service

Education Offices

Margaret Street

Birmingham B3 3BU

Tel: 0121 303 500

Email: SENParentPartnership@birmingham.gov.uk

**Coventry**

Coventry Parent Partnership Service
C/o Minority Group Support Service
Prior Deram Walk
Canley
Coventry CV4 8FT

Email: parental.partnerships@coventry.gov.uk
Tel: 024 7667 8365
Fax: 024 7671 7900

Dudley

Trafalgar House
47 – 49 King Street
Dudley DY2 8PS

Tel: 01384 236677
Email: Parent.Ed@dudley.gov.uk

Herefordshire

Children's and Young People's Service
PO Box 185
Blackfriars Street
Hereford HR4 9ZR

Tel: 01432 260955
Email: parentpartnership@herefordshire.gov.uk

Sandwell

Tel: 0121 553 7087
Email: sandwellparentpartnership@prospects.co.uk

Shropshire, Telford and Wrekin

Tel: 01952 291 350
Email: pps.twcvs@btopenworld.com

Solihull Snap (Special Needs Active Partnership)

Tel: 0121 770 5027
Email: enquiries@solihullsnap.co.uk

Stoke on Trent

Tel: 01782 234 701
Email: lyn.fryer@swann.stoke.gov.uk

Walsall

Tel: 01922 650330
Email: parentpartnership@walsall.gov.uk

Warwickshire

Tel: 0247 658 8464
Email: pps@cedc.org.uk

Wolverhampton

Tel: 01902 556945
Email: ppservice@wolverhampton.gov.uk

Worcestershire

Tel: 01905 727942
Email: ppservice@worcestershire.gov.uk

ADHD-specific organisations**ADDISS (ADD Information Services)**

10 Station Road
Mill Hill
London NW7 2JU

Tel: 020 8906 9068
Fax: 020 8959 0727
Email: info@addiss.co.uk
web: www.addiss.co.uk
Registered Charity 1070827

ADHD – UK Alliance

209-211 City Road
London EC14 1JN
Tel: 020 7608 8760

ADD/ADHD Family Support Group

C/o Mrs Gill Mead
1a High Street
Dilton Marsh
Westbury
Wilts BA13 4DL

Hyperactive Children's Support Group

71, Whyke Lane
Chichester
West Sussex PO19 2LD

Tel: 01243 539966
Fax: 01243 552019
Email: hyperactive@hacsg.org.uk
Web: www.hacsg.org.uk

Britain's leading proponent of the dietary approach to ADHD. Also offers access to local groups throughout the UK

Bullying

Anti-Bullying Campaign
10 Borough High Street
London SE1 9QQ

Tel: 020 7378 1446 (10:00 - 16:00)

Careline

London Tel: 020 8514 1177
Leeds Tel: 0532 302 226

Telephone counselling for anyone experiencing bullying or other problems

ChildLine

Studd Street
London N1 0QW

Tel: 0800 1111

Website: www.childline.org.uk

Children's Legal Centre

20 Compton Terrace
London N1 2UN

Advice line (weekdays 14:00 - 17:00)

Tel: 020 7359 6251

Fax: 020 7354 9963

Publications and free advice, by phone or letter, on legal issues

Don't Suffer in Silence

DfES website on bullying

Website: www.dfes.gov.uk/bullying

Kidscape

2 Grosvenor Gardens
London SW1W 0DH

Tel: 020 7730 3300

Website: www.kidscape.org.uk

Publications and advice. Bullying counsellor available Mondays and Wednesdays

Bullying Online, www.bullying.co.uk,
help@bullying.co.uk

Tel: 01423 561135)

Advice about dealing with bullying perpetrated through internet contacts or mobile phones

Education

ACE

Advisory Centre for Education
1c Aberdeen Studios
22 Highbury Grove
London N5 2DQ

Tel: 0808 800 5793, General advice line

Tel: 020 7704 9822, Exclusion information

Email: enquiries@ace.dialnet.com (admin only)

Web: www.ace-ed.org.uk

Offers free advice on aspects of state education. General advice line (Mon-Fri 2-5pm). Exclusion information line (24hr answer phone)

CSIE

Centre for Studies on Inclusive Education
New Redland

Frenchay Campus

Coldharbour Lane

Bristol, BS16 1QU

Tel: 117 344 4007

Fax: 117 344 4005

Web: <http://inclusion.uwe.ac.uk/csie/csiehome.htm>

Provides information and advice on educating children with special needs in mainstream schools

IPSEA

Independent Panel for Special Educational Advice
6 Carlow Mews

Woodbridge

Suffolk IP12 1EA

Tel: 01394 380 518

Advice Line 0800 018 4016

Email: ipsea.info@intamail.com (for information only, not advice)

Web www.ipsea.org.uk

Gives independent advice to parents who are uncertain about, or disagree with, the LA's interpretation of their child's special educational needs



NASEN

National Association for Special Educational Needs
NASEN House
4/5 Amber Business Village
Amber Close
Amington
Tamworth
Staffordshire B77 4RP
Tel: 01827 311500
Fax: 01827 313005
Email: welcome@nasen.org.uk
Web: www.nasen.org.uk

Aims to promote the education, training, advancement and development of all those with special educational needs

Offers publications, training and a research database

NPPN

National Parent Partnership Service Network
Council for Disabled Children
8, Wakely Street
London EC1V
Tel: 0207 8436058
Web: www.parentpartnership.org.uk

Parent partnership services are statutory services that offer information, advice and support for parents of children and young people with special educational needs (SEN). They will also be able to put parents in touch with other local organisations. PPSs also have a role in making sure that parents' views are heard and understood and that these views inform local policy and practice

National Portage Association

PO Box 3075
Yeovil BA21 3FB
Tel/Fax: 01905 471641
Email: info@portage.org.uk (for general enquiries)
Web: www.portage.org.uk

Provides home-learning schemes for pre-school children

Network 81

1-7 Woodfield Terrace
Stanstead
Essex CM24 8AJ
Tel: 0870 770 3262
Fax: 0870 770 3263
Helpline: 0870 770 3306 (Monday-Friday, 10am-2pm)
Email: network81@tesco.net
Web: www.network81.co.uk

Gives information, guidance, help and advice on the Education Act and other procedures concerned with special educational provision and training

Parents for Inclusion

Unit 2
70 South Lambeth Road
London SW8 1RL
Tel: 020 7735 7735 (admin)
0800 652 3145 - freephone helpline
020 7582 5008 - Helpline
Email: info@parentsforinclusion.org
Web: www.parentsforinclusion.org/pihomepage.htm

Promotes the rights of children with special needs or disabilities to attend their local mainstream school

Pre-School Learning Alliance

69 Kings Cross Road
London WC1X 9LL
Tel: 020 7833 0991
Fax: 020 7837 4942
Email: pla@pre-school.org.uk
Web: www.pre-school.org.uk

Provides information about playgroups for under fives

Rathbone Society

Rathbone Head Office
Churchgate House
56 Oxford Street
Manchester M1 6EU
Tel: 0161 236 5368 or 0800 731 5321
Asian Language Line: 0800 085 4528
Email: info@rathboneuk.org
Web: www.rathbonetraining.co.uk

Runs a helpline for parents of children with disabilities and has an excellent guide called "Making a Statement"

Connexions

Tel: 080 800 13 2 19

Web: www.connexions.gov.uk

A government initiative to support young people aged 13-19. Connexions personal advisers give information, advice and practical help on aspects of school, college, work/career, personal or family life. All areas of England now have a local Connexions service. Visit the website or telephone to find your local service, or look in your local telephone directory

Finance

Disability Alliance
Universal House
88-94 Wentworth Street
London E1 7SA

Tel: 020 7247 8776 (Voice and Minicom)

Fax: 020 7247 8765

Email: office.da@dial.pipex.com

Web: www.disabilityalliance.org

For disabled people, their families, carers and professional advisers. Offers benefit entitlement advice, information, campaign work, research and training

Disability Benefit Enquiry Line

Freephone: 0800 882200 (General benefits enquiries – this line can be very busy)

As a family with a child with ADHD you may be entitled to claim certain benefits including disability living allowance. (DLA). See Section 6 of this pack for further information on benefits

Disability Living Allowance Advice Line

Tel: 08457 123456 (local rate)

Provides information on DLA and the best way of accessing application forms

DIAL

Disability Information Advice Line
DIAL UK (Doncaster)

Tel: 01302 310123

Web: www.dialuk.info

Through local branches, provides advice and information including help and advice on obtaining benefits and allowances

Health

Dyspraxia Foundation

8 West Alley
Hitchin
Herts. SG5 1EG

Tel: 01462 455016

Helpline: 01462 454986

Fax: 01462 455052

Email: dyspraxia@dyspraxiafoundation.org.uk

Web: www.dyspraxiafoundation.org.uk

Helps people to understand and cope with dyspraxia. A resource for parents, for teenagers and adults who have the condition, and for professionals who help all of them

Henry Spink Foundation

The Henry Spink Foundation,
c/o Montgomery Swann,
Scotts Sufferance Wharf,
1 Mill Street,
London SE1 2DE

Tel: 020 7608 8789

Email: info@henryspink.org

Web: www.henryspink.org

Offers information on complementary/ alternative and conventional therapies

General

BILD

British Institute of Learning Disabilities
Campion House
Green Street
Kidderminster
Worcestershire DY10 1JL

Tel: 01562 723010

Fax: 01562 723029

Web: www.bild.org.uk

Provides information, publications, training and consultancy services for organisations and individuals



CaF

Contact a Family
209-211 City Road
London EC1V 1JN

Helpline: 0808 808 3555 for parents and families
(10am-4pm, Mon-Fri)

Tel: 020 7608 8700

Fax: 020 7608 8701

Minicom: 020 7608 8702

Email: info@cafamily.org.uk

Web: www.cafamily.org.uk

Offers information advice and support to parents and carers on any aspects of caring for a child with special needs

Council for Disabled Children

National Contact
National Children's Bureau
8 Wakely Street
London EC1V 7QE

Tel: 020 7843 6000

Fax: 020 7278 9512

Web: www.ncb.org.uk

Provides information on children and disability issues, particularly parent partnership schemes and children's disability registers. Seeks to influence policy and practice

OASIS

Brock House
Grigg Lane
Brockenhurst
Hampshire SO42 7RE

Helpline: 09068 633 201 (60p/minute)

Fax: 01590 622687

Email: oaasis@hesleygroup.co.uk

Web: www.oaasis.co.uk

Offers an information service for parents and professionals who care for a child who has (or is thought to have) special needs

RADAR

12 City Forum
250 City Road
London EC1V 8AF

Tel: 020 7250 3222

Fax: 020 7250 0212

Minicom: 020 7250 4119

Email: radar@radar.org.uk

Web: www.radar.org.uk

Informs, advises and campaigns on disability issues

Play/Leisure

Listening Books

12 Lant Street
London SE1 1QH

Tel: 020 7407 9417 (Mon – Fri. 9:00am – 5:00 pm)

Fax: 020 7403 1377

Email: info@listening-books.org.uk

Web: www.listening-books.org.uk

Provides an audio book library for anyone who has difficulty reading

Kidsactive

Kids West Midlands
249 Birmingham Road
Wylde Green
Sutton Coldfield
West Midlands B72 1EA

Tel: 0121 355 2707

Email: enquiries.wmidlands@kids.org.uk

6 Aztec Row
Berners Road
London N1 0PW

Tel: 020 7359 3635

Email: enquiries@kids.org.uk

Web: www.kidsactive.org.uk

Offers a national information service with advice and resources on all aspects of play

(now part of the KIDS organisation)

Action for Leisure

PO Box 9,
West Molesey KT8 1WT

Tel: 020 8783 0173

Fax: 020 8783 9267

Email: enquiries@actionforleisure.org.uk

Web: www.actionforleisure.org.uk

Provides information on play, leisure and recreation for children, young people and adults with disabilities

Special Days for Special People

EYDCP

Wolverhampton

Tel: 01902 551487

4 Children

City Reach

5 Greenwich View Place

London E14 9NN

Tel: 020 7512 2112

Fax: 020 75376012

Email: Info@4Children.org.uk

Web: www.4children.org.uk

Provides information, advice training and development help for parents, schools and employers (formerly Kid's Clubs Network)

National Association of Toy and Leisure Libraries

68 Churchway

London NW1 1LT

Tel: 020 7255 4600

Fax: 020 7255 4602

Email: admin@playmatters.co.uk

Web: www.natll.org.uk

Exists to support toy and leisure libraries throughout the UK. These services lend good quality, carefully chosen toys to families with young children, including those with special needs

Counselling and mental health

British Association for Counselling and Psychotherapy

BACP House

35 – 37 Albert Street

Rugby

Warwickshire CV21 2SG

Tel: 0870 443 5252

Email: bacp@bacp.co.uk

Web: www.counselling.co.uk

Provides a list of local counsellors

British Psychological Society

St Andrews House

48 Princess Road East

Leicester LE1 7DR

Tel: 0116 254 9568

Fax: 0116 247 0787

Email: enquiry@bps.org.uk

Web: www.bps.org.uk

With over 40,000 members, the British Psychological Society (BPS) is the representative body for psychologists and psychology in the UK. By its Royal Charter the Society is charged with national responsibility for the development, promotion and application of psychology for the public good

Published a directory of chartered psychologists

United Kingdom Council for Psychotherapy (UKCP)

2nd Floor, Edward House

2 Wakley Street

London EC1V 7LT

Tel: 0870 167 2131

Fax: 0870 167 2133

Email: info@psychotherapy.org.uk

Web: www.psychotherapy.org.uk

Umbrella organisation for psychotherapy in the UK

Regional lists of psychotherapists available free

United Kingdom Psychiatric Pharmacy Group

Email: contact@ukppg.org.uk

Web: www.ukppg.org.uk

Helpline run by pharmacists to answer questions on psychiatric drugs



YoungMinds

48-50 St John Street
London EC1M 4DG

Tel: 020 7336 8445

Fax: 020 7336 8446

Email: enquiries@youngminds.org.uk

Web: www.youngminds.org.uk

Parents' information service for an adult with concerns about the mental health of a child or young person

A national charity committed to improving the mental health of all babies, children and young people

National Institute for Clinical Excellence

National Institute for Health and
Clinical Excellence
MidCity Place 71 High Holborn
London WC1V 6NA

Tel: 020 7067 5800

Fax: 020 7067 5801

Email: nice@nice.org.uk

Web: <http://www.nice.org.uk/>

Currently NICE produces guidance in three areas of health:

- *Technology appraisals – guidance on the use of new and existing medicines and treatments within the NHS in England and Wales*
- *Clinical guidelines – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS in England and Wales*
- *Interventional procedures – guidance on whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use in England, Wales and Scotland*

Legal rights / Discrimination

DRC

Disability Rights Commission

Freepost MID 02164

Stratford –Upon-Avon

CV37 9BR

Tel: 08457 622 633

Textphone: 08457 622 644

(You can speak to an operator at any time between 8am and 8pm, Monday to Friday)

Fax: 08457 778 878

Email: enquiry@drc-gb.org

Web: www.drc-gb.org

The DRC helpline provides information and advice on all aspects of the Disability Discrimination Act (DDA). It can direct you to specialist organisations and provides guidance information booklets

Disability Law Service

39-45 Cavell Street

London E1 2BP

Tel. 020 7791 9800

Fax: 020 7791 9802

Solicitors, advisors and trained volunteers who offer free, confidential legal advice and representation to people with disabilities

CLS

Community Legal Service

www.legalservices.gov.uk/leaflets/cls/index.htm

Provides information about people's legal rights and a directory of local solicitors and advisers on specific topics via the CLS website

Other

Abilitynet

PO Box 94
Warwick CV34 5WS

Tel: 01926 312847

Email: enquiries@abilitynet.co.uk

Web: www.abilitynet.co.uk

Offers advice and information, training and suppliers of computers and software for children with special needs

Further information about special educational needs

The code of practice for special educational needs

A summary of how the code of practice is intended to work is included in the printed pages of this guide. It explains the graduated approach to meeting a child's special educational needs. The following gives more information about the school-based stages of the code of practice and the process of carrying out a statutory assessment of a child's special educational needs.

Early years action / School action

If your child does not make appropriate progress, then you may wish to consider, together with the school staff, the need for further support. This is called early years action in early years settings, or school action in a school.

The teacher or key worker will work with you and the SENCo to agree ways to work together to meet your child's needs. Agreed targets will be recorded on an individual education plan (IEP). The plan will outline teaching targets and approaches.

If you do not have a copy of the IEP, then you should ask your child's teacher for a copy.

Reviewing your child's progress

You and your child should be given the opportunity to contribute to reviews of progress, sharing concerns and helping school to set new targets.

The following are possible outcomes of reviews:

Progress	Action
Continued progress and targets reached	Return to monitoring by the teacher
Continued progress and targets reached	New targets agreed
Slow progress towards targets	Targets made more achievable
Continued significant difficulties	Seek advice from external services

Early years action plus / School action plus

If external services become involved to give advice and support, it is called early years action plus or school action plus.



The school takes advice from external services e.g. learning support service, educational psychology service, health professionals etc. These services contribute ideas to your child's IEP and may work directly with your child. They might also work with staff to increase their skills and knowledge e.g. whole-school training about the autism spectrum.

There should be ongoing communication between you, the school, and professionals in education, health and social services, through reviews or network meetings in order to share information, check progress and update your child's IEP.

Your child's educational targets should continue to be reviewed regularly, as set out above. If your child makes good progress, then new targets may be set, or your child may no longer require this level of support, and return to being monitored in the class by the SENCo and teacher, at school action or early years action.

Making a request for statutory assessment

A very small number of children who are receiving the action plus support continue to have significant difficulties. If your child falls into that category, it may be necessary to decide whether an application should be made to the LA to carry out a more detailed assessment of your child's educational needs – this is called making a request for statutory assessment of special educational needs.

Parents have a right to ask for a statutory assessment but, generally, schools, parents and professionals make requests jointly from the support services.

LA decides to carry out a statutory assessment.

If the LA considers your child's educational needs cannot be met within the school's available resources or provision, it must decide whether or not to carry out a statutory assessment.

The LA must inform you of the decision, and if it does not agree to carry out a statutory assessment must give you appeal rights to the Special Educational Needs and Disability Tribunal (SENDIST).

If your LA decides to carry out a statutory assessment and you agree with the decision, you will be asked to complete a form to give your views and also to get your child's views, where this is possible. Other professionals (this may include people who are already familiar to your child and you) will be asked to provide information about your child's special educational needs.

After receiving all the assessment reports and evidence, the LA will need to consider your child's needs and the type of approaches and support that would best meet his needs. It may be that the needs and provision can be met by your child's school with additional support or strategies provided by the school and other services. In this case the LA must write to you, to give you reasons for not issuing a statement of special educational needs for your child. You can appeal to the Special Educational Needs and Disability Tribunal against this decision, in which case you should contact your local parent partnership service for their advice.

If a statement of special educational needs is not issued, your child will nevertheless continue to have an individual education plan (IEP).

LA decides to issue a statement of SEN

A statement of SEN will be issued if it is felt that your child has special educational needs that require an increase in resources or modifications to the school curriculum beyond that which the school can provide i.e. for support staff, specialist teaching, access to specialist provision. This is a legal document that specifies your child's educational needs. It will have information for all concerned about areas of strength and those areas of difficulty, which need greatest support. It will also include information about how these areas of need will be supported and by which approaches. There will be an annual review of your child's statement (see below).

Children who have a statement of SEN will still have an individual education plan (IEP), which outlines short-term targets and strategies. It remains very important that you contribute your own knowledge of your child to this plan. There may also be strategies outlined in the IEP that you are able to try at home, so working in partnership with the school is important. Your child's IEP will continue to be reviewed regularly.

The annual review of statement of SEN

If your child has a statement, then this will be reviewed every year (or more often if necessary) at an annual review meeting. The aim of this meeting is:

- To review your child's progress towards the objectives specified in the statement and also towards short-term IEP targets
- To bring together information useful in further planning to meet the objectives, and to set new targets
- To review the special provision made for your child and consider the continuing appropriateness of the statement

As parents, you play a key role in this meeting. Your child should be asked for his views in a way that helps him contribute to the process. Staff and other professionals who know your child will also be asked for information.

Sample health care plan for a child with ADHD

Care Plan

NAME: _____

DOB: _____

..... has a diagnosis of attention deficit disorder for which medication has been prescribed. This is usually given as 3 doses, one before school, one at around midday and one at 4pm.

Plan

Behavioural issues should be addressed as in any other child, but bearing in mind that he will find staying on task difficult and may be easily distractible. Many children with attention deficit hyperactivity disorder type problems find it difficult to relate consequences to actions and thus any consequence for inappropriate actions needs to be immediate. Children with ADHD have often developed a pattern of collecting negative responses and there is good research evidence that these do not help improve behaviour. Efforts should be focused always on rewarding good behaviour and this may need to be done in small ways almost continually thus holding his attention. The advice of support teachers may be helpful. A significant proportion of children with ADHD do have a degree of (specific) learning difficulties which may not be apparent when their predominant symptoms are of (untreated) hyperactivity and distractibility.

**Medication**

Medication can greatly help ADHD children to respond more appropriately, to consider their actions and to be less distractible. In most cases a dose at around midday is advised in school and local policy, in line with national guidelines. A member of the school staff should be designated to ensure this midday dose is taken.

The exact timing and dosage needs to be agreed with the parents and the specialist looking after the child. It is important that the giving of medication fits in unobtrusively to the school day, typically with the child collecting his tablet from e.g. the school office on his way to lunch. The timing of this dose and, if necessary, the size of this or the morning dose needs to be adjusted in liaison with the specialists to minimise any period of hyperactivity, distractibility and bad behaviour as the morning tablet “wears off”.

Children with ADHD cannot be expected to be responsible for remembering to take their own medication. Some easily can; others by the very nature of the underlying condition are becoming less reliable as the need for the dose approaches. Schools should therefore make sure that there is a system in place to remind the child unobtrusively or ensure that the child gets his tablet.

The midday dosage has to be adjusted to suit the individual child’s needs. There may therefore be a need to include a half tablet e.g. typical doses being $\frac{1}{2}$, 1, $1\frac{1}{2}$ or 2 tablets, as confirmed with the parents and the child’s specialist.

Arrangements need to be agreed with the parent whether the midday dose will be bought to school on a daily basis or whether a small quantity of tablets will be lodged at school e.g. weekly to be given to the child.

The usual signed permission to administer medication and signed agreement on dosage needs to be made with parents/carer.

Joint working

The management of ADHD is essentially multidisciplinary, with the school, the family and the child’s specialist all being involved. Good liaison over the child’s progress should be maintained at all times. In addition, for many children, liaison needs to extend to visiting education specialists and/or clinical psychologists / occupational therapists.

Care plan review

This care plan should be confirmed annually with the parent. Dosage adjustment should only be made in line with instructions of the child’s specialist and any dose changes should be agreed and signed by the parent/carer.

Dr P. F. B. Carter

Consultant Community Paediatrician

Additional information related to training

Accredited training courses for professionals

Professionals may find it difficult to access training in handling children with ADHD. Training for professionals may be organised by:

- Health services e.g. CAMHS
- Specialist staff within education authorities

A longer course related to ADHD specifically has been developed at Leicester University.

Leicester University School of Education

“Understanding and supporting young people with attention deficit disorder, a multidisciplinary approach”

This course has a 30 hours taught element plus individual study and research. Assessment is via a portfolio of material.

Enquiries Kirn Saini Tel: 0116 252 3656

Some masters degree courses in special educational needs may include modules in dealing with conditions such as ADHD.

Organisation for Professionals

Social, Emotional and Behavioural Difficulties Association (SEBDA)

SEBDA is a charitable organisation that exists to promote excellence in services for children and young people who have social, emotional and behavioural difficulties.

SEBDA provides support to professionals working in this field. It produces a journal “Emotional and Behavioural Difficulties” and “SEBDA News” and is a provider of accredited distance education training and professional development events.

SEBDA is multi-professional. Its membership includes teachers, education officers, behaviour support workers, psychologists, residential and other social workers, CAMHS and youth workers. They work in a wide range of mainstream and specialist settings, including PRUs and support bases.

To find out more contact: Dr Ted Cole, Executive Director, SEBDA, Church House, 1 St Andrew's View, Penrith, Cumbria CA11 7YF or e-mail: tcole@sebda.org