



# **Stokes Wood**

## **Attention Deficit Hyperactivity Disorder Policy and Procedures**

### Introduction

This policy sets out information for staff working at Stokes Wood Primary School who may have pupils who appear to be inattentive, and/or overactive and impulsive. This policy provides information about the identification, assessment and management of these pupils' needs.

Teachers can use this policy to complement the professional expertise and experience they bring the management of children's learning, motivation and behaviour. Part 3 – ADHD Management Strategies describes classroom management strategies and is also intended as a resource for teachers and support staff to photocopy and use themselves.

### Part 1: What is ADHD?

The concept of Attention Deficit Hyperactivity Disorder is used to describe a clinical condition in which the child exhibits long-term difficulties that include inattention and/or hyperactivity and impulsiveness.

Attention difficulties are manifested by children being easily distracted both in task and in play activities. They often find it very difficult to complete a school task, appearing inattentive, forgetful and disorganised.

Hyperactivity is manifested by children showing high levels of restlessness, fidgeting and movement. They tend to be continually on the go, often noisy and talkative.

Impulsivity is manifested by children who lack reflection before action, as shown by children having a tendency to interrupt conversations, talk out of turn and having difficulties in waiting for their turn.

To correctly identify a child as suffering from ADHD, such behaviours need to:

- Last for longer than six months
- Have been present before the age of seven
- Cause significant functional impairment, and
- Be evident in more than one setting; for example at home and at school

Only if these conditions are met can the disorder be recognised as ADHD by a medical professional.

Distinctions are made between children who show significant difficulties in engaging and maintaining attention and those who, in addition, show difficulties with impulsivity and high levels of over activity. The former are

described as having an Attention Deficit Disorder (ADD) and the latter as having an Attention Deficit Hyperactivity Disorder. In this policy the expression ADHD is used to encompass both types.

It should also be noted that children may have difficulties maintaining attention, controlling their own behaviour and inhibiting impulses for a number of different reasons. Such issues are more likely to be seen, for example, if a child has difficulty understanding work they are required to do or if they have a raised level of anxiety. It is therefore important that assessment looks at the child and their situation holistically, attending to the range of possible underlying issues that may show up in restless, impulsive and inattentive behaviour.

Co-existing / secondary difficulties: Attention Deficit Hyperactivity Disorder behaviours may well co-exist with, or lead on to, other difficulties for a child with ADHD. It should be emphasised that these are not core aspects of, or evidence for, ADHD. The difficulties could include the following:

Emotional difficulties: The child may feel socially isolated, unpopular with other children and different or misunderstood. He or she may be labelled lazy, disobedient or naughty, so may be affected by frequent telling off and consequently suffer from a loss of self-confidence.

Learning difficulties: The child may not be accessing learning because of an inability to concentrate, listen, and stay with set tasks and may not be remembering because of an inability to organise in their mind what has been learned. There may be particular difficulties with literacy, numeracy or language skills.

Behaviour difficulties: The child may become disruptive, defiant or aggressive. The child may seek popularity with peers through misbehaviour and may use misbehaviour to mask attentional problems and underachievement

## Part 2: ADHD as a special educational need

Where a child's difficulties affect their capacity to benefit from opportunities to make satisfactory educational progress, ADHD is regarded by Stokes Wood Primary School as a form of special educational need. The Special Educational Needs Code of Practice, issued by the then DfES in 2001, provides a structure for schools to address children's particular difficulties. As reflected in the Code of Practice, special educational needs are not restricted to issues with academic ability, literacy or numeracy. They embrace a wide range of circumstances including emotional, behavioural and health issues. An individual child can therefore have several areas of special educational need, of which ADHD may be identified as one.

All Leicester City Schools work to the Code of Practice and to Leicester City Council's guidelines for identifying and assessing children's special educational needs, irrespective of the source of concern.

For the majority of children with difficulties relating to ADHD, their educational needs will be met by Stokes Wood Primary School, under their internal special needs resources, using the sorts of management techniques outlined in this guide. Where Stokes Wood Primary School feels that the measures they have adopted are not meeting the pupils' needs, they may wish to seek external support. This includes requesting a consultation with their link educational psychologist or the Specialist Teachers Teams.

Children who do not show the hyperactivity component of ADHD tend to be overly placid, lethargic, prone to daydream and sometimes anxious. As they frequently go unnoticed in comparison with other more disruptive behaviours, it is important therefore that staff are vigilant to make sure that their needs are recognised.

Early identification is important for all children with learning difficulties including those with ADHD. An observation checklist has been included in the appendices to aid school staff in their observations and provide a focus for their strategies.

It is the degree of severity of a pupil's emotional and behavioural difficulties and the impact on learning that determines the appropriate graduated response under the Code of Practice. This is more important for deciding an educational intervention or provision than whether or not someone or not has been identified or diagnosed. ADHD is like most other developmental disorders in that the difficulties range from mild to severe.

### Parent/carer involvement

As in any area of special education need, close partnership between parents/carers and Stokes Wood Primary School is essential in supporting the child. This is particularly important in the case of ADHD to prevent misunderstandings or breakdown in working relationships in the sensitive area of children's school behaviour. The aims of partnerships with parents/carers in cases of ADHD is:

- To share information on the child's circumstances in school and at home that might be relevant to behaviours associated with ADHD
- To share knowledge about what works
- To promote a spirit of 'shared care' for the child, avoiding any sense of allocation of blame for the child's behaviours
- To agree a plan of action to help the child
- To monitor, evaluate and review the agreed plan of action.

### Involvement of other agencies

Teachers will encounter situations where the parents/carers have sought advice from their GP. They in turn may have been referred on to a paediatrician in the Department of Child Health or Specialist CAMHS. These services may request information from Stokes Wood Primary School as part of an initial or ongoing assessment. This may involve usage of standardised assessment tools, such as the Conners' Rating Scale.

Where significant issues continue to arise at both home and school and appropriate intervention (either at home or school) has proven unsuccessful, a medical practitioner with expertise in ADHD may decide to prescribe medication. The medical practitioner or parent/carer should inform the school concerning any medication, and in order for any effects on the child's emotional, physical and behavioural state to be monitored, may request further information from the school.

Irrespective of initial referral routes, either from Stokes Wood Primary School or from the family, it is essential that a plan is agreed jointly by the school, family and all external agencies involved.

### Part 3: ADHD management strategies

The educational needs of ADHD pupils are best met with good teaching and classroom management techniques that have relevance to all pupils. Pupils with ADHD can pose particular challenges to their teachers. Teachers at Stokes Wood Primary School will adapt the learning environment and their teaching styles to compensate for regular distractions, limited organisational skills and low tolerance of frustration in pupils within their class with ADHD. Teachers at Stokes Wood Primary School will pay particular attention to:

- Maintaining eye contact during verbal instructions
- Keeping instructions clear and concise, breaking up long explanations and directions into short, manageable elements
- Checking that pupils have listened and responded, when appropriate; and
- Repeating instructions in a calm, positive voice when necessary.

Listed below are some of the practical ideas which we use at Stokes Wood Primary School to help pupils with ADHD be successful.

### Physical arrangement of the classroom

- Sit the pupil near the teacher, as close as possible without being punitive or permanently isolated from other pupils.
- Avoid placing the pupil in a busy part of the classroom – for example, near the door/window/bookshelves – to prevent the pupil from being easily distracted. You may find that the pupil wishes to work for short periods in a quiet area.
- Remove distractions on and around the desk.

- Different seating arrangements may suit different activities for the pupil's group – for example, seated around desks facing each other for group projects or in traditional rows for independent work. You do not need to change the whole class; only the group with the pupil who has ADHD related difficulties.

#### Classroom organisation / teaching strategies

##### For the whole class:

- Establish a daily classroom schedule.
- Display clearly stated rules to ensure the pupils know what happens if these rules are kept or broken.
- Be clear about when pupil movement is permitted, such as during independent time, and when it is discouraged.
- Give consequences/feedback immediately following misbehaviour. Be specific in your explanation, making sure children know how they misbehaved.
- Value organisation by periodically allowing the children time to organise their desks.
- Give rewards for efforts to be tidy.
- When teachers give out instructions to the class, get their quiet attention first, then be clear and concise; do not attempt to shout over a noisy class.
- Include a variety of activities and use a multi-sensory presentation if possible. Teachers make sure teaching aids relate directly to the material to be learnt; this helps to keep distractions to a minimum. Teachers also vary the type and duration of activities.
- A well-ordered classroom helps everyone, but is especially important for the child with ADHD

##### For the pupil with ADHD:

- Use an individual or group work schedule of the activities for each part of the day or each day. This can be in the form of words or pictures, depending on the age and literacy level of the pupil. Ticking off the completed task gives the pupil a feeling of structure and achievement.
- A similar schedule can be used within an individual assignment, showing the desired sequence of activities.
- Divide longer assignments into more management elements, with progress checks or encouragement in between. Try to decide what is currently a reasonable, achievable concentration period for the pupil on a particular task; this can be increased at a later date. A timer, or other age appropriate prompt, can be used to remind the child of how much time they have left and to keep them motivated.
- Make a simple progress chart recording time spent 'on task' for a particular task (a timer makes this easier) so that you and the pupil can see his/her progress.
- Colour code exercise books etc. to make it easier for the pupil to locate the right books quickly when needed.
- Help the pupil clear away non-essential materials from his/her desk or bag now and again.
- Get the pupil's attention before giving out tasks or instructions and try to maintain eye contact.
- Give one clear, short, simple instruction at a time.
- Make sure you give instructions in the order you want them carried out.
- When instructions have been given, check that the pupil knows exactly what to do.
- Actively involve the pupil in lesson presentation – for example, asking him/her to write ideas on the whiteboard.
- Use a pupil's name, where appropriate, to focus his/her attention on the subject of the lesson – for example, "Paul read a very exciting book recently...".
- Keep worksheets clear, simple and uncluttered.
- Use a home-school book to allow easy communication between yourself and the parents/carers if appropriate.
- Agree checklist for parents to use in helping their child to bring to school only the necessary books for the day. These can also be used to help the pupil bring the correct PE kit or other related equipment.
- Ensure set homework is appropriate to the child's academic attainment and concentration span.

- Agree the amount of time to be spent on homework and monitor this through the home-school book.
- Use a clear homework notebook. The pupil may need help in using this.

### 3. Relating to the pupil with ADHD

- Show the pupil you understand their particular needs and are there to help. This will ensure that they feel supported and will boost their self-confidence.
- Arrange a comfortable setting, away from other pupils, to talk to the pupil, listen to their views and let them express their feelings.
- Agree arrangements for particular situations; for example, you can tap on their desk to remind them to bring their focus back to work (avoid giving verbal prompts that alert other pupils to their difficulties which can affect their self-confidence). When they are unsure of instructions which have been given to the class, or have forgotten them, encourage sitting with their hand up so that you can come to help.
- Keep a good supply of praise, encouragement and success with positive feedback. Keep in mind the areas of strength and interest that you have recorded for the pupil.

### 4. Encouraging friendships

- The child who has poor self-confidence or self-image, or has difficulties with self-organisation or co-ordination may not be able to make and keep friends easily.
- Such a child is also at increased risk of teasing or bullying.
- Show the class you value the child's strengths and interests.
- Avoid frequent public reprimands in class: this brings their weakness to the attention of potential bullies.
- Consider using peer support approaches to help the child, such as using a buddy system.
- Arrange joint activities in class with likely friends.
- Think of structured activities for the pupil if they appear isolated or uninvolved in playtime – for example, through the use of computer games.
- Check with support staff how the child is mixing in the playground or at lunch etc.
- Suggest to parent/carer some after school activities/clubs etc. in the area, suitable to achieve the child's strengths/interests as useful social outlets.

### 5. Self-help strategies (for older pupils)

- For the older pupil, as well as support strategies previously described, consider introducing self-help strategies, so they can begin to learn ways of dealing with their own problem:

#### Lists

- Tasks for the day; equipment needed for PE; book/materials needed for each subject area.
- You can prepare suitable 'tick lists' for the pupil.

#### Timetable

- Ensure it is clear and uncluttered, with all necessary information, for example times for each period; room numbers; even the teacher's name, for each subject.

#### Note taking

- Taking notes while following a lesson requires concentration and organisation.
- If it is a problem, teach effective note taking, for example the use of diagrams, or bullet points.
- If necessary, arrange for lesson notes to be photocopied for the pupil.
- Show the pupil how to arrange and store well-structured notes for revision and exam preparation.
- Some pupils find it helpful to be able to tape-record information and instructions given during the lesson.

## Writing

- Essay writing depends on organisation and sequencing skills.
- Teach essay planning skills, presentation skills e.g. use of headings; topic list; skeleton outline.
- Teach alternatives to essay type presentation for example note form; diagrams; bullet points.
- If handwriting is untidy, make arrangements for assignments to be completed on word processor.

## 6 Other issues

- Behavioural approaches: Many of the interventions that have been described are derived from behavioural approaches. Most children respond very well to a positive approach to behaviour using rewards and praise for good behaviour (The School implements the 'Good to be Green' Behaviour system, please see the school's Behaviour Policy for more details). This is true of all children with attention difficulties and over-activity to varying degrees. Stokes Wood Primary School consults with the Educational Psychology Service to ensure that behaviour principles are being applied correctly.
- Educational interventions: The matching of the curriculum to the abilities and skill of the pupil is considered extremely important. The secondary effects of attention difficulties and over-activity are frequently very poor peer relationships, low academic attainments and a very poor self-image. So the sensitivity to failure and need for success tends to be high.
- Counselling and individual therapy: This can be used to help children to understand their emotions and behaviours and how to manage them. Some children may respond better in peer group situations.
- Dietary approaches: parents often feel that diet plays a role in their child's ADHD. Current scientific evidence suggests that:
  - A. food allergies and intolerances can be important in some (but not all) cases;
  - B. food additives and preservatives may have an impact on behaviour;
  - C. a food diary is one way of trying to find out whether there is any 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;
  - D. fish oils are a more recent treatment; however, there is not enough evidence to recommend one way or another.
- Medication: The Paediatrician may prescribe licenced medication which can reduce some of the effects of ADHD. The aim of these medications are to enable the child to access their learning, without as much distraction. While these drugs frequently provide effective treatment they also have side effects. Children taking ADHD medications will regularly be monitored by their paediatrician, who may ask for reports from both parents and school on their impact and side effects.

## Methylphenidate is a 'controlled drug' – what does that mean?

The following guideline is from DfES/D of H document on 'Managing Medicines in Schools and Early Years Settings':

1. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.
2. Any member of staff at Stokes Wood Primary School may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and the Stokes Wood Administration of Medicines Policy.

3. A child who has been prescribed a controlled drug may legally have it in their possession. However at Stokes Wood Primary School, all medication MUST be held in the school office and the necessary forms completed by the parent or carer to permit school staff to administer the medication to the pupil during the school day.

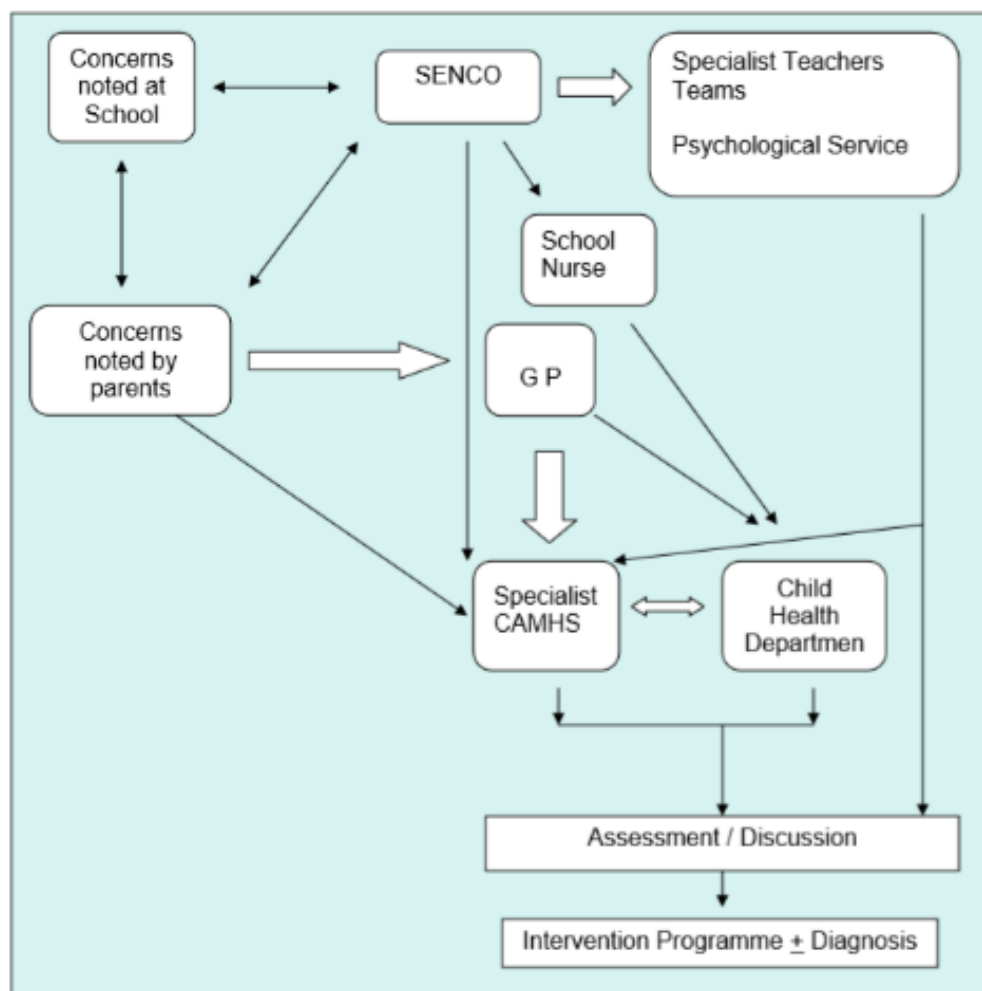
4. Stokes Wood Primary School keeps controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes as specified in the Administration of Medicines Policy.

5. A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

6. Misuse of a controlled drug, such as passing it to another child for use, is an offence. Stokes Wood Primary School has a policy in place for dealing with drug misuse. See Whistleblowing Policy and Staff Code of Conduct Policy.

Medication frequently reduces some of the problem behaviours and creates an opportunity for learning through effective parenting and structured teaching. In other words, medication does not teach new skills, but it may provide a window of opportunity for learning to take place.

#### Flow-Chart of referral pathway for children with suspected ADHD





The broad arrows represent the preferred referral routes.

If the primary issue is parental concern about the child's behaviour, then parents or schools can refer directly to Specialist CAMHS.

If concerns are primarily about behaviour and achievement in school, referral should be to the Specialist Teachers Teams or the Psychological Service.

Child Health only accepts referrals where the main concerns are to do with coordination/social and communication skills, not to do with ADHD.



# Appendices

## Strengths and Difficulties Questionnaire

**T4-16**

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name .....

Male/Female

Date of Birth .....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

Class Teacher/Form Tutor/Head of Year/Other (please specify:)

**Thank you very much for your help**

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## Observation Checklist

The following checklist is useful to staff at Stokes Wood Primary School to aid their observations and focus their strategies, and could, for example, be useful prior to the consultation with the Educational Psychologist.

### Inattention

	Seldom	Sometimes	Frequent
Make careless mistakes in school work			
Stop work on a set task after a very short time			
Doesn't seem to listen when spoken to directly			
Doesn't follow through on instructions			
Poor at organising tasks and activities			
Avoids tasks that require effort over a period of time			
Loses things needed for school work			
Easily distracted when working			
Seems forgetful in daily activities			

### Hyperactivity/Impulsiveness

	Seldom	Sometimes	Frequent
Fidgets or squirms in seat			
Leaves seat when staying in seat is expected			
Walks around or runs about in situations where it is not appropriate			
Is more noisy than other pupils in play/leisure activities			
'On the go' as if driven by a motor			
Talks excessively			
Blurts out answers before a question is finished			
'Jumps in' before his/her turn			
Intrudes on the conversations of others			

Additional Comments: