

Supporting Children and Young People with Attention Difficulties



North Yorkshire and York 
Primary Care Trust



Children and Young People's Voice

“I find it hard to concentrate when teachers talk for a long time.”

“It's best when I have lots of short tasks to do rather than a long one.”

“It's better when they have interesting voices and when they show you things so you don't just have to listen.”

“It's bad news when teachers shout at you for losing concentration.”

“In class support can help but it also makes you feel different.”

“My mum and dad have been really supportive.”

“I responded best to particular teachers rather than subjects or time of day.”

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Introduction

This booklet is about children who have difficulty concentrating and paying attention. They are typically restless and often react impulsively to what ever is happening around them. Teachers and many parents will be familiar with children who behave in these ways and to some degree it could be argued that most children exhibit some of these characteristics some of the time. However, for some children the pattern of difficulties is persistent and can have a marked impact on their social, emotional and educational development. It is these children and young people who are the focus of our attention in these guidelines.

There is a long history of interest and research into children with attention and concentration difficulties, which goes back at least to the beginning of the 20th Century. As such these are not new phenomena but there has been a significant increase in the amount of attention paid to these types of difficulties by the international research community, by practitioners and by the media. Many different labels have been used – in North America and Australia the term Attention Deficit Hyperactivity Disorder (ADHD) has been widely

adopted, whereas in Britain and Europe the terms Hyperactivity or Hyperkinetic Disorder have more commonly been used. ADD is another frequently used label to describe children who share the other features of ADHD but without the hyperactivity. For the sake of simplicity we have chosen to use the term Attention Difficulties that is inclusive of all of these labels.

We have taken a summary statement from the British Psychological Society as a working definition:

‘ADHD is a changing and evolving concept which refers to children and young persons whose behaviour is impulsive, overactive and/or inattentive to an extent that is unwarranted for their developmental age and is a significant hindrance to their social and educational success’.

The City of York Council and the Primary Care Trust recognises the use of ADHD as a description of a child or young person’s difficulties. We recognise the value of





descriptive labels of this kind, which can often relieve anxiety for both parents and children and can help teachers respond with specific strategies.

Although ADHD is a medical diagnosis we would always emphasise the importance of viewing a child's Special Educational Needs as an interaction between what the child brings to a situation and the context in which learning is taking place.

It follows from this that in planning responses to complex difficulties such as ADHD we should always consider the extent to which a pupil's environment is supporting or preventing effective learning.

We would like to emphasise the importance of a thorough assessment before adopting the use of ADHD as an explanation of a particular child's difficulties. Many of the behaviours associated with ADHD such as poor concentration, distractibility and restlessness can also be a feature of other conditions or experiences. We list some of them here with a view to raising awareness of the complexities involved:

- Hearing Loss
- Trauma
- Language difficulties
- Dyspraxia / Dyslexia
- Fragile X
- Head Injury
- Autism
- Encephalitis
- Epilepsy
- Abuse
- Depression / Anxiety
- Bullying
- Dysfunctional relationships
- Learning Difficulties

Children can of course experience a number of conditions simultaneously and secondary complications such as poor self-esteem, learning difficulties and behavioural problems are a common feature (behavioural difficulties are sometimes referred to as conduct disorder or oppositional defiant disorder in medical terminology). Unravelling cause and effect in these circumstances can be difficult. However, regardless of these issues, a child's development will always be influenced by family relationships and educational experiences. Positive outcomes are strongly associated with sensitive understanding and the willingness for all involved to work closely together.

Characteristics of Attention Difficulties

We would also like to emphasise that these guidelines are aimed at helping any child with attention and concentration difficulties. Some of these children may have been diagnosed as having ADHD but the need for carefully planned, well informed and sensitive intervention is essential for all these children regardless of any specific diagnosis.

Characteristics of Attention Difficulties

There are 3 broad characteristics of the behaviour of children with attention difficulties, which for some children occur together. They are, summarised briefly:

Hyperactivity

- Often shows high levels of restlessness, fidgeting and movement
- Tends to be continually on the go
- Is often noisy and talkative

Impulsivity

- Has a tendency to interrupt conversations
- Tends to talk out of turn
- Answers questions before they have been completed
- Has difficulty taking turns in games or group situations

- Often shifts from one uncompleted activity to another
- Often interrupts or intrudes on others

Inattention

- Often finds it difficult to settle to a task
- Is easily distracted by extraneous stimuli
- Is inattentive, forgetful and disorganised
- Often does not seem to listen to what is being said to him or her
- Often loses things necessary for activities at home or at school
- Often engages in physically dangerous activities without considering the possible consequences

It is helpful to describe not only the types of behaviour causing concern but also their severity and duration. Assessment might include consideration of the following:

- Whether these behaviours were present before the age of 6 or 7
- For how long the behaviours have persisted
- Whether they are consistent with the child's developmental level
- If they are present in more than one setting (e.g. at school and at home)

Access to Health Care

- Whether they significantly hinder a child's educational or social success
- Their impact upon other pupils in the school

Access to Health Care

Assessment

For some children and young people attention and concentration difficulties have a significant impact on life both at home and at school. These children are often overactive and impulsive and may have other emotional and behavioural difficulties. Further assessment for ADHD, Attention Deficit Hyperactivity Disorder, may be appropriate.

Children and families can access health services by a number of routes.

- A parent may approach their GP for advice. A GP can then ask for a more specialist health assessment.
- A school, in consultation with parents and often via the education support services e.g. education psychology, may also approach health services.
- Where a multi-agency approach is required professionals will consult with parents about completing a Common Assessment (C.A.F.).

In York children with attention and concentration difficulties are seen by Child and Adolescent Mental Health Services, CAMHS.

Initial assessment is undertaken by a Primary Mental Health Worker, PWHW who meets with the family and gathers information about the child's current difficulties. They also contact the child's school.

Sometimes the PMHWs can help school and families address the child's difficulties but on other occasions the child is referred on to the Attention Problems Team at Lime Trees.

The Attention Problems Team

This is a multidisciplinary team made up of Doctors, Nurses, Occupational Therapists, Social Workers and a Psychologist. They see children with complex difficulties and work as a team.

Assessment does take a little time. As well as talking to the family, the child and the school about the difficulties, they also observe the child in clinic, at home and in school. With this information they decide whether they think the child has ADHD or whether other factors may be causing the difficulties.

It is important to note that

Access to Health Care

- Not all assessment leads to a diagnosis of ADHD. There are many other causes of attention and concentration difficulties.
- Sometimes a child may have ADHD but other factors as well as ADHD are having an impact on their behaviour and need addressing.
- Not all diagnoses of ADHD will lead to a prescription of medication.
- Children will receive help in the form of educational, behavioural and psychological strategies regardless of whether or not a diagnosis is made. Help and support for children is based on need not on diagnosis.
- The National Institute for Health and Clinical Excellence, NICE, has produced guidelines on assessment and management in ADHD. The Attention Problems Team follows these guidelines in their practice.

Management of Attention Difficulties

Management of Attention Difficulties usually involves a package of support that always includes:

- Information about ADHD (when a diagnosis is made).
- Advice on managing behaviour.
- Close liaison between the family, the Attention Problems Team at Lime Trees and education.

In addition other interventions may also be needed.

- Medication (when a diagnosis is made)
- Additional support in school
- Group work
- Individual work
- Family work

Managing Behaviour and Working with Families

Children with ADHD or other attention and concentration difficulties can present a challenge for both parents and teachers. Some of the strategies for parenting and teaching that work well for children without these difficulties, often need to be adapted a little in order to best meet the needs of a child with ADHD (See chapters on Supporting Parents and Teaching Strategies).

Sometimes when behaviour



has been very challenging for a long time relationships in families can become difficult. This is hard for both parents and children. Many children with ADHD have low self-esteem, and difficult family relationships can compound this and worsen behaviour. Families and young people often need help and support to try and make relationships more positive for everyone.

Medication in ADHD

Many young people with ADHD can be managed with non-medical strategies. Sometimes however medication can be helpful but is always part of a comprehensive management plan.

There are several drugs that can be used in ADHD but the most commonly used drug is Methylphenidate (e.g. Ritalin, Equasym, ConcertaXL and Equasym XL). It should be noted however that Methylphenidate is not licensed for prescription to children under 6 years old.

Methylphenidate is a stimulant drug and can improve concentration and reduce over-activity. It is not a cure but it can provide a window of opportunity for the child to learn both at school and at home. Some aspects of behaviour will respond to

medication more than others and this is why it is always only a part of the treatment. Other parts of management such as adapting parenting and working on family relationships are just as important.

There are different preparations of Methylphenidate, some are short acting and last for 3-4 hours (e.g. Ritalin and Equasym), whereas others are longer acting, lasting 8-12 hours (e.g. ConcertaXL and EquasymXL). Long acting preparations are given once a day but the short acting drugs need to be given several times a day. It is important that children taking medication in school do not feel stigmatised and that sensible explanations for taking medication are given e.g. 'this is a tablet to help you concentrate'. Explanations that might undermine self-esteem are always unhelpful e.g. 'this tablet stops you being naughty'.

When medication is started or adjusted, close liaison between home, school and the health team are vital to monitor the child's progress. Checklists are often used.



Some children do experience side effects e.g. loss of appetite, irritability, headaches and occasional involuntary movements or tics. Sleep is sometimes poor in children with ADHD and occasionally medication makes this worse. A good bedtime routine can sometimes help.

Does diet play a part?

There is some evidence that diet affects a few children's behaviour. If parents notice that a specific food worsens hyperactivity than this should be avoided.

Children with attention problems at school, benefit from a balanced diet that includes breakfast.

Do children grow out of ADHD?

For most children with ADHD restlessness, poor attention and lack of impulse control improve in mid to late teens. Many also find strategies to help them cope and therefore need medication less. A few however do have difficulties into adult life.

Supporting Parents

Parents and carers are central in helping children and young people with attention difficulties and ADHD, both at home and at school.

From discussions with parents of children with these difficulties with regards to parenting, the following points seem to be helpful in trying to best meet the needs of their children.

Key Points

- **Your relationship with your child is the most important thing.**

The more you can build on this relationship the more you will be able to help your child.

- **Find positive behaviour to be positive about.**

Children with attention problems and ADHD desperately need positive feedback and praise. Praise the little things they do well. This helps their self-esteem and hence their behaviour. Try to have reasonable expectations for your child.

- **Try not to be too critical or negative.**

Research in ADHD strongly suggests that children who grew up with high levels of criticism do not do as well as children who grew up with praise.

Supporting Parents

- **Children with ADHD and attention problems need clear and consistent boundaries.**

This helps children feel safe. The word 'we' used for house rules helps children realise the rules apply to everyone not just them.

- **Keep instructions simple and make sure you have your child's attention.**

Gain eye contact, crouch down, maybe touch their shoulder and ask them to look at you. Keep instructions short and clear, repeat them and check they have understood. Stay calm and don't make threats.

- **Be specific with both positive and negative comments.**

Make sure your child knows what they have done right and what they have done wrong. Be clear about what is not okay and help them understand what would be a better way to behave in that situation.

- **Be consistent in how you manage challenging behaviour and choose your battles.**

Warnings for difficult behaviour should be brief and clear. Make sure your child knows the consequences of their behaviour. Be consistent, firm and calm about carrying out consequences e.g. time out.

- **Stay calm.**

If you stay calm you can think clearly and remain respectful. This is a fantastic example for your child. Remember it takes two to have an argument.

- **Let your child move on.**

When they have done something wrong for which there may have been a consequence don't remind them of it. Be clear and consistent but then let it drop and help your child move on.

- **Give yourself credit and forgive yourself.**

Give yourself a pat on the back when you manage things well. Just as you find positives in your child's behaviour, find things each day that you have coped with well. Give yourself a break when things go wrong. Everybody has bad days and everything can be learnt from.

- **Accept your child.**

They are a unique person with many strengths.



Access to Social Care

Access to Social Care

Parents who feel they need support within their homes in order to cope with children exhibiting challenging behaviour can make requests to Children's Services for support. Families may feel that they simply cannot cope with their child's behaviour which is detrimentally affecting the whole family or that the child continually places themselves in situations of unacceptable risk. A referral can be made to the Children's Referral and Assessment

Team by contacting
the Children's
Services



Customer Advice Centre at:

**10-12 George Hudson Street
York YO1 6ZE
Tel: 01904 551550**

Alternatively you may decide that you would like to discuss your concerns before making a formal referral. The Team have a duty Social Worker available every day who will be happy to take your call and discuss your concerns further. You can access this service by contacting the above telephone number and asking to be put through to the Duty Social Worker in the Children's Referral and Assessment Team.

Where a multi-agency approach is required professionals will consult with parents about completing a Common Assessment (C.A.F.).

The Customer Advice Centre will require details such as:-

Child's name and date of birth, parent and sibling details, name of GP and other professionals providing services. This combined with a general description of the support being requested will be forwarded to the Children's Referral and Assessment Team who will decide whether an 'Initial' or 'Core' assessment needs to be completed. This will entail a Social Worker

visiting the family to gather more information about precisely what needs the family and child have and discussing how these might be met. Children with an existing diagnosis of ADHD, or children exhibiting challenging behaviour without such a diagnosis, are likely to be considered as Children in Need.

Children in Need

The term Children in Need relates to a legally defined group of children included in the 1989 Children Act that states:-

‘A child shall be taken to be in need if he/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health and development without the provision for him/her of services by the Local Authority’.

If the initial assessment concludes that the child is to be regarded as a Child in Need the support package outlined in the initial assessment process should be delivered.

Working with other Professionals

Families may experience a multitude of problems as a result of a child’s behaviour and be directed to many different agencies. Problems such as: - non-school

attendance, soiling/bed wetting, bullying or being bullied, self-harming and not sleeping are just samples of behaviour that could be responded to by specific agencies and professionals. All these professionals may have a vital contribution to make in helping the family cope. The Children’s Referral and Assessment Team will aim to assist the family access support from other agencies if this is appropriate.

Social Work Support

If the Initial Assessment establishes that a family would benefit from Social Work support, a Social Worker may help draw together a comprehensive plan of intervention involving other agencies such as education and health services. It would generally be the more extreme cases that warrant Social Worker intervention, possibly involving concerns about the safety of children within the family home.

Parents may be asking for children to be taken out of the home for significant periods of time as they feel there has been a complete breakdown in the relationship between themselves and their child, or the child is presenting a significant risk to siblings or

Access to Social Care

themselves. Such requests are extreme and may cause additional harm to the child and their family in the long term. As a result Children's Services will always strive for a preventative package of support and working towards keeping families together is the preferred course of action.

Family Support Worker

The Assessment may establish that a Family Support Worker would be an appropriate form of support.

Their intention will be to assist parents to regain control. The Family Support Worker would work alongside parents helping them establish household routines that are clearly understood by the children and parents. They work towards assisting families assert reasonable boundaries without recourse to harmful punishment. Parents attempting to regain control of their children may have established punitive responses to their children's behaviour which, when reflected upon, can be seen to be excessive and unproductive. Parents need help ensuring their children are aware of what they can do as well as what they should not do. Breaking down family routines

into minute bite size chunks, which repetitively get rehearsed at set times i.e. meal times, bed times etc. can help.

Giving Positive Attention

The Family Support Worker would want to help parents focus positive attention on their child, actively involving them in appropriate activity. Child and parent relationships may well have deteriorated to the point that children receive no positive feedback from the adults they live with as they are seen as the source of all the family's difficulties. Redefining family relationships will be very important in helping the family move on. Parents will need



constructive help in rediscovering how to direct their children towards appropriate activity within the home e.g. by offering rewards.

Behavioural Strategies

Behavioural strategies may be as simple as developing basic routines within the household, or professionals in health or education could support more complex responses if required. Families may have to try several strategies in an attempt to find one that works for them. Family Support Workers will work alongside the family and other professionals helping to put into practice the suggested course of action.

Reviewing the Service

Children's Services would remain involved until it was felt that the family was able to cope more effectively with their child's behaviour. Services would be reviewed on a regular basis and such reviews would allow family

members, along with professionals providing services to the family, to have an opportunity to comment on the effectiveness of the support package in place.

If the services that were provided are not able to help the family cope with the difficulties they are experiencing, a more detailed family assessment may be required. Such an assessment is called a CORE ASSESSMENT. Core assessments involve all professionals who provide support to the family contributing to a single evaluation of the family circumstances in an attempt to find solutions. Core assessments are drawn up in partnership with the family and provide an action plan clearly identifying resources that will be allocated to the family in an attempt to enable them to develop new strategies and effect change within the family.



Teaching Strategies and Intervention

Teaching Strategies And Intervention

As with any special need, it is essential for the teacher to assess the specific difficulties of the child with attention difficulties, and take action to meet the identified needs. The following sections cover many ideas for helping the child with attention difficulties; it is hoped, however, that these strategies may also be applicable for use with groups of children or children with other kinds of special needs.

Some techniques may seem to take up a lot of teacher time at the outset, but in the longer term the benefits to the child, teacher and the rest of the class make the investment worthwhile.

All of these techniques have been found to be beneficial in working with children who have attention difficulties.

You will need to select appropriate strategies in line with the individual's needs and it may be

necessary to change strategies after a period if the impact begins to decline.

It is also important to remember that young children and adolescents can provoke powerful emotional reactions in adults and can undermine our own feelings of professional competence and expertise. There are times when all of us need support from our colleagues.

Secondary schools

In a secondary setting, students with attentional difficulties have to cope with a significant number of teachers whose expectations, classroom routines and teaching styles may be different. It may be necessary to arrange a meeting between teachers and support staff to ensure a consistent approach is taken to the student's difficulties.

Key members of staff with responsibility for monitoring students' progress and behaviour will need to present a positive image of the student which allows staff to see the benefits of a shared approach and the potential for positive achievement.

During this meeting staff should be given an overview of the student's particular strengths and weaknesses



and more general information about attention difficulties, which allows teachers to see the student in context. During the meeting strategies and approaches should be identified and cross-curricular targets discussed.

If you would like further information about any of the following strategies please contact:

Children's Services at Mill House (554320) or Danesgate (642611).

1. Organisational Skills

Many children with attention difficulties experience problems in organising themselves for school work, e.g. organising their attention to task, awareness of time limitations, equipment needed, etc.

Suggestions for improving the child's organisational skills:

- i) Predictable routines are helpful and will be particularly important for children who tend to behave impulsively. These may need to be individually tailored to the child's needs.
- ii) Provide a step by step list which can be used every time the child comes to a regular activity; e.g. maths time could include bullet points of equipment needed, where to sit, time available, "work in silence", "work with a partner", etc. (for children with weak reading skills, use symbols or pictures).
- iii) Similarly, the child or group can be given an instruction sheet for a non-standard task to supplement the verbal instructions. The teacher can use this to re-focus the child if attention wanders off task. At times it may be useful to ask the child to describe the first or next step.
- iv) Children with attentional difficulties may quickly lose track of verbal instructions. Use visual cues or mental imagery as often as possible, to supplement verbal/written instruction/information. A visual timetable might be placed near the child's desk.
- v) Ensure work is appropriately differentiated and given in small chunks, giving feedback at every stage with an emphasis on encouragement. When possible involve topics or tasks that appeal to the child's interests and sense of competence.
- vi) Reinforce on-task behaviour,

Teaching Strategies and Intervention

individually and/or for all pupils at specific times.

- vii) Homework should be set in a way that gives a small amount to be done in one night, rather than longer periods. Ensure close home/school liaison over homework, possibly making use of a planner or home/school booklet and ensuring tasks are recorded. In some cases it may be helpful to arrange for homework tasks to be completed at school.

2. Clear Expectations

The strategies that follow are suitable for many children with behavioural difficulties but they are particularly appropriate for children with attention problems. Try out combinations of approaches to see which best meet the needs of the child, and to find out which are most practical for your classroom situation. All of these strategies need to be implemented with discretion and sensitivity, taking into account individual children's perception and their response to interventions

- i) Phrase all targets in a positive way – i.e. what the child will do rather than not do.

- ii) It may be useful to negotiate with the child a positive weekly behavioural target. This could be stuck on the desk, or placed somewhere easily visible to the child.

- iii) Reinforce desired behaviour by consistently using rewards.

Reinforcers will need

to be immediate

and altered

frequently.

The child could help

to choose a

reward that they value.

Be sure the

pupil is clear

why and when

rewards are given.

- iv) The weekly target could be discussed, possibly scored, once or twice each day and plotted on a chart to show progress over the week. This could form the basis of a home/school liaison system.

- v) Be clear and consistent in delivering consequences - this applies to both positive and negative ones (e.g. if the child does complete the set work, what will happen to reinforce the behaviour? If the child does not



complete it, what will be the consequence?). The impact will be greatest if every member of staff working with the child understands the management strategy and applies the same consequences.

- vi) Use the child's name at the beginning of an instruction, and ensure eye contact is made.
- vii) Frequently move around the room to maximise your proximity control.
- viii) Cue the pupil to stay on task, e.g. using a private signal (verbal or non-verbal).
- ix) If class rules are displayed ensure they are simple and clear. Refer to them to help avoid arguments or debates about behaviour.
- x) Announce transitions 5 minutes or so in advance, giving quiet directions and a countdown if needed. Allow time for the pupil to organise him/herself during transitions.

3. Self Esteem Building

A child with attention problems is, by nature of their difficulty, likely to receive more correction and criticism than other children. It is essential therefore to find every opportunity to provide positive feedback and praise to avoid further damage to a child's fragile self-esteem.

- i) Build in statements that value the child, not just their behaviour. Ensure the child has the opportunity to receive "self esteem builders" from you, other adults in the school, and peers. Look for opportunities to mention the child's name positively in general discussions.
- ii) Social skills training. Children with attentional difficulties may not have learned skills such as turn taking, eye contact, accepting praise and criticism, etc, and these may need to be directly taught.
- iii) Circle time is an ideal way of teaching social skills. Circle time is a whole-class approach, which promotes self esteem, turn taking, speaking and listening skills, giving praise, cooperative skills, etc, and is appropriate for infant, junior and secondary aged pupils.
- iv) Counselling. A child with attentional problems is likely to benefit from discussions that help him/her to understand their own difficulties and their implications. Consider offering times when one to one discussion can take place with you, or another adult who knows the child well. For example helping children to use hypothetical situations to predict outcomes of an action.

Teaching Strategies and Intervention

- v) Visual imagery training. A child with attentional problems may find it helpful to create, with adult help, visual imagery strategies which help them to calm, focus and plan what they are going to do (e.g. traffic lights, red = stop, amber = think about alternative, green = act, Stop, Think, Act).
 - vi) Peer strategies, such as "Circle of Friends" may be a great help to a child with attentional difficulties.
 - vii) A child with attentional problems will have self-esteem boosted if she or he could be given the task of sharing a learned concept with another child who has not yet learned it.
 - viii) Be sensitive to the child's need to be part of the class like everyone else and not to be singled out as being different. Avoid class witnessed reprimands and remain calm, as this will encourage the pupil to remain calm also. Criticise the behaviour and not the pupil.
- #### 4. The Learning Environment
- It is important that the learning environment is carefully organised and monitored for the child with attentional difficulties. All staff involved in working with the child need to be aware of the management strategy so it can be applied consistently.
- i) Ensure the classroom is well organised, with clearly marked equipment bays, etc, and with routes around classroom causing the least possible distraction.
 - ii) Try, where possible, to seat the child with attentional problems away from doorways, corridors, windows, computer, etc. or other areas of high noise or mobility levels. Consider seating the child at the front of the classroom near to and facing the teacher and avoiding tables facing other pupils. Distance from other pupils may at times be helpful but so may placement near well organised productive pupils.
 - iii) Have a "working booth" or quiet stimulus-free area in the classroom, available for the child to choose to use. There may also be times when you suggest it is used! It is



important to ensure all the adults who work in the classroom understand the basis for its use. Other children should also use it on a regular basis.

- iv) Close proximity to the teacher for class teaching. This may help with avoiding distractions and refocussing on task. It can also be helpful in monitoring the use of a flexible ball or similar item, which the teacher may give to the child to manipulate. For some children this can help ameliorate a difficulty they have in sitting still and may help concentration. It can also help avoid more disruptive activities such as pulling items off nearby shelves to play with or fiddling with other children's hair.
- v) Look for opportunities for the pupil to have 'movement breaks' between sedentary tasks e.g. 'helping' tasks such as distributing books.
- vi) Vary activities as much as possible, using multisensory approaches when appropriate and alternating tasks requiring concentration with more relaxed ones. Present information and required recording in a variety of ways - OHP, video, worksheet, cartoon, diagram, etc.



- vii) There may be occasions when you or the pupil feel it is appropriate for him/her to work outside the classroom. If so, ensure that the reasons and arrangements for working outside are clearly understood. Other staff will also need to be aware, in case the reason for the child being outside is misunderstood.
- viii) Paired work, rather than small group work, is likely to be easier for the child (or 2,4,8, discussion groups, i.e. discuss in a pair, one pair tell another pair, etc).
- ix) Keep worksheets, etc, simple and uncluttered, using large print.
- x) Be sure to include other children so that the child does not feel humiliated by being singled out for specific attention.

Working with Parents

Parents working in partnership with schools is vital. The better the relationship between the home and school the better the outcome for the child.

We are grateful to the Sussex Parents Support Group for giving us permission to publish their helpful suggestions on this subject. Whilst the views below refer to educational services in Sussex, they are included as a reminder to all, of the very personal responses of carers to the situations in which they and those they care for, find themselves in.

- **Schools need to be sensitive in the way they communicate with parents and should always avoid implying blame.**

Be aware that parents often feel that they are 'to blame'. They will have experienced the judgements and negative reactions of others as a result of their child's behaviour, long before she/he started attending school. It is highly possible that they themselves believe that they must be doing something wrong and their self-esteem may be quite low.

- **Communicate with parents from the outset.**

Parents do not find it easy to hear that their child is causing concern at school. They welcome as much forewarning as possible and need to be prepared for the news that the school wishes to call in the help of outside agencies.

- **Discussions between parents and teachers need to be confidential and private.**

Don't forget that parents will often have feelings of embarrassment and humiliation. They are acutely aware of what seems like 'disapproval' from other parents. Both pupils and school staff would appreciate some privacy when speaking with teachers. Information and feedback given to parents in corridors is awkward and draws attention.

- **Communication in the form of a home-school liaison book or diary offers parents reassurance and speed of communication.**

Communication between school and home is extremely important. Sharing information at parent-teacher evenings or being asked to attend a meeting because a crisis situation has developed is too late for parents to actively participate in finding solutions and adopting complementary practices at home.

- **Regular meetings with class teacher or form tutor to discuss their child's progress would be welcomed.**

Parents are often uncomfortable about approaching the school and comment on how they feel that other parents and teachers would prefer their child was not at the school. They are also anxious about their child's problems and need information and reassurance. If schools can communicate that they are not interested in blame but recognise that both parents and teachers have a joint problem that needs tackling together, parents are more likely to get involved.

- **Schools need to be willing to find out what they can about ADHD and ask for outside help when necessary.**

Parents are reliant on professionals spotting the problem and knowing how to deal with it. They will have experienced difficulties at home and may be thinking that their own parenting is at fault. They may have tried to discuss their concerns with their health visitor or doctor to no avail. Parents appreciate that not everyone will have the appropriate knowledge or experience but they

would much rather schools were able to discuss their concerns openly with them, so that together expert advice can be sought.



- **Parents want to hear some positive feedback about their child from teachers.**

Only receiving negative feedback about your child is demoralising. Although parents can understand how difficult a school day might be for the school staff, it is not appropriate for parents to be on the receiving end of an 'off-loading' teacher. Teachers understandably will require support but need to seek it from within their profession. "When the teacher told me how awful he'd been I felt so angry with him. I felt he had humiliated me again." If parents are to complement the work undertaken by schools they need to feel good about their children.

- **The curriculum needs to be differentiated and simplified.**

It is important that teachers understand the complexities of the condition and recognise that children with ADHD cannot always keep up with the curriculum at the same pace as his or her peers. These children already have damaged self-esteem and falling behind only accentuates their difference and failure.

- **All in-school strategies need to be exhausted before an exclusion is made.**

Parents are aware of some of the difficulties teachers must face in providing their children with a positive educational experience. However, they do not agree that excluding their child is an appropriate response to their special educational needs.

- **Parents are happy to be asked to support their child either in the classroom or on an outing when necessary.**

It is painful for parents to witness their children being withdrawn from school activities and outings because their behaviour is too difficult to accommodate.

“When the teacher told us both that

he couldn't go on the outing I couldn't hold back the tears. When we got home, he threw an almighty tantrum and eventually said he didn't want to go to school anymore, no one liked him and he wasn't wanted. It broke my heart.”

- **Schools need to view parents as a resource.**

Parents live with their child's difficulties and will have tried numerous strategies and techniques at home. They are willing to share their own experiences and happy to be asked for suggestions. Schools could involve parents in brainstorming for new ideas and writing individual education plans.

- **Include social skills training in the school programme.**

Making friends and learning appropriate social skills are vitally important for these children. Parents want their children to be happy and notice how they are more able to learn at school when they feel socially competent.



Working with Parents

- **Teachers need to feel proud of their success and this should be recognised and acknowledged by the profession and parents alike.**

A teacher's approval of a child with ADHD models acceptance of difference in the classroom. Parents often comment that teachers express frustration because they feel they cannot concentrate their energies on one pupil to the detriment of all the others in the class. However, parents believe that the strategies and teaching methods employed for their children with ADHD can benefit all the children.

- **All staff should be included in ADHD awareness training' sessions.**

All school staff need to be made aware of the child's difficulties. Much of the positive work undertaken by classroom teachers can be undone when an incident is badly handled in the playground or at dinner time by ill informed staff.

- **The availability of up to date information and reading material**

is important for both parents and school staff.

Once parents have a better understanding of ADHD they are able to regain some control over their disrupted lives and cease to feel that the problem controls them.

- **Offering parents the contact name and address of support groups would help communicate the school's appreciation of the difficulties parents experience.**

It is very isolating being the parent of a child with ADHD. Those children do not, for example, get invited to parties or after school activities with other children and relationships between parents are not made very often. To be put in touch with other parents of children with similar difficulties helps alleviate the isolation. One parent described it as

"the best therapy I could have had... knowing other parents felt the same as me meant I was not alone... it was such a relief."

- **Parents would like the opportunity to attend workshops and training sessions focusing on good practices both at home and at school.**

It is difficult for parents to access advice and skills about how best to



Further Information

help their child. As the interest and expertise develops in this field it will be important that parents are included wherever possible.

- **If medication has been prescribed it should be viewed as an important part of the treatment of the child and judgements should not be made on the type of treatment that has been prescribed.**

Parents report that some schools are unfairly discriminating against the use of Ritalin. It is important that schools realise that parents agree to give their child this medication on the advice or suggestion of their doctors and specialist consultants. It is not a decision they take lightly and rests on a degree of trust they place in the relationship they have built up with their doctor. School staff need to appreciate this choice in the same way that they accept parents' agreement to other forms of treatment.

References and further reading

Green, C and Chee, K. (1997) **Understanding ADHD: A parent's guide to Attention Deficit Hyperactivity Disorder in children.** London, Vermilion

Royal College of Psychiatrists, **Mental Health and Growing Up, Third Edition Factsheets for parents, teachers and young people, Factsheet Number 5 and 6**

www.rcpsych.ac.uk

Young Minds Website
www.youngminds.org.uk

Local Services

For information on local services please contact



www.yor-ok.org.uk

This is a comprehensive website which includes a directory of services for children, young people, parents/carers and practitioners.

Children and Young People's Voice

“It helps to have structure and good organisation.”

“It’s good to be on my own somewhere quiet.”

“Secondary school is better than primary because it’s bigger – there’s more space to move around in and you have more teachers.”

“It’s difficult in noisy hot classrooms with other disruptive pupils.”

“Medication helps but I didn’t like going 3 times a day for medication.”

“It was difficult having to take tablets in front of my friends.”

“I enjoy having lots of friends now.”

“I was mainly accepted by people without medical problems and because I was on tablets I got no hassle for being different.”

“Funny teachers and friends are a help.”

This booklet has been compiled by a multi-disciplinary working party with representatives from -
Educational Psychology
Clinical Psychology
Child Psychiatry
Children's Social Services
Behaviour Support Service
Parents
Young People

Its production has been an example of the close co-operation between agencies which is so important in successful intervention for children with attention and concentration difficulties. We are grateful for the support received from:
The City of York Local Authority
The Primary Care Trust

If you would like this information in an accessible format (for example in large print, on tape or by email) or another language please telephone: (01904) 554302

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (ہولی) میں بھی میا کی جاسکتی ہیں۔ (Urdu)

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