A GUIDE FOR PARENTS AND CARERS

Supporting Your Child with ADHD

A Guide for Parents and Carers of Children Aged 7 to 11

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The latest version is always at umid.co.uk/resources

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BEFORE YOU START

Welcome to this guide

IN THIS PART

- Who this guide is for and how it fits with your child's report
- How to make sure you have the latest edition
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- How the guide is organised

This guide is for parents and carers of children aged 7 to 11, in the primary school years, who have recently been diagnosed with attention deficit hyperactivity disorder (ADHD) at UMID. It brings together the information families most often ask for in the weeks and months after a diagnosis: what ADHD is, how to help at home, how to work with school, what the options are for treatment, and where to find reliable support.

The guide is the same for every family whose child has this diagnosis and is in this age group. Your child's report is written about your child alone. Where the report or your clinician's advice differs from something written here, the advice about your child comes first.

You do not need to read everything at once. Part 1 gives the essentials in a few pages, and the later parts are there for when you need them.

KEEPING THIS GUIDE UP TO DATE

This guide is updated regularly. The most recent version is always available at umid.co.uk/resources. If you received this guide some time ago, please check there for the current edition.

If you need help urgently

IF YOU NEED HELP URGENTLY

UMID is a planned outpatient service. We are not able to provide crisis or emergency support, and we would not want you to wait for a reply from us if you are worried about someone's safety. These services can help straight away:

- **999 or your nearest A&E** if someone's life is at risk, for example after a serious injury or an overdose, or if you cannot keep yourself or your child safe.
- **NHS 111**, online or by phone. Call 111 and choose option 2, the mental health option, to speak to a trained mental health professional at any time of day or night. It is for people of all ages, including children, and for parents who are worried about their child. Your GP practice can also offer an urgent appointment.
- **Samaritans**: call 116 123, free, at any time, for anyone who needs to talk.
- **Shout**: text SHOUT to 85258, a free and confidential text service open at any time.
- **Childline**: call 0800 1111, free, at any time, for children and young people under 19. Children can also talk to a counsellor online at www.childline.org.uk.

How this guide is organised

- **Part 1** sets out the first steps after diagnosis and answers the questions parents most often ask.
- **Part 2** explains what ADHD is and how it tends to show in the primary years.
- **Part 3** covers everyday life at home: parenting approaches, feelings, routines, sleep, activity, screens and food.
- **Part 4** is about the wider family: talking with your child, brothers and sisters, looking after yourself and practical help.
- **Part 5** explains how schools in England support children with ADHD and what to do if support is not working.
- **Part 6** looks at friendships and confidence.
- **Part 7** gives balanced information about ADHD medication for every family.
- **Part 8** is for families who are considering medication and explains how treatment works at UMID.
- **Part 9** lists organisations and books we think families will find useful.

At the end you will find a list of the words used in this guide and a list of the guidance and research it draws on.

PART 1

First steps after diagnosis

IN THIS PART

- The essentials, for when time and energy are short
- Support from UMID after the diagnosis, including a free appointment to talk through what would help
- What a diagnosis of ADHD does and does not mean
- Answers to the questions parents most often ask in the first weeks

A diagnosis of ADHD can bring many feelings at once. Some parents feel relief that there is finally an explanation for difficulties they have seen for years. Others feel worried about the future, sad, or unsure what to do next. Some recognise parts of their own childhood in their child's story. All of these reactions are common, and it is normal for them to change over time.

The essentials at a glance

If you read nothing else for now, these are the steps that tend to help most in the first few weeks.

1. **Read your child's report when you have some quiet time.** If anything is unclear, or you are not sure what further support would help, you can book a free 30-minute appointment with our Clinical Director, described below.
2. **Share the report with your child's school.** Ask for a meeting with the class teacher and the special educational needs co-ordinator (SENCO) to agree how school will support your child. Part 5 explains how this works.
3. **Keep daily life as steady as you can.** Predictable routines, enough sleep, regular meals, time outdoors and time together with you help every child, and they matter even more for a child with ADHD.
4. **Look for ADHD-focused support for yourself.** National guidance recommends that parents and carers of children with ADHD are offered information and support focused on ADHD. Part 3 explains what this involves and how to find it.
5. **If you are thinking about medication, read Parts 7 and 8 before deciding.** If you hope your GP might later share your child's care, speak to your GP practice before treatment starts.
6. **Talk with your child about ADHD in simple, positive words when you feel ready.** Part 4 has ideas and books that can help.
7. **Look after yourself.** Find at least one person or organisation you can talk to. Part 4 and Part 9 list places to start.

KEEP A FOLDER

It helps to keep your child's report, school plans, letters, medication records and notes of meetings together in one folder, paper or digital. It saves time when you meet new teachers or professionals, and it helps you see progress over months and years.

Support from UMID after the diagnosis

Your feedback meeting will have covered the support options that may help your child and your family. Some families find that the diagnosis and the information in this guide are what they need. Others want further help, either now or later on. Both are fine.

UMID offers a range of services after diagnosis: psychiatric care, which can include ADHD medication where it is appropriate, occupational therapy and psychological therapies. These are arranged separately from the assessment, and current fees are on our website at umid.co.uk/our-fees .

If you are unsure what would help, you can book a free 30-minute appointment with UMID's Clinical Director to talk through your child's and your family's support needs after the diagnosis and which options would best meet them. To arrange this, or if you have any question about the assessment, please email us at umid@umid.co.uk .

What the diagnosis means and what it does not mean

A diagnosis of ADHD means that a specialist team has found a consistent, long-standing pattern of inattention, hyperactivity or impulsivity, or a mix of these, that is affecting your child's life at home, at school or with friends. It is a recognised medical diagnosis, and it can open the door to understanding and support.

A diagnosis does not mean that you have parented badly, and it does not mean that your child is naughty, lazy or not trying. It does not predict what your child will achieve, and it does not mean that your child must take medication. It describes how your child's brain works and gives everyone around your child a shared way of understanding what they need.

Questions parents often ask

Did I cause this?

No. ADHD is not caused by parenting. It often runs in families, and research shows that genes play a large part. It is also linked with some other factors, such as being born prematurely. How children are cared for can make daily life easier or harder, which is why support for parents is recommended, but that is very different from causing ADHD.

Will my child grow out of it?

The way ADHD shows usually changes as children grow. Obvious restlessness often becomes less visible with age, while organisation, planning and managing feelings can become more important as life gets more demanding. For many people ADHD continues into adolescence and adulthood in some form. With understanding, the right support and sometimes treatment, many people learn to manage it well.

Will a diagnosis label my child?

Parents sometimes worry that a diagnosis will make others see their child differently. In practice, many families find that understanding replaces blame. Teachers, relatives and friends are often kinder and more helpful once they know that a child's difficulties have a recognised cause. You decide who you share the diagnosis with, and how much.

Does my child need medication?

Not necessarily. National guidance recommends that medication is considered only when ADHD is still causing significant difficulties after changes have been made at home and at school. Many families choose not to use medication, or decide to wait. Parts 7 and 8 explain the options so that you can make an informed choice.

PART 2

Understanding ADHD in children

IN THIS PART

- What ADHD is and how common it is
- How it can show at home, at school and with friends
- The strengths many children with ADHD have
- Conditions that often come alongside ADHD
- Keeping your child safe
- An overview of what helps

What ADHD is

ADHD is a neurodevelopmental condition, which means it relates to the way the brain develops and works. Children with ADHD have more difficulty than other children of their age with one or more of three things:

- **Attention**: staying focused, listening, following instructions, finishing tasks and remembering everyday things.
- **Activity levels**: being very active, fidgeting, finding it hard to stay seated or to be quiet when that is expected.
- **Impulse control**: acting or speaking before thinking, interrupting, and finding it hard to wait.

Signs of ADHD usually begin before the age of 12. Most children with ADHD have a mixture of attention difficulties and hyperactive or impulsive behaviour, while some mainly have one or the other. ADHD is recognised less often in girls than in boys, partly because girls more often have the quieter, inattentive pattern, which is easier to miss.

ADHD is common. Large studies from many countries suggest that it affects around 6 in every 100 children and young people. Your child is far from alone.

How ADHD can show in the primary years

Every child with ADHD is different, and your child's report describes your child's own pattern. Some of the ways ADHD commonly shows at this age are described below.

At home, a child with ADHD may find it hard to get ready in the morning, may need many reminders for simple routines, may lose belongings, may find waiting and turn-taking very difficult, and may move quickly from calm to upset.

At school, a child may drift off during lessons, miss instructions given to the whole class, find it hard to start or finish work, call out, or struggle to sit still. Some children hold themselves together in class and then release their frustration at home, which can be confusing for parents and teachers alike.

With friends, a child may be enthusiastic and fun but find it hard to wait their turn, follow the rules of a game, or notice when others have had enough.

Executive functions: the brain's organising skills

Many of the everyday difficulties in ADHD relate to what are called executive functions. These are the brain's organising and self-management skills: planning, getting started, keeping instructions in mind, managing time, stopping and thinking, and managing feelings. These skills develop throughout

childhood for everyone. In children with ADHD they often develop more slowly, so a child may need the kind of support that would suit a younger child in some areas while being well ahead in others.

Feelings and self-esteem

Many parents describe their child's feelings as arriving quickly and strongly. Frustration can turn into an outburst in seconds, and disappointment can feel overwhelming. Children with ADHD also tend to hear more correction and criticism than other children, at home and at school, and over time this can wear down their confidence. Noticing effort, praising what goes well and helping your child understand that ADHD is not their fault all protect self-esteem.

Your child's strengths

Children with ADHD have the same range of talents and qualities as any other children. Many are energetic, curious, creative, funny and kind. Many can focus intensely on things that truly interest them. Knowing what your child enjoys and does well is as important as understanding what they find hard, because strengths are what children build confidence and friendships on. ADHD is one part of your child, not the whole of them.

Conditions that often come alongside ADHD

It is common for children with ADHD to have other difficulties as well. These include autism, dyslexia and other learning difficulties, developmental coordination disorder (sometimes called dyspraxia, which affects coordination and movement), tics, anxiety, sleep problems, and patterns of arguing and defiant behaviour. Your child's report explains whether any of these were considered. If you notice new or different difficulties as your child grows, please tell us or your GP, because the right support depends on understanding the whole picture.

Keeping your child safe

Research shows that children with ADHD have more accidental injuries than other children, probably because of impulsiveness and distractibility. Studies also suggest that treatment for ADHD is linked with fewer injuries, at least in the short term. Sensible precautions include closer supervision near roads, water and heights than you might need for other children of the same age, a well-fitting helmet for cycling and scooting, and keeping all medicines locked away.

What helps

National guidance from the National Institute for Health and Care Excellence (NICE) describes a stepped approach for school-age children with ADHD:

- information and support for parents and carers, focused on ADHD;
- changes at home and at school that reduce the impact of ADHD on daily life, which NICE calls environmental modifications, such as seating a child away from distractions, breaking work into shorter periods with movement breaks, and backing up spoken instructions with written or picture reminders; and
- medication, considered only if ADHD is still causing significant difficulties once these changes have been made and reviewed.

These approaches work together. The rest of this guide explains each of them in more detail.

PART 3

Everyday life at home

IN THIS PART

- ADHD-focused parent support and parent training
- Giving instructions, using praise and rewards, and setting limits
- Big feelings and meltdowns
- Routines, homework and sleep
- Play, physical activity and screens
- Food, drink and what the evidence says about diets and supplements

Parenting a child with ADHD

Children with ADHD need the same things as all children: warmth, clear expectations, structure and plenty of encouragement. They simply need more of them, more consistently, and for longer. NICE describes children with ADHD as having above-average parenting needs. Meeting those needs is hard work, and most parents find that strategies which worked well for their other children do not work in the same way for a child with ADHD.

ADHD-focused parent support and parent training

NICE recommends that parents and carers of every school-age child with ADHD are offered information and support focused on ADHD. This can be given in a group and can be as short as one or two sessions. It should explain what ADHD is and how it affects children, give advice on parenting strategies, and include contact with your child's school where you agree. NICE recommends that both parents or carers take part where possible. Where a child also has frequent arguing, defiance or aggressive behaviour, NICE recommends a longer, structured parent-training programme as well.

> PARENT SUPPORT IS NOT A JUDGEMENT ON YOUR PARENTING
>
> NICE specifically asks professionals to explain that recommending parent support or training does not imply bad parenting. The aim is to add to the skills you already have, so that they fit the extra needs of a child with ADHD.

Parent-training programmes usually cover:

- understanding ADHD and seeing behaviour through that lens;
- using attention and specific praise to encourage the behaviour you want;
- giving instructions in ways a child with ADHD can follow;
- planning ahead for situations that tend to go wrong, such as mornings, shopping trips and bedtime;
- using rewards and calm, predictable consequences; and
- working with school so that home and school pull in the same direction.

Research on these programmes gives a balanced picture. Studies consistently show that they improve parents' confidence, the quality of parenting and the parent and child relationship, and that they reduce behaviour problems such as defiance and aggression. Their effect on the core features of ADHD, such as inattention and restlessness, is less certain when measured by people who did not know which families took part. In other words, parent training may not make ADHD itself go away, but it often makes family life calmer and helps parents feel more in control. Research into which parts of these programmes help

parents most points to two things: planning ahead to prevent difficulties, and rewarding the behaviour you want to see.

How to find parent support. Availability varies from area to area. Places to ask include:

- your child's school and its SENCO, who should know about local courses;
- your local council's family hub or early help service, which you can find through your council's website;
- your GP, or your local NHS child and adolescent mental health service (CAMHS) or community paediatric service;
- national charities such as ADDISS, which runs parenting courses, and ADHD UK, which runs online support groups for parents (see Part 9); and
- a structured self-help book written by ADHD specialists, such as those listed in Part 9, if a course is not available or does not suit your family.

Please ask us if you would like help thinking about what might suit your family.

Giving instructions that work

Children with ADHD often do not follow instructions because the instruction never fully registered, not because they are choosing to ignore you. These approaches make it more likely that an instruction lands:

- get your child's attention first, go close, and use their name;
- give one short instruction at a time, in a calm voice;
- say what you want to happen rather than what you do not want, for example "walk, please" rather than "stop running";
- ask your child to tell you back what they need to do;
- use pictures, lists or a simple chart for routines that repeat every day; and
- praise straight away when your child does what you asked, even if it took a reminder.

Praise, attention and rewards

Children with ADHD respond best to encouragement that is frequent, specific and immediate. A reward promised for the end of the week can feel impossibly far away, while praise or a small reward given straight away is much more powerful.

- **Catch your child being good.** Notice and comment on ordinary things done well, such as sitting down for a meal or getting dressed without a fuss.
- **Be specific.** "You put your shoes on the first time I asked. Thank you" tells your child exactly what went well.
- **Use simple reward systems.** A sticker chart or points towards a small treat or privilege works well for many children at this age. Keep it simple, focus on one or two behaviours at a time, and change the rewards now and then to keep them interesting.
- **Do not take away rewards that have already been earned.** It can undermine the whole system.

Calm, predictable limits

All children need limits, and children with ADHD benefit from knowing exactly where they are. Keep a small number of important rules and explain them clearly. Give a warning before a consequence where you can, keep consequences short, calm and proportionate, and follow through consistently. Shouting and smacking usually make things harder, because they raise everyone's stress and damage the relationship that makes other strategies work. After a difficult moment, move on quickly and give your child a fresh start.

CHOOSE YOUR BATTLES

Children with ADHD can end up being corrected all day. Decide which behaviours really matter, such as safety and kindness, and let smaller things go for now. Aim for many more positive comments than corrections.

Big feelings and meltdowns

Many children with ADHD find strong feelings hard to manage. Outbursts are often a sign that a child is overwhelmed rather than a deliberate choice.

Before. Notice what tends to lead to outbursts. Hunger, tiredness, sudden changes of plan, stopping a favourite activity and noisy, busy places are common triggers. Warnings before changes, snacks at regular times and a predictable routine prevent many difficult moments.

During. Stay as calm as you can, keep your words few and your voice low, and keep everyone safe. This is not the moment for reasoning or consequences. Some children benefit from a quiet, comfortable space they can go to when they feel overwhelmed.

After. When everyone is calm, talk briefly about what happened. Help your child put a name to the feeling, think about what might help next time, and put things right if needed. Reassure your child that you love them even when things go wrong.

Over time, you can teach simple calming skills at quiet moments, such as slow breathing, squeezing a cushion, counting, or going to a calm corner. Children learn these best when they practise them while already calm, with an adult alongside.

WHEN TO SEEK MORE HELP

Please contact your GP or us if outbursts are very frequent or severe, if anyone is being hurt, if your child seems persistently low or anxious, or if your child talks about wanting to hurt themselves or not wanting to be alive. Children of primary school age can have these feelings too, and they should always be taken seriously. If you are worried about your child's immediate safety, use the urgent help services listed at the start of this guide.

Routines and structure

Predictable routines take pressure off a child who finds it hard to organise themselves and reduce the number of decisions and reminders needed every day.

- **Keep the day's framework steady**: getting up, meals, homework, play and bedtime at similar times, including at weekends where you can.
- **Make routines visible.** A picture timetable or checklist for mornings and bedtimes lets your child follow the steps with fewer reminders from you.
- **Give warnings before changes**, such as "five more minutes, then it is bath time". A timer your child can see helps many children.
- **Prepare the night before.** Pack the school bag, lay out clothes and put PE kit by the door.
- **Give things a home.** A fixed place for shoes, coats, bags and reading books saves time and arguments.

Homework

Homework can be a flashpoint. It often helps to allow a break and a snack after school first, to use the same quiet place each time, to work in short bursts with movement in between, and to stay nearby to help your child get started. If homework regularly causes distress or takes far longer than intended, talk to the teacher. Schools can often adapt the amount or type of homework.

Sleep

Most children of primary school age need somewhere between 9 and 12 hours of sleep a night, and younger children usually need more than older ones. Many parents of children with ADHD tell us that settling to sleep is difficult, and a tired child often finds attention and feelings even harder to manage the next day.

- Keep bedtime and waking time similar every day.
- Build a calm wind-down routine, such as a bath, a story and quiet time together.
- Turn screens off at least an hour before bed and keep screens out of the bedroom.
- Keep the bedroom dark, quiet and comfortable.
- Avoid caffeine, which is found in cola, energy drinks, tea, coffee and chocolate, especially later in the day.
- Encourage plenty of physical activity during the day.

If your child is taking ADHD medication, sleep can be affected, and we will check on sleep during treatment. A sleep diary for a week or two can help you and your clinician see patterns.

When a good routine has not solved sleep problems, a specialist may consider melatonin, a medicine that can help children fall asleep. In the UK, melatonin is a prescription-only medicine, and one melatonin product is licensed specifically for children aged 6 to 17 with ADHD whose sleep has not improved with routines. Please speak to us or your GP rather than buying melatonin online or abroad.

Play, physical activity and time outdoors

The UK Chief Medical Officers recommend that children and young people aged 5 to 18 take part in moderate or vigorous physical activity for an average of at least 60 minutes a day across the week. Activity is good for every child's health, mood and sleep. Some small research studies suggest that regular aerobic exercise may also help with attention and restlessness in children with ADHD. These results are encouraging, but the studies are small, so exercise is best thought of as a healthy part of daily life rather than a treatment.

The type of activity matters less than whether your child enjoys it and can keep it up. Some children thrive in team sports, while others prefer swimming, cycling, dance, martial arts, climbing or simply running around at the park. Unstructured play, including play outdoors, is valuable in its own right.

Screens and gaming

Screens are part of everyday life, and they can be a source of learning, creativity and connection. Many parents notice that their child with ADHD finds it particularly hard to stop a game or a video, and that screens can crowd out sleep, play and time together.

At the time of writing, there is no official UK limit on daily screen time for children of primary school age. The government has announced that it will publish its first guidance on healthy screen use for children aged 5 to 16 in the autumn of 2026. We will update the website version of this guide when it is available.

In the meantime, these approaches are widely recommended:

- keep bedrooms and mealtimes screen-free;
- switch screens off at least an hour before bed;
- agree clear, predictable screen times with your child in advance, rather than negotiating each time;
- give a warning and use a visible timer before screen time ends, and have the next activity ready;
- choose age-appropriate content, use parental controls, and watch or play together sometimes; and
- notice how your child seems before and after screen time, and adjust if it tends to lead to upset or poor sleep.

Food, drink and diet claims

A balanced diet, regular meals and plenty of water support every child's health and energy. NICE asks health professionals to stress the value of a balanced diet, good nutrition and regular exercise for children with ADHD.

You may come across claims that particular foods cause ADHD or that special diets or supplements can treat it. Here is what the evidence currently shows.

- **Sugar.** Sugar is often blamed for hyperactivity, but careful studies have not found that sugar affects children's behaviour or concentration, although a small effect in some children cannot be completely ruled out. Limiting sugar is still good for your child's teeth and general health.
- **Artificial food colours.** A UK study found that certain artificial colours could increase hyperactivity in some children, and foods containing six particular colours must now carry a warning label saying they may have an adverse effect on activity and attention in children. NICE does not recommend removing colourings and additives as a general treatment for ADHD. If you notice a clear link between particular foods or drinks and your child's behaviour, keep a diary of what your child eats and drinks alongside their behaviour, and ask your GP or us about referral to a dietitian.
- **Restrictive or "few foods" diets.** There is limited evidence of short-term benefit and no evidence about long-term benefit or harm. Restricting a child's diet can affect growth and nutrition, so please do not try this without the support of a doctor or dietitian.
- **Omega-3 fish oils and other supplements.** NICE advises against fatty acid supplements for treating ADHD. A large review of the research in 2023 found good-quality evidence that they do not improve ADHD symptoms as rated by parents. Be cautious about any product that claims to treat ADHD.
- **Energy drinks and caffeine.** Children should not have energy drinks, and caffeine can affect sleep.

If your child takes ADHD medication, appetite is often reduced during the day. Part 7 has practical suggestions for keeping your child well nourished.

PART 4

Family life

IN THIS PART

- Talking with your child about ADHD
- Brothers and sisters
- Grandparents, relatives and friends
- Looking after yourself, including if you recognise ADHD in yourself
- Financial and practical help

Talking with your child about ADHD

Children usually know that some things are harder for them than for their friends. Without an explanation, some conclude that they are naughty or not clever. An honest, positive explanation of ADHD can be a great relief to a child.

There is no single right time or way. Many parents find it helps to keep the explanation short and simple, to link it to things your child already knows about themselves, and to come back to it as your child grows and asks more questions.

ONE WAY TO EXPLAIN ADHD TO A YOUNG CHILD

"Everyone's brain works in its own way. Your brain is really good at some things, like noticing interesting things and having lots of energy and ideas. It finds some other things harder, like sitting still for a long time, waiting, and remembering lots of instructions at once. That is called ADHD. Lots of children have it. It is not your fault, and it does not mean you are naughty. Now that we know, we can find ways to make things easier at home and at school."

Explain that ADHD is a reason why some things are harder, and that with help your child can learn ways to manage them. Involve your child in choosing strategies where you can, and ask what they think helps. Picture books written for children with ADHD, such as those in Part 9, can make these conversations easier.

Brothers and sisters

Brothers and sisters may feel many things about a sibling with ADHD: fond, protective, embarrassed, jealous of the attention, frustrated when games or belongings are disrupted, or worried. Some take on more responsibility than their age. These feelings are normal.

Things that often help include explaining ADHD in words they can understand, protecting some one-to-one time with each child, giving siblings a safe place for their belongings, and letting them talk about how they feel without being told off for it. Fairness does not always mean treating children identically, and it can help to explain that to siblings. Sibs, a UK charity, supports brothers and sisters of disabled children and has advice for parents (see Part 9).

Grandparents, relatives and friends

People who spend time with your child will find it easier to help if they understand ADHD and know which approaches you use at home. Sharing a short summary, or this guide, helps grandparents, childminders and after-school clubs respond consistently and kindly.

Looking after yourself

Parenting a child with ADHD can be exhausting, and many parents feel guilty, isolated or judged by others. Looking after yourself is not selfish. It gives you the energy and patience your child needs from you.

- Take small breaks when you can, even ten minutes doing something you enjoy.
- Share the load with a partner, relatives or friends where possible.
- Talk to other parents who understand. Local parent carer forums, ADHD support groups and online groups run by reputable charities can be a real source of support.
- Look after your own sleep, health and mood, and speak to your GP if you are struggling.
- The YoungMinds Parents Helpline and Coram Family Lives helpline (see Part 9) offer free, confidential support to parents.

If you recognise ADHD in yourself

Because ADHD often runs in families, some parents recognise ADHD traits in themselves or their partner after their child is diagnosed. NICE recognises that a parent with ADHD may need extra support with organisation, such as keeping to routines and managing appointments and medication. If you think you may have ADHD, you can talk to your GP about assessment. Using the same visual reminders, lists and routines that help your child can help the whole household.

Financial and practical help

Caring for a child with ADHD can bring extra costs and demands on your time. Help that may be available includes:

- **Disability Living Allowance for children**, for children under 16 who need much more looking after than a child of the same age who does not have a disability. A diagnosis alone does not decide whether a child qualifies. What matters is the extra care and supervision your child needs. In Scotland, the equivalent benefit is Child Disability Payment, and Northern Ireland has its own arrangements.
- **Carer's Allowance**, which may be available if you spend at least 35 hours a week caring for a child who receives the middle or highest care rate of Disability Living Allowance, or the equivalent rate of Child Disability Payment. Other conditions, including an earnings limit, apply. In Scotland, the equivalent is Carer Support Payment.

The charity Contact has a free helpline and detailed guides to benefits for families of disabled children (see Part 9). Current details of all benefits are on www.gov.uk.

PART 5

Your child at school

IN THIS PART

- Working with the class teacher
- SEN support and the SENCO
- Reasonable adjustments
- Education, health and care needs assessments and plans
- Medicines at school
- When things are not going well at school
- Moving to secondary school

This part describes the system in England. Wales has its own additional learning needs system, Scotland has additional support for learning, and Northern Ireland has its own special educational needs framework. If you live outside England, your local council or the organisations in Part 9 can explain how support works where you live.

CHANGES TO THE SYSTEM IN ENGLAND HAVE BEEN PROPOSED

In February 2026 the government published a Schools White Paper proposing major changes to support for children with special educational needs and disabilities (SEND) in England, including a new tiered system of support and a digital individual support plan for every child with identified special educational needs. The changes need new legislation and are not expected to take effect before September 2029, and the government has said that support provided through existing education, health and care plans would not change before at least September 2030. At the time of writing these are proposals, and the current law described below remains in force. We will update the website version of this guide as the system changes. IPSEA and Contact publish up-to-date explanations of the reforms.

Working with the class teacher

The class teacher sees your child every day and is usually the most important person at school. A good working relationship helps enormously.

- Share your child's report, or at least its summary and recommendations, with the school. UMID can also provide a letter for school on request.
- Ask to meet the class teacher and the SENCO early, and agree two or three priorities rather than trying to change everything at once.
- Tell the teacher about your child's strengths and interests, what calms them and what tends to upset them.
- Agree a simple way to keep in touch, such as a brief weekly note or email, so that good news travels as well as concerns.
- Review how things are going regularly, and be ready to adjust.

SEN support and the SENCO

Every school has a special educational needs co-ordinator (SENCO) who oversees support for children with special educational needs. A child has special educational needs when they have a learning difficulty

or disability that calls for support that is additional to, or different from, what is normally provided for children of the same age.

Most children with ADHD who need extra help at school receive it through **SEN support**. The school works through a repeating cycle, which the government's SEND Code of Practice calls the graduated approach: assess your child's needs, plan the support, put it in place, and review whether it is working. The school should tell you when it is making special educational provision for your child, involve you in planning, and agree when progress will be reviewed.

A school does not need a diagnosis, or an education, health and care plan, before it can support a child. A diagnosis can, however, help the school understand what your child needs.

Reasonable adjustments

Under the Equality Act 2010, a person is disabled if they have a physical or mental impairment that has a substantial and long-term effect on their ability to carry out normal daily activities. Many children with ADHD meet this definition. Schools have a legal duty to make reasonable adjustments so that disabled pupils are not put at a disadvantage, and they are expected to think ahead about what disabled pupils might need.

Adjustments that often help children with ADHD in primary school include:

- seating near the teacher and away from doors, windows and busy areas;
- instructions given one step at a time and backed up with written or picture reminders;
- visual timetables and advance warning of changes to the usual routine;
- work broken into shorter chunks, with movement breaks, or a "time out" or "I need a break" card;
- quiet fidget items that do not disturb others;
- a trusted adult to check in with, and help at transition times such as the start of the day and after break; and
- support from a teaching assistant where appropriate.

Education, health and care needs assessments and plans

Some children need more support than a school can provide through SEN support. An **education, health and care plan** (EHC plan) is a legal document, issued by the local council, that sets out a child's needs and the support that must be provided to meet them.

- **Who can ask for an assessment.** You can ask your local council directly for an education, health and care needs assessment. You do not need to wait for the school, although it helps if the school supports the request. Teachers and doctors can also make a request.
- **The legal test.** The council must carry out an assessment if your child has or may have special educational needs and may need provision to be made through an EHC plan. Some councils publish stricter criteria, but the law sets the test.
- **Timescales.** The council should tell you within 6 weeks of receiving the request whether it will carry out an assessment. The whole process, from request to a final plan, should take no longer than 20 weeks.
- **If you disagree.** If the council refuses to assess, refuses to issue a plan, or you disagree with what the plan says or the school it names, you can appeal to the First-tier Tribunal (Special Educational Needs and Disability), usually called the SEND Tribunal.

Every council publishes a **local offer**, which describes the services available for children with special educational needs and disabilities in the area. Every area also has a free, impartial **information, advice and support service**, often called SENDIASS, that can guide you through the process. IPSEA provides free legal information and template letters, including a letter to request an assessment (see Part 9).

Medicines at school

Many children who take ADHD medication take a long-acting medicine once in the morning at home, so a dose at school is often not needed. If your child does need medication during the school day, state-funded schools, including academies, must make arrangements to support pupils with medical conditions, and government guidance explains how. Your child's school should have a policy explaining how medicines are managed, may draw up an individual healthcare plan with you, and will need your written consent. ADHD stimulant medicines are controlled drugs, so the school will store them securely and keep a record of each dose. Remember to plan ahead for school trips and residential visits.

When things are not going well at school

If your child is often in trouble, is unhappy about going to school, or has been suspended or excluded, it usually means that the support in place is not yet matching their needs.

- Ask for a meeting with the class teacher and the SENCO to review what is happening and what support is in place.
- Ask whether the school's SEN support plan needs changing, and whether advice from specialists such as an educational psychologist would help.
- Consider whether to request an education, health and care needs assessment.
- If your child is suspended or excluded, or you are unsure of your rights, your local information, advice and support service or IPSEA can advise you.

Moving up to secondary school

The move to secondary school brings more teachers, more rooms, more homework and more independence, and it can be a big step for a child with ADHD. Planning from Year 5 and early in Year 6 helps.

- Look at possible schools early and ask how they support pupils with ADHD.
- Ask the primary school to share information about your child's needs and what works with the new school.
- Arrange extra visits so that your child can get to know the building and key staff.
- Practise the journey, reading a timetable and packing a bag for different days.
- If your child has an EHC plan, the council must review and update the plan, naming the secondary school, by 15 February of the year your child moves. Your local information, advice and support service can help you prepare for this review.

A separate UMID guide for parents and carers of young people aged 12 to 17 covers the secondary school years.

PART 6

Friendships and confidence

IN THIS PART

- How ADHD can affect friendships
- Practical ways to help your child make and keep friends
- Building confidence and dealing with unkindness

Friendships matter enormously to children, and they can be harder for children with ADHD. A child may be lively, generous and fun to be with, yet find it hard to wait their turn, stick to the rules of a game, notice when others are losing interest, or manage disappointment when they lose. Other children do not always understand, and some children with ADHD find themselves left out.

Helping your child with friendships

- **Start small.** A short play date with one child, around an activity your child enjoys, is more likely to go well than a long, unstructured afternoon or a large group.
- **Plan ahead together.** Talk before the play date about sharing, taking turns and what to do if they feel cross, and stay close enough to help.
- **Talk about it afterwards.** Notice what went well, and gently think together about anything that was difficult.
- **Build on interests.** Clubs and activities based on something your child loves, such as football, drama, Lego or animals, bring them together with children who share that interest.
- **Practise at home.** Board games and card games are a good way to practise waiting, taking turns, and winning and losing gracefully.
- **Ask school to help.** Staff can support your child at playtime, pair them with kind classmates, or run small friendship groups.

Building confidence

Children with ADHD often hear more about what they have done wrong than about what they have done well. You can help balance this.

- Praise effort and progress, not only results.
- Make sure your child has regular chances to succeed at things they enjoy and are good at.
- Talk about ADHD as one part of who they are, and remind them of their strengths.
- Share stories of people with ADHD who have found their own way.

If your child is being bullied or teased, take it seriously, listen carefully and speak to the school. By law, all state schools must have a behaviour policy that includes measures to prevent bullying.

PART 7

Medication for ADHD: what every family should know

IN THIS PART

- When medication is considered
- How it can help, and its limits
- The medicines used for children
- Possible side effects
- Health checks during treatment
- Medication in daily life, at school and in the holidays

This part is for every family, whether or not you are thinking about medication. Deciding about medication is your family's choice, made with your specialist. Many families choose not to use medication, or decide to wait and see how other support works first. Part 8 is for families who are actively considering medication through UMID.

When medication is considered

NICE recommends that medication for school-age children is offered only if:

- ADHD is still causing significant difficulties in at least one important area of life, such as learning, relationships or safety, after changes at home and at school have been put in place and reviewed;
- the family has had information about ADHD and has discussed the options; and
- a full assessment of the child's physical and mental health has been carried out first.

All ADHD medication should be started by a specialist with training and expertise in ADHD. A GP cannot start ADHD medication on the basis of a diagnosis alone.

How medication can help, and its limits

ADHD medication can reduce the core features of ADHD, improving concentration and reducing restlessness and impulsiveness. For many children this makes it easier to learn, to follow routines and to get on with others, and it can make family life calmer. Research has found that methylphenidate, the medicine most often used first in children, is effective and generally well tolerated.

It is important to have realistic expectations.

- **Not every child benefits.** Some children notice little improvement, and some have side effects that outweigh the benefits.
- **Medication does not teach skills.** It can make it easier for a child to learn and use new skills, but routines, parenting approaches and support at school remain important.
- **Medication treats ADHD, not everything.** It does not treat other difficulties that can come alongside ADHD, such as anxiety or low mood. In some children, particularly those who are already anxious, stimulant medicines can make anxiety, irritability or low mood worse.

The medicines used for children

NICE recommends the following order for school-age children.

Medicine	Type	When NICE recommends it
Methylphenidate	Stimulant, in short-acting and long-acting forms	The usual first choice
Lisdexamfetamine	Stimulant, long-acting	Considered if a 6-week trial of methylphenidate at a suitable dose has not helped enough
Dexamfetamine	Stimulant, shorter-acting	Considered if lisdexamfetamine helps but its long effect is not tolerated
Atomoxetine or guanfacine	Non-stimulants	Offered if methylphenidate or lisdexamfetamine is not tolerated, or if separate 6-week trials of both have not helped enough

Reliable information written for families about each medicine is available from Medicines for Children and from UMID's page on the Choice and Medication website (see Part 9).

Possible side effects

Many side effects are mild, and some settle after the first few weeks, but it is important to know what to look out for. Common side effects include:

- reduced appetite, particularly at lunchtime, and some weight loss in the early months;
- difficulty getting to sleep;
- stomach ache or feeling sick; and
- headaches.

Less common effects include irritability, tearfulness, low mood or anxiety, tics (sudden repeated movements or sounds) becoming more noticeable, dizziness, and increases in heart rate and blood pressure. Stimulant medicines may also affect growth in some children, which is why height and weight are checked regularly.

> **CONTACT YOUR DOCTOR STRAIGHT AWAY IF**
>
> - your child's heart seems to be racing, fluttering or beating irregularly;
> - your child faints; or
> - your child becomes very low, tearful, aggressive or unlike themselves.
>
> If you are worried about your child's immediate safety, use the urgent help services at the start of this guide. You can also report suspected side effects of any medicine through the Medicines and Healthcare products Regulatory Agency's Yellow Card scheme at yellowcard.mhra.gov.uk.

If appetite is reduced, it can help to give the medicine with or after breakfast (unless you have been advised otherwise for your child's particular product), to offer a good breakfast before the medicine takes full effect, to pack easy snacks, and to offer a larger meal or snack in the evening when the effect has worn off. If weight loss is a concern, your specialist may suggest other options.

Health checks during treatment

Children taking ADHD medication have regular checks. NICE recommends that:

- height is measured every 6 months;

- heart rate and blood pressure are checked before and after every change of dose, and every 6 months; and
- a specialist reviews the medication at least once a year to decide with you whether it should continue.

At UMID, specialist reviews take place every six months rather than once a year, for the reasons explained in Part 8. How weight is checked between reviews is agreed individually with each family.

Routine blood tests and heart tracings (ECGs) are not needed unless there is a particular medical reason.

Medication in daily life

- **Timing.** Long-acting medicines are usually taken once in the morning and last through the school day, which means your child usually does not need a dose at school.
- **Keeping to the same product.** Different brands of long-acting methylphenidate release the medicine in different ways, so they are not always interchangeable. Your prescription will usually name the brand, and it is best not to switch between brands unless your prescriber advises it.
- **Holidays and weekends.** While the dose is being adjusted, the medicine needs to be taken every day so that its effects can be judged fairly. Once treatment is settled, some families give a stimulant medicine every day and others mainly on school days. Non-stimulant medicines such as atomoxetine and guanfacine need to be taken every day, and guanfacine must not be stopped suddenly, because blood pressure can rise if it is. If growth is affected, a planned break over school holidays may be suggested. Please talk to your specialist before stopping or changing how your child takes medication.
- **Safe storage.** Stimulant ADHD medicines are controlled drugs. Keep them locked away and out of reach of children, and never share them.
- **Ordering.** Order repeat prescriptions in good time, at least two weeks before you will run out, so that there is time to resolve any supply problems.

PART 8

For families considering medication: the UMID treatment pathway

IN THIS PART

- How assessment and treatment fit together at UMID
- Things to think about before deciding
- What happens before treatment starts, during dose adjustment and afterwards
- Shared care with your GP
- Medicine supply and next steps

PLEASE READ THIS PART IF YOUR FAMILY IS CONSIDERING MEDICATION

This part explains how ADHD medication treatment works at UMID. It is provided so that you can make an informed decision. It is not a recommendation to start medication, and many families choose other forms of support, either on their own or as the first step. UMID's current fees are on our website at umid.co.uk/our-fees, and we do not list fees in this guide because they change.

Assessment and treatment are separate

At UMID, the ADHD assessment and ADHD medication treatment are separate services. No medication is started during an assessment. Treatment is provided through a separate ADHD treatment package, which is available to children diagnosed at UMID. The website has the latest details at umid.co.uk/adhd.

Starting medication is a medium-term commitment rather than a single prescription. It involves several appointments over a few months, home monitoring and gradual adjustment of the dose.

If more than six months have passed since your child's assessment before you decide to explore medication, a further psychiatric review will be needed first, to make sure that medication is still a safe and suitable option.

Things to think about together

Before deciding, it helps to think through these questions as a family, and to talk them over with us:

- Have changes at home and at school been tried, and how much have they helped?
- How much are ADHD difficulties affecting your child's learning, friendships, family life and safety?
- What are the possible benefits and risks of medication for your child in particular?
- How do you and your child feel about medication, and what do you hope it will change?
- Are you able to take part in the monitoring that treatment involves?

Remember that medication works best alongside other support, not instead of it.

Before treatment starts

Health checks. Your child's blood pressure, pulse, height and weight need to be measured and within a satisfactory range before any medication starts. We will also review your child's medical history, including any heart problems or family history of heart problems, and any other medicines they take. If there is a

medical reason, further tests such as an ECG or blood tests may be needed. ADHD medication may not be suitable, or may need extra caution, for children with some heart conditions.

A settled time. It is best to start medication at a time when life is reasonably settled, with a regular daily routine and no major illness or upheaval, so that the effects of the medicine can be judged fairly. If your child has significant anxiety, low mood or other health difficulties, these may need attention first.

Talking to your GP about shared care. If you hope that your GP will take over prescribing after treatment is established, please ask your GP practice before starting treatment whether they would be willing in principle to consider a shared care agreement, and ask for their answer in writing. We ask families to have this conversation before booking treatment, because a shared care request after dose adjustment cannot be made without that written confirmation. You can download a template letter to use when you ask your practice from the UMID Resources page at umid.co.uk/resources .

Choosing a medicine

The choice of medicine takes account of your child's needs, your family's preferences, your child's physical and mental health, and national guidance, which recommends methylphenidate as the usual first choice for children. We discuss the options with you at the first treatment appointment, once the baseline health checks are available, so that the decision is shared. Current supply of particular products can also affect the choice, and the medicine may be changed during treatment if it is not helping or causes side effects.

Finding the right dose

There is no single correct dose of ADHD medication, and children respond very differently. Treatment starts with a low dose, which is increased gradually while we check how well it is working and whether there are side effects. This process of adjusting the dose is called titration.

At UMID, titration involves a series of short remote appointments over about three months, with support by email in between. Your observations as parents are central to this, and NICE recommends that parents and teachers record how the child is doing on standard forms at the start and after each change of dose. Sometimes titration takes longer than three months, for example if the medicine needs to be changed or treatment is interrupted. Appointments and prescriptions needed after the treatment package has ended are charged separately, as set out on our fees page.

Home monitoring

Blood pressure, pulse and weight readings are needed before the first treatment appointment and at every change of dose. You will be asked for these readings at the start of each appointment, and the appointment cannot go ahead without them. Medication can raise heart rate and blood pressure, which is why these checks matter, particularly early in treatment.

You will need a home blood pressure monitor and a set of weighing scales.

TAKING GOOD READINGS

- Make sure the blood pressure cuff is the right size for your child's arm. Adult cuffs are often too large for children, and a pharmacist can advise you on a suitable monitor and cuff.
- Let your child sit quietly for a few minutes before the reading, with their arm resting at the level of the heart.
- Use the same arm each time, and write down the date, time and result.
- Weigh your child at the same time of day, in light clothing, on a firm floor.

After titration

When a stable dose has been reached, we review with you whether medication has made a worthwhile difference to your child's life and whether you want to continue. If you do, there are two ways forward.

Shared care with your GP. Under a shared care agreement, your GP practice takes over prescribing and carries out its own physical health checks every six months, while your child continues to see a UMID specialist for a review every six months. A shared care agreement is entirely at your GP's discretion. Some practices decline to share care for treatment started privately, and they cannot be required to agree.

Continuing with UMID. If shared care is not agreed, or you prefer it, prescribing can continue with UMID. In this case your child will also have a review with a UMID specialist every six months, and prescriptions continue on a private basis.

Reviews every six months. UMID reviews every child taking ADHD medication every six months, whether or not a shared care agreement is in place. Each review covers your child's physical health, with height, weight, blood pressure and pulse measured and height and weight plotted on growth charts, and how your child's ADHD and treatment are going. NICE sets a minimum of one specialist review a year, and it recommends that a child's height, weight, blood pressure and pulse are checked at least every six months while they take ADHD medication. This is why we review every six months, so that these checks and the review of treatment take place together. How weight is checked between reviews is agreed individually with each family.

GP practices carry out their own six-monthly checks only where they have agreed shared care, which is the case for a minority of the children we treat, so please do not rely on your GP practice to monitor your child's treatment. Where shared care is in place, the GP's checks and UMID's reviews both continue.

All UMID prescriptions are private prescriptions, and the cost of the medicine is paid directly to the pharmacy. Please see umid.co.uk/our-fees for current fees.

Medicine supply

Supplies of some ADHD medicines were disrupted nationally in recent years. The position has improved, but a particular product can still be difficult to obtain from time to time, which can occasionally lead to gaps in treatment or a need to change medicine. We will work with you if this happens.

Next steps

When you have had time to consider this information and would like to explore medication, and have spoken to your GP practice about shared care if you hope to use it, please email us at umid@umid.co.uk and we will be glad to arrange treatment appointments. Further information about ADHD treatment at UMID is at umid.co.uk/adhd.

PART 9

Support and further reading

IN THIS PART

- Organisations that support parents and carers
- Help with school and special educational needs
- Reliable information about medicines
- Books for parents and books to share with your child

These organisations and books are included because we think families may find them useful. They are examples rather than endorsements, and other good sources are available. All details were checked in September 2026.

Organisations for parents and carers

- **ADDISS**, the National Attention Deficit Disorder Information and Support Service, provides information about ADHD, a helpline, a list of support groups and parenting courses. Telephone 020 8952 2800. www.addiss.co.uk
- **ADHD UK** is a charity run by people with ADHD. It provides information about ADHD in children and adults, free online support groups and an online community for parents. adhduk.co.uk
- **Contact** is the charity for families with disabled children. It offers a free helpline and detailed guides on education, benefits and family life. Telephone 0808 808 3555. contact.org.uk
- **Coram Family Lives** offers a free, confidential helpline for parents and families on any aspect of parenting and family life, as well as online chat and advice. Telephone 0808 800 2222. www.coramfamilylives.org.uk
- **YoungMinds Parents Helpline** gives free, confidential advice to parents and carers worried about a child's mental health, by phone or webchat on weekdays. Telephone 0808 802 5544. www.youngminds.org.uk
- **Place2Be Parenting Smart** offers free practical advice for parents and carers of primary-age children on topics such as behaviour, big feelings and sibling relationships. parentingsmart.place2be.org.uk
- **Sibs** supports brothers and sisters of disabled children and adults, with a YoungSibs service for siblings aged 7 to 17 and advice for parents. www.sibs.org.uk
- **NHS: ADHD in children and young people** gives clear information on ADHD and how it is managed. www.nhs.uk/conditions/adhd-children-teenagers/

Help with school and special educational needs

- **Your local information, advice and support service (SENDIASS)** gives free, impartial advice about special educational needs and disabilities. You can find your local service through the Council for Disabled Children's website, by searching for "find your local IAS service", or through your council's local offer. councilfordisabledchildren.org.uk
- **IPSEA** (Independent Provider of Special Education Advice) provides free legally based information, template letters and advice services about special educational needs in England. www.ipsea.org.uk
- **Your local council's local offer** describes the special educational needs and disability services available in your area. You can find your council through www.gov.uk/find-local-council.

Reliable information about medicines

- **Medicines for Children** publishes leaflets for parents about medicines used in children, including methylphenidate, lisdexamfetamine, atomoxetine and guanfacine for ADHD. www.medicinesforchildren.org.uk
- **Choice and Medication: UMID** gives information about mental health medicines, including ADHD medicines and their side effects. This site is provided for UMID patients and their families and carers. www.choiceandmedication.org/umid/

Books for parents

- **Step-by-Step Help for Children with ADHD: A Guide for Parents** by Cathy Laver-Bradbury and colleagues (2nd edition, 2024). A practical six-step programme written by UK ADHD specialists, suited to parents who want a structured approach they can follow at home.
- **Taking Charge of ADHD: The Complete, Authoritative Guide for Parents** by Russell A. Barkley (4th edition, 2020). A thorough guide to ADHD and behaviour management for parents who like detail.
- **Smart but Scattered** by Peg Dawson and Richard Guare (2nd edition, 2024). A guide to helping children aged roughly 4 to 13 build organisational and self-management skills, useful for children with or without a diagnosis.

Books to share with your child

- **Can I tell you about ADHD? A guide for friends, family and professionals** by Susan Yarney (2013). An illustrated book in which a boy called Ben explains his ADHD, suitable for children aged about 7 and over and for sharing with classmates and relatives.
- **All Dogs Have ADHD** by Kathy Hoopmann (revised edition, 2020). A light-hearted photographic picture book that introduces ADHD traits through dogs, suitable for younger children and for opening a conversation.
- **The Survival Guide for Kids with ADHD** by John F. Taylor (updated edition, 2013). A practical, friendly guide written for children to read themselves, best suited to confident readers aged about 8 to 12.

AT THE BACK

Words used in this guide

IN THIS PART

- Plain explanations of the terms used in this guide, in alphabetical order

ADHD (attention deficit hyperactivity disorder): a neurodevelopmental condition affecting attention, activity levels and impulse control.

Controlled drug: a medicine with extra legal controls on how it is prescribed, stored and supplied. Stimulant ADHD medicines are controlled drugs.

Disability Living Allowance (DLA) for children: a benefit for children under 16 who need much more care or supervision than other children of the same age.

EHC needs assessment: an assessment by the local council of a child's special educational needs, which may lead to an education, health and care plan.

EHC plan (education, health and care plan): a legal document, issued by the local council, setting out a child's special educational needs and the support that must be provided.

Environmental modifications: changes to a child's surroundings and routines that reduce the impact of ADHD, such as seating away from distractions or shorter tasks with movement breaks.

Executive functions: the brain's organising and self-management skills, such as planning, getting started, remembering instructions, managing time and managing feelings.

Graduated approach: the cycle of assess, plan, do and review that schools in England use to provide SEN support.

Local offer: information published by every council in England about services for children with special educational needs and disabilities.

Neurodevelopmental condition: a condition that relates to how the brain develops and works, usually present from childhood.

NICE (National Institute for Health and Care Excellence): the organisation that produces national guidance on health and care in England.

Non-stimulant: an ADHD medicine that works differently from stimulants, such as atomoxetine or guanfacine.

Parent training: a structured course, usually in a group, that helps parents develop approaches suited to a child's needs.

Reasonable adjustments: changes a school or other organisation must make so that disabled people are not put at a disadvantage.

SEN support: extra or different help provided by a school for a child with special educational needs, without an EHC plan.

SENCO (special educational needs co-ordinator): the teacher responsible for overseeing support for children with special educational needs in a school.

SEND (special educational needs and disabilities): the term used in England for the support system for children who need extra help with learning because of a learning difficulty or disability.

SEND Tribunal: the independent tribunal that hears appeals about decisions on EHC needs assessments and plans in England.

SENDIASS (information, advice and support service): a free, impartial local service giving advice to families about special educational needs and disabilities.

Shared care agreement: an arrangement in which a GP takes over prescribing a specialist medicine and some monitoring, while the specialist continues to review the treatment.

Stimulant: a group of ADHD medicines, including methylphenidate, lisdexamfetamine and dexamfetamine, that act on chemical messengers in the brain involved in attention and self-control.

Tics: sudden, repeated movements or sounds that a person finds hard to control.

Titration: the process of starting a medicine at a low dose and adjusting it gradually to find the dose that works best with the fewest side effects.

AT THE BACK

Where this information comes from

IN THIS PART

- The guidance and research this guide relies on, for readers who would like to know more

This guide is based on national guidance from NICE, the NHS and the UK government, on published research reviews, and on the clinical experience of the UMID team. Where research is limited or mixed, we have said so. The main sources are listed below. All web addresses were checked in September 2026.

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AT THE BACK

About this guide

IN THIS PART

- Who wrote this guide and when it will be reviewed
- How you may use it

This guide was written by the clinical team at UMID. Clinical author: Dr Kaleem Baig FRCPsych, Consultant Psychiatrist. Version 1.0, October 2026. Next review due October 2027.

This guide gives general information for families of children with ADHD. It does not replace individual advice from your child's clinicians, and it cannot cover every child's circumstances. If you have questions about your child, please contact us or your GP.

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