



# North Cumbria Attention Deficit Hyperactivity Disorder (ADHD) Children and Young People's Service

[North Cumbria Attention Deficit Hyperactivity Disorder \(ADHD\) Children and Young People's Service \(West\) - CNTW270 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](#)

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## **Attention Deficit Hyperactivity Disorder (ADHD)**

If you think that a Child or Young Person (CYP) you work with could have ADHD, the information contained in this booklet should provide answers to any questions you might have about ADHD and referral to the CYP's ADHD service.

### **What is ADHD?**

ADHD is a persistent pattern of inattention, hyperactivity and impulsivity that is more extreme than is typically observed in individuals at a similar stage of development. ADHD is not a mental health condition or a learning disability, it is a neurodevelopmental condition, and while research into possible causes is ongoing, it is believed that an imbalance of neurotransmitters in the brain, and differences in brain structure, may be the main causes of ADHD. This means that CYP with ADHD have brains which work very differently to the brains of CYP who do not have ADHD.

These short films will help to explain the science

[Infographics: What is ADHD? \(youtube.com\)](https://www.youtube.com/watch?v=...)

[2-Minute Neuroscience: ADHD \(youtube.com\)](https://www.youtube.com/watch?v=...)

With estimates that 1 in 20 children and young people have ADHD, it's probable that, at some point, you will have a CYP in your class who has the condition.

### **What are ADHD symptoms in CYP?**

Symptoms of ADHD are as individual as the CYP, and can also vary depending on the type of ADHD the CYP has.

There are **three** types of ADHD:

#### **Inattentive subtype (formally known as ADD)**

Symptoms include:

- Having a short attention span and having difficulty remaining focussed in lessons, (eg. fidgeting, doodling, fiddling with hair, moving or looking around the room, talking when inappropriate, staring into space or out of the window).
- Being easily distracted by both external stimuli and internal thoughts, (eg. corridor noise, people talking, smells, equipment on desk, daydreaming).
- Making mistakes, or not paying close attention to detail, (eg. overlooks or misses details, work is inaccurate or poorly presented, not completing tasks which match their capability).
- Appearing forgetful or losing things, (eg. forgetting instructions, arriving in class without required equipment, losing PE kit or uniform items, books, glasses, pencil case etc.).
- When being spoken to directly, does not appear to be listening, (eg. mind seems elsewhere or distracted, no eye contact, looks through you, unable to repeat fully what has been said).
- Being unable to stick to tasks that are tedious or time-consuming, or which take sustained mental effort, (eg. homework, long pieces of writing, reading activities, watching informational films).
- Having difficulty getting organised and managing time, (eg. difficulty managing sequential tasks, difficulty keeping belongings in order, being messy and disorganised, poor time management skills and failing to meet deadlines).

## **Hyperactivity/Impulsivity subtype**

Symptoms include:

- Difficulty sitting still, especially in calm or quiet surroundings, (eg. standing up, moving around the classroom, or leaving the room inappropriately).
- Constantly fidgeting (eg. tapping hands or feet, squirms in seat, fiddling with things on desk, leg wobbling etc).
- Excessive physical movement and high levels of energy, (eg. still highly active after a break, is uncomfortable being still, always 'on the go').
- Often running or climbing in situations where this is inappropriate, (eg running indoors, climbing on desks or chairs or other equipment).
- Excessive talking, (eg, talking when teacher or peers are talking, not stopping to listen to responses).
- Interrupts or intrudes on others, (eg interrupts conversations, games or activities, uses other people's things without asking, taking items from others who are using them).
- Being unable to wait their turn, (eg. lining up, when playing games, in conversations, not waiting for question to be finished before answering, asking another question before an answer is complete).
- Acting without thinking and without regard for the possible consequences, (eg. running across the road, rough play, climbing too high).

## **Combined Subtype**

Symptoms include all the difficulties associated with both inattentive and hyperactive subtypes.

**It is important to note that behaviours which challenge others, such as 'meltdowns', anger and aggression are not symptoms of ADHD in their own right, although frustration is common and can cause 'outbursts'.**

## **Female presentation**

Historically it was believed that ADHD mostly affected males. This is because presentation in females can be very different to that of males. Research suggests that boys are more likely to be hyperactive or combined subtypes, whereas girls are more commonly inattentive subtype (however, this is a guideline and boys can be inattentive and girls can be hyperactive). Consequently, symptoms can go unnoticed in girls.

Undiagnosed ADHD in girls can result in academic underachievement, self-blame, low self-esteem, and low mood.

In addition to the symptoms listed above, girls may also present with the following symptoms:

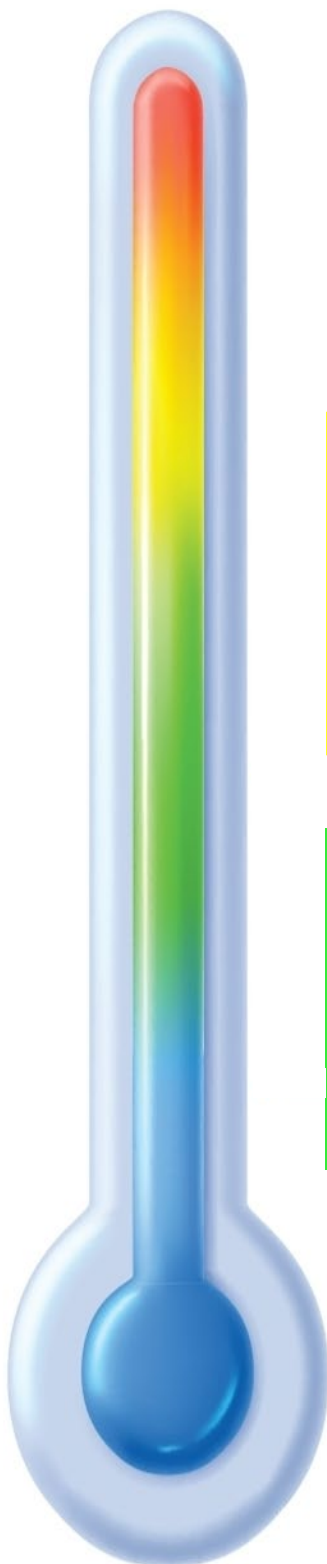
- Appearing withdrawn or shy.
- Hyper reactive (exaggerated emotional responses).
- Disorganised and messy in appearance and physical space.
- Appears unmotivated and not to be trying.
- Hyper-talkative, but unable to listen.
- Doodling on paper or self.
- Tendency to be 'people pleasers'.
- Often considered to be 'no bother' in the classroom.
- Will often fall behind academically.
- Will butt into others' conversations with inappropriate offers of help.

## **Impact of symptoms on CYP**

ADHD symptoms can cause significant challenges in a CYP's life, such as underachievement at school, poor social interaction with other children and adults, and differences in responses to discipline. Behavioural difficulties typically include not following social rules, acting impulsively, being overly silly, or disrupting situations in different ways. CYP with ADHD can also have chronic challenges with organisation and planning. These difficulties can persist into adulthood and lead to the development of depression and mental health issues, psychiatric disorders, difficulties with employment and relationships, social isolation, and increased risk of anti-social behaviour and criminal offending.

If a CYP is having difficulty engaging in education due to the listed symptoms, initiation of an Early Help Plan should also be considered to support the child and their family, and to develop a clear plan which focusses on what success will look like for the CYP. An Early Help Assessment also triggers responses from agencies which can support wellbeing goals.

## Levels of impact



**Severe** – CYP is disengaging from education and not attending school, due to avoidance or exclusion. CYP's mental health is deteriorating, home life is breaking down due to ADHD symptoms. CYP's is putting self or others at risk due to ADHD symptoms such as impulsivity. Relationships break down as CYP cannot maintain them.

**Moderate** – CYP is not achieving age related expectations, and is getting into trouble at school, stands out from peers, has low self-esteem, low mood or deteriorating mental health due to not coping with symptoms. CYP is struggling with relationships at home and school due to ADHD symptoms such as impulsivity and rough play. CYP is acting impulsively and without thinking, or thinking of the consequences.

**Low** – CYP has ADHD symptoms, however, they are managing to reach their academic potential and not get into trouble at school or during activities. CYP does not stand out from peers. Their mental health is stable, they have good self-esteem and regulated mood. They have positive relationships with peers and family. Impulsivity levels are low or not apparent and not causing any harm to self or others.

**Please note: these are guidelines. Levels of impact are individual to the CYP.**

## **Sleep**

CYP with ADHD can experience difficulties falling asleep, staying asleep and getting up the next morning. The quality of their sleep can also be poor; their sleep is often described as restless with an inability to 'shut off'. For CYP with a diagnosis of ADHD, a lack of sleep can lead to an increase in ADHD symptoms and impact their ability to think and reason. Lack of sleep can make CYP with ADHD more prone to illness, as lack of sleep not only lowers the immune system, but can also lead to quickly changing emotions (irritability, anger, frustration, sadness), increased stress and anxiety, difficulty coping with what is expected of them and difficulty concentrating and thinking.

## **Reasonable adjustments**

Before referring a CYP for an ADHD assessment, it is expected that reasonable adjustments are implemented in school and at home to accommodate their neurodevelopmental differences and challenges.

Because 'reasonable adjustments' are not explicitly defined in the Diagnostic and Statistical Manual of Mental Disorders - 5 (DSM-5), the discretion of the school is required to determine which adjustments are appropriate for the individual CYP.

### **Some suggestions of reasonable adjustments include:**

- Have clear routines in place. Use visual timetables and stick to them.
- When making requests of the CYP, ensure that they are specific, reasonable, and achievable.
- Use clear 1:1 communication where possible.
- Set clear boundaries and expectations, including for behaviour. Reinforce appropriate behaviour with rewards.
- Be consistent in the use of language and approach to the CYP's difficulties.
- Limit or remove distractions by moving the CYP's seating position, or providing ear defenders.
- Ensure the duration of tasks is matched to the CYP's concentration span and ability to process information.
- Allow for movement or rest breaks. Provide a movement pass if necessary.
- Provide movement support resources (eg. wobble cushions, fidget toys, stress balls, standing desks, etc.)
- Have spare equipment for when the CYP forgets theirs.
- Provide reminders (either verbal, written or pictures) of instructions.
- Chunk tasks into smaller sections, or provide a list of steps to complete the task.
- Have visible timers to remind CYP of time left to finish tasks.
- Allow the CYP to use touch typing instead of writing. Provide a reader or scribe if possible.
- Use planners or diaries for homework. Reduce homework tasks to core elements. Be prepared to accept less or no homework, or provide a facility to do homework in school.
- Allow extra time for completing assessments. If possible allow CYP to take tests in a different room.

**It is acknowledged that, for adults working in educational settings, a child with ADHD can place many demands on their time, energy, and professional ability.**

Constant interruptions and the need for repeated instructions and close supervision can be frustrating. If this is also combined with additional issues, for example requiring support

with writing or spelling, it is understandable that these CYP can become a challenge in the classroom, not only for teachers and support staff, but also for their peers. Appropriate support with the things the CYP finds difficult may help to mitigate symptoms and improve engagement, however, it is important to remember that CYP with ADHD are not motivated by rewards and consequences as neurotypical children are, and because of this, implementing sanctions may have little or no effect.

**Remember** Sanctions are not reasonable adjustments.

**When working with a CYP with suspected ADHD, try to remember:**

- Listening looks different. It is scientifically proven that fidgeting and movement can improve and increase focus for people with ADHD.
- Ensure that you have the full attention of the CYP before making requests of them.
- Avoid assumptions about ADHD behaviours. Presentations of being disrespectful, lazy, careless, self-absorbed, or rude, are all associated with ADHD symptoms. Try to delve a little deeper into the behaviours through conversation with the CYP.
- Try to imagine being the one who is constantly misunderstood and misjudged and having to explain daily that your words and actions were misconstrued. Then, imagine people not believing you.
- It is overwhelming and frustrating for anybody to be interrupted or distracted, and even more so for CYP with ADHD - try not to interrupt when they're explaining or thinking.
- When you ask questions to a CYP with ADHD, try to master the art of "awkward silence." Science says silence becomes awkward for humans at around four-seconds. We say live dangerously, and wait 10 seconds for them to gather their thoughts.
- CYP with ADHD perceive and evaluate time differently to the way in which neurotypical people do.
- CYP with ADHD may struggle to express their thoughts and feelings accurately, and therefore may present as flippant or angry when frustrated.
- Group interactions can be overwhelming and stressful for CYP with ADHD.
- Having ADHD does not mean that children are not making an effort, or that they lack motivation. All these symptoms are caused by differences in brain functioning. It also does not mean that a child is unintelligent, it's about having a different way of thinking and of seeing things.
- People with ADHD often report feeling overwhelmed and overstimulated by consistent eye contact. They will need to avert their eyes to focus on conversation content and not be distracted by evaluating facial expressions.
- Rejection sensitivity dysphoria, or RSD, a symptom of ADHD, is "a triggered, wordless emotional pain that occurs after an actual, or perceived, loss of approval, love, or respect". CYP with ADHD can become 'people pleasers', or withdraw and abandon their own goals due to fear of failure. They often give up trying anything new unless they are assured of quick and complete success.
- Sometimes people with ADHD can be unfairly characterised as "abrasive" or "insensitive" to the needs and feelings of others due to their issues with communication.



## **ADHD strengths**

It's really important to be mindful of the strengths a person with ADHD has, as well as the challenges they face. CYP with ADHD are often able to do things which other CYP find 'tricky'.

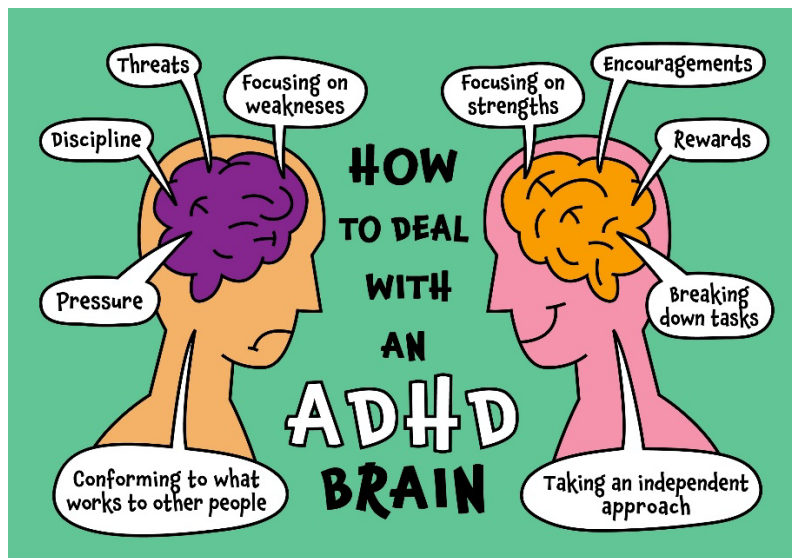
### **CYP with ADHD can be:**

- Great problem-solvers.
- Creative.
- Ready to help.
- Committed.
- Sensitive/vulnerable.
- Honest.
- Enthusiastic.
- Spontaneous.
- Charming.
- Inventive.
- Imaginative.

### **Research shows that CYP with ADHD achieve well with teachers who:**

- Are flexible.
- Follow clear routines.
- Are consistent.
- Provide a range of activities.
- Recognise and support individuality.
- Maintain a positive teaching environment.
- Present information and tasks in steps.
- Set firm limits on behaviour.

## Supporting the ADHD brain



Not helpful

Helpful

**If reasonable adjustments don't help, the referral criteria have been met, and the CYP's symptoms are having a moderate to severe impact on their education and wellbeing, the CYP may require a diagnosis of ADHD.**

### What does a diagnosis involve?

There is no one single test to diagnose ADHD. A child needs to be six years or older in order for the detailed assessments required to diagnose ADHD to be conducted.

Assessment will include a developmental history, which is taken from parents/carers, study of medical records (with consent), interviews with parents and teachers, standardised questionnaires from home and school, and observations taken in different settings. A number of clinicians can be involved in the assessment process, including children's health nurses, clinical psychologists, and psychiatrists.

### Treatment

Each individual with ADHD presents differently, and, consequently, individualised treatment plans are required.

Where ADHD is having a low impact, supportive lifestyle changes (regular exercise, healthy diet, and good sleep patterns) can have a positive effect on CYP with ADHD, and the implementation of reasonable adjustments can also help reduce symptoms.

For moderate ADHD symptoms, Cognitive Behavioural Therapy (CBT) can help with challenging negative thought processes and behaviours (particularly with co-occurring anxiety, depression, or low self-esteem) which a CYP may experience as a symptom of their ADHD.

When ADHD symptoms are having a moderate to severe impact on CYP, in addition to supportive lifestyle changes, and CBT, stimulant medications can be helpful, as they help to increase focus, improve organisational skills, and reduce impulsivity by balancing brain chemicals. Stimulants are fast acting and wear off at the end of the school day.

Non-stimulant medications can also be used when stimulants are not effective, however, it can be five to seven days before the individual fully benefits from the medication. Non-stimulant medication improves focus and mood, supports attention and memory, and reduces impulsivity.

While increased attention and focus will reduce frustration for CYP with ADHD, ADHD medication cannot be relied upon to treat behaviour which challenges others.

### **Differentiating ADHD from Autistic Spectrum Conditions (ASC)**

This can be tricky as there are many overlapping symptoms. Differentiating ASC from ADHD confuses many people, however, according to the American Psychological Association, ADHD is identified by significant challenges in attention, hyperactivity, and impulsivity, whereas ASC is linked to difficulties in communication and social interaction skills, and repetitive and restricted behaviours and interests.

The table below highlights the main symptoms of each condition and where they overlap.

It is worth remembering that although social difficulties are not part of the core diagnostic criteria for ADHD, CYP with ADHD can experience significant social challenges. CYP with ADHD are often rejected by their peers and have fewer friends. In many cases, these difficulties are viewed as a direct result of the ADHD core symptoms because:

- inattentive behaviours may lead a child to miss social cues.
- impulsiveness may result in upsetting peers.
- hyperactivity may lead to avoidance by peers.

It is also important to be mindful of the fact that many psychological or developmental disorders of childhood can present similarly to ADHD symptoms, with or without hyperactivity. CYP who are stressed, living with learning disabilities, anxiety, depression, trauma, or sensory integration problems, can all exhibit symptoms which resemble ADHD.

## Typical ADHD/ASC Symptoms and the overlap

ADHD	ADHD and Autism	Autism
<ul style="list-style-type: none"> <li>• Impulsivity and hyperactivity.</li> <li>• Inhibition control difficulties.</li> <li>• Poor memory.</li> <li>• Forgetfulness and difficulties with working memory.</li> <li>• Risky behaviours.</li> <li>• Unawareness of time passing.</li> <li>• Short attention span.</li> <li>• Difficulty regulating attention and focus.</li> <li>• Poor planning skills.</li> <li>• Making mistakes.</li> <li>• No motivation for uninteresting tasks.</li> <li>• Craving novelty and new experiences.</li> <li>• Difficulty picking up on social cues due to inattention.</li> <li>• Rough in play, but sorry later.</li> <li>• Can be popular and charismatic.</li> </ul>	<ul style="list-style-type: none"> <li>• Inattentive,</li> <li>• Sensory processing differences.</li> <li>• Impulse control difficulties.</li> <li>• Hyper fixation.</li> <li>• Difficulty making friends.</li> <li>• Little sense of danger.</li> <li>• Uncomfortable with eye contact.</li> <li>• Over sensitive to rejection.</li> <li>• Executive dysfunction difficulties.</li> <li>• Issues recognising hunger or the need to use the toilet.</li> <li>• Emotional regulation difficulties.</li> <li>• Special interests.</li> <li>• Difficulties switching between tasks.</li> <li>• Differences in social interactions.</li> <li>• Sleep difficulties.</li> </ul>	<ul style="list-style-type: none"> <li>• Takes things literally.</li> <li>• Prefers routines, predictability, and structure.</li> <li>• Anxious when routines are changed.</li> <li>• Craving familiarity.</li> <li>• Careful planning.</li> <li>• Sensitive to invasion of personal space.</li> <li>• Can be unaware of others personal space.</li> <li>• Can be socially inappropriate (touching, asking personal questions, making personal comments).</li> <li>• Not understanding social rules.</li> <li>• Finds comfort in repetitive behaviours.</li> <li>• Difficulty reading social cues.</li> <li>• Overwhelm in social situations.</li> <li>• Prefers social isolation.</li> <li>• Motor skills and coordination challenges.</li> <li>• Difficulty identifying and naming feelings.</li> <li>• Strong sense of social justice.</li> <li>• Insists others follow game rules but will change rules to suit self.</li> <li>• Sensory seeking.</li> </ul>

Before making a referral to the CYPS ADHD service, other avenues of support, including Family Action, Early Help, Barnardo's etc. should be explored. If relevant, follow the appropriate SEND referral pathways in your council area.

[0-19 Child and Family Support Service - Family Action \(family-action.org.uk\)](http://family-action.org.uk)

[Early help | Cumberland Council](#)

[Early help | Westmorland and Furness Council](#)

[MyTime Cumbria | Barnardo's \(barnardos.org.uk\)](http://barnardos.org.uk)

Please follow the guidance below to identify when referral is appropriate.

**Child presenting with ADHD symptoms (hyperactivity, inattention and/or impulsivity).**

Implement reasonable adjustments as listed, in relation to these symptoms and watch, wait and record. As per NICE guidelines, any adjustments need to be trialled for one school term prior to submitting a referral in order to observe whether symptoms have improved.

Little or no change to symptoms.

Symptoms have improved. **Referral not needed.**

Gather evidence and examples of ADHD symptoms (from list) including hyperactivity, inattention and/or impulsivity have been recorded.  
**Please note: meltdowns and anger are not symptoms of ADHD in their own right.**

Impact is felt to be moderate to severe.

Impact is not felt to be moderate to severe.

**Does not meet criteria for referral, continue with reasonable adjustments.**

**6 or more** symptoms of ADHD have been evidenced.

Fewer than 6 symptoms have been evidenced.

**Does not meet criteria for referral, continue with reasonable adjustments.**

Are the ADHD symptoms present in two environments eg. home and school.

Yes

No

**Does not meet criteria for referral, continue with reasonable adjustments.**

**Are ADHD symptoms having a moderate/severe impact?**

**Please refer this young person into the ADHD service.** Incomplete forms will not be accepted.

If the CYP has not been referred into the service by school (eg. a GP referral), and it is felt that there is little or no impact on education, please write 'no concerns' where indicated in the education pack.

Please read the rest of this booklet for guidance and be aware that a child with autism can also present with inattentive symptoms.

Please remember that girls with ADHD can present differently to boys and tend to cause less disruption in class.

If you have any questions regarding this information, please contact the NHS CYPS ADHD Team on 01228 603 810 or [CMB-ADHDNCumbria@cntw.nhs.uk](mailto:CMB-ADHDNCumbria@cntw.nhs.uk)

**To make a referral, please go to our website where you will find information and referral forms:**

[North Cumbria Attention Deficit Hyperactivity Disorder \(ADHD\) Children and Young People's Service \(West\) - CNTW270 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](#)

**Other organisations which you may find useful:**

- ADHD and You - <https://www.adhdandyou.co.uk/>
- ADDISS - <http://www.addiss.co.uk/>
- ADHD Foundation - <https://www.adhdfoundation.org.uk/>
- Attitude - <https://www.additudemag.com/>
- Witherslack Group - <https://www.witherslackgroup.co.uk/>