

Oxfordshire protocol for the identification and assessment of children with Attention Deficit and Hyperactivity Disorder (ADHD)

**Oxfordshire protocol for the
identification and assessment of
pupils with Attention Deficit and
Hyperactivity Disorder (ADHD)
with
guidance and strategies for their
support**

**Devised by Oxfordshire Child and Adolescent Mental Health Service and
Oxfordshire County Council's Children, Education and Families Directorate**

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Contents

Section

1	Oxfordshire protocol for the identification and assessment of pupils with Attention Deficit and Hyperactivity Disorder (ADHD)	
2	Strategies for Schools (Foundation and Key Stage 1)	
3	Strategies for Schools (Key Stage 2)	
4	Strategies for Schools (Key Stages 3 and 4)	
5	Putting the Children and Young People's Views at the Centre	
6	Parental Advice, Oxfordshire Educational Psychology Service	
7	Parental Advice, Oxfordshire Social & Health Care Directorate	
8	References	

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| Introduction

The protocol has three parts: a flow diagram; notes to accompany the flow diagram; and, a glossary of the terms used. The protocol follows 'The SEN Code of Practice' (DfES 2001) and the Health Service referral route. The intention is for the interagency group to review and update the protocol regularly in order to keep it relevant. However it is important that the guidance is viewed alongside other documents reflecting the nature of children's difficulties and strategies to support them. Although there is a clear protocol, colleagues should feel able to liaise and consult informally with other professionals at any stage of the process, as the need arises.

There is also a set of guidance notes for schools which can be found on the OCC intranet (ADHD guidance). The ADHD strategies give advice for supporting pupils towards acceptable behaviour and promoting their learning.

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Person shows concern about pupil's behaviour^{1,2}

Review pupil's emotional and physical environment (e.g. diet, sleeping, family circumstances) with other professionals (e.g. Health Visitor, EYSENIT, School Nurse, GP)

Class teacher to:

- Contact Parent/Carers, behaviour an issue at home?
- Systematically collect information in school
- Review classroom behaviour management systems and physical environment
- Set up in class programme with review date
- If CLA Social Worker to note concern in PEP
- Consider completing a CAF and if appropriate convening a TAC

Monitor that progress is maintained.

Does the pupil make enough progress towards better behaviour?

No⁴

SEN Code of Practice Stage - School Action³

- SENCO/Teacher/Parent Carers/ Pupil meet
- Write IEP and set targets
- Behaviour management/ reward system
- Review curriculum content/delivery
- Monitor and review within a term
- Consider completing a CAF and if appropriate convening a TAC

Monitor and review progress against targets

Does the pupil make enough progress towards IEP targets?

No⁵

SEN Code of Practice Stage - School Action Plus

- Increased level of provision/ more intensive programme
- Involve external professionals⁶
- Regular monitoring through IEP
- Consider completing a CAF and if appropriate convening a TAC

Consider a request for involvement from the Behaviour Support Service if available (traded)

Does the pupil make enough progress towards IEP targets?

No

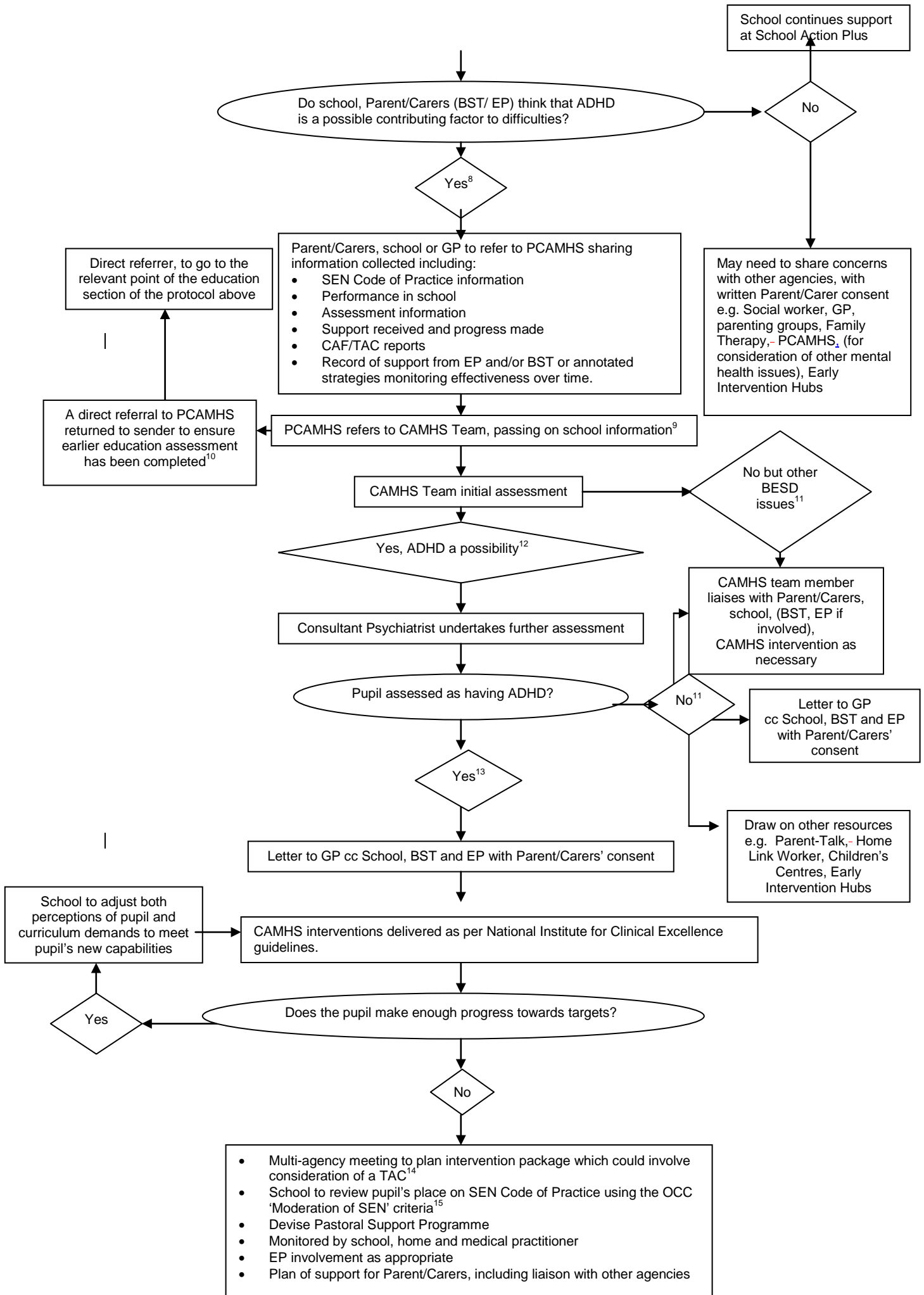
If trading the school requests EP involvement at planning meeting.⁷

Best practice would include an EP consultation:

- Discussion with staff and Parent/Carers
- Observation, checklist, pupil assessment
- Use to inform intervention
- Contribution to a TAC

If the school is not trading with the EP Service. The school should use the appropriate Key Stage strategies in this protocol, monitor the - Impact of the strategies over time, in a range of situations, and record outcomes.





Notes to accompany the flowchart

1. School, usually the class teacher, raises concerns about the pupil's behaviour. Further information is collected and classroom programmes adjusted to support the pupil. A CAF may be completed and if appropriate a TAC convened.
2. Parent/carers can raise their concerns about their child's behaviour, independent of the school with the GP. The GP should approach the school and seek evidence of the appropriate school assessments, with the parent/carers' permission, before deciding to refer to the PCAMHS team. (If the GP finds that the protocol has been followed within school s/he goes to point 9 below). The school should inform their link Educational Psychologist (EP) if a GP approaches them about a pupil. It is not appropriate for a GP to request the school to ask the link EP to see a specific pupil, simply because a parent/carer has been to them with concerns about a child who may have ADHD. The school decides on this according to their view of the pupil's progress in consultation with the EP.
3. Consultation with Behaviour Support Teacher (BST) and/or EP on a general level (e.g. appropriate behaviour management programmes) may be requested by school at Initial Action or School Action. Direct involvement with the pupil is unlikely to take place at this stage. A CAF may be completed and if appropriate a TAC convened.
4. Pupil is not responding sufficiently to programme, so the class teacher involves SENCo and parent/carers, and sets up an Individual Educational Plan (IEP) with targets for behaviour and strategies for supporting the pupil towards better behaviour. Pupil is moved onto School Action of the SEN Code of Practice (2001).
5. If the pupil does not respond sufficiently to the programme at School Action s/he moves to School Action Plus. Implementing a more intensive programme with up to 15 hours a week Teaching Assistant support funded from the school's budget (unless one of the 100 smallest schools in the primary sector) increases the level of provision. In secondary schools all funds are delegated and Teacher Assistant funding should be according to need, including full time if deemed necessary. Regular monitoring through IEP reviews with staff, pupil, and parent/carers is continued. The SENCo and/or Headteacher make a decision about the direct involvement of outside professionals such as BST or EP. A CAF may be completed and if appropriate a TAC convened.
6. Advice from outside professionals with expertise on concurrent difficulties (e.g. Occupational Therapist, Physiotherapist, Speech and Language Therapist, Special Needs Advisory Teacher, Sensory Support Outreach Teacher) is included into programme planning and IEP.
7. If the school are buying in services, EP and/or BST engage in a consultation, which may include: discussion with staff, parent/carers and pupil; observation; completion of checklists; and, gathering baseline information. This is used to inform intervention. If behaviour does not match ADHD profile, programme continues with regular reviews. The EP/BST may contribute to a TAC. If the school does not trade with the EPS or BSS they should use the appropriate Key Stage Strategies and monitor the pupil's response. The strategies should be annotated to indicate how long the strategy was put in place, how the pupil responded (positive and negative

responses noted) and whether there was a change in response depending on different situations/staff.

8. If ADHD is considered to be a possible contributory factor to the pupil's difficulties, the school, GP, or Parents/Carers will make a referral to PCAMHS. The school will share information collected, after gaining the Parent/Carers' consent.
9. The PCAMHS team further investigates the possibility of ADHD and may make an onward referral to the CAMHS team, as appropriate.
10. Direct referrals to PCAMHS/CAMHS will be re-directed back to the referrer (e.g. GP/health visitor/paediatrician) advising them of the need to seek the school's view about the pupil's behaviour in the first instance. This does not necessarily need the involvement of an EP.
11. If a diagnosis is not made, the Psychiatrist informs GP, school, (BST/ EP if involved), with parent/carers' consent. Case is reviewed as appropriate, and a CAMHS intervention may be implemented, or other resources called upon e.g. Parent-Talk, Home school link worker, Children's Centre and Early Intervention Hubs.
12. After initial assessment by a member of the multi-disciplinary CAMHS team, the pupil and their family may be seen by the Psychiatrist regarding a diagnosis of ADHD.
13. If a diagnosis is made, the Psychiatrist informs GP, school, (BST/ and EP if involved), with parent/carers' consent. CAMHS interventions delivered as per National Institute for Clinical Excellence
14. A multi-agency meeting or TAC is held in school to plan an intervention package. This may include medication and behaviour management programmes at home and school, and should ensure a consistent and effective approach to the pupil's difficulties. The monitoring process will be agreed at this meeting. Sometimes parent/carers choose not to use medication. CAMHS interventions will be delivered as per National Institute of Clinical Excellence Guidelines
15. If the pupil's difficulties are severe and persistent despite a well planned and consistent multi-agency intervention package, it may be appropriate for the school, in consultation with the parent/carers and the school's link EP (if available), to consider whether he/she meets the criteria for a statutory assessment of the pupil's Special Educational Needs in line with the SEN Code of Practice (2001), and submit a request accordingly.
16. Although there is a clear protocol colleagues should feel able to liaise and consult informally with other professionals at any stage of the process, as the need arises.

Glossary

Attention Deficit Hyperactivity Disorder (ADHD), refers to young people whose behaviour appears to be impulsive, overactive and/or inattentive to an extent that it is unusual for their developmental age and is a hindrance to their social and educational success.

Behavioural, Emotional and Social difficulties (BESD), is a term used about young people whose emotions and behaviour are presenting significant hindrance to their social and educational success.

Behaviour Support Teacher (BST), a specialist teacher who visits schools on a regular basis to support pupils, staff and parents with pupils' emotional, social and behaviour issues.

Child and Adolescent Mental Health Service (CAMHS), a team of psychiatrists, clinical psychologists, psychiatric nurses and family therapists who assess and treat people with mental health difficulties/issues.

Common Assessment Framework (CAF), a common assessment across all services working with children and young people. It aims to help early identification of needs, leading to coordinated support. The common assessment will be used by practitioners to identify those children who have additional needs and are not progressing and/or where needs are unclear and more than one service is needed. When CAF identifies that a multi agency response is required, a **Team around the Child (TAC)** meeting will take place.

General Practitioner (GP), a family doctor who advises and treats general illnesses, and refers to other medical services.

Early Years SEN Inclusion Teacher supports and advises parents of pre-school children with significant special needs, developing home-based learning programmes with them and other early years professionals.

Educational Psychologist (EP), visits schools, nurseries and family centres on a regular basis working with teachers and parents in a joint problem solving capacity to assist children's learning and behaviour, assess psychological development and special educational needs.

Health visitor, a nurse who has had extra training in advising parents on child development issues such as feeding problems, immunisations, behaviour difficulties, support, and local services.

Early Intervention Service hubs provide a single integrated early intervention service to families. The hubs offer high quality early intervention and specialist services to families facing exceptional social difficulties.

Individual education plan (IEP), is a way of planning and reviewing what is arranged in school for pupils with special educational needs. It is a working document for all teaching staff recording key short-term targets and strategies for an individual pupil that are different from or additional to those in place for the rest of the group or class. The interventions are geared towards different levels of need: school action, school action plus, and statements of SEN.

Initial action, an optional first level of intervention when the class or subject teacher believes the pupil stands out from others and is not helped by the normal range of provision in the class/school.

Multi-agency, when professionals from more than one agency work together.

Pastoral support programme (PSP), is set up to help a pupil who is at serious risk of disaffection or exclusion. If in addition the pupil has SEN the IEP should reflect appropriate strategies to meet their learning needs.

Personal education plan (PEP), some pupils in public care have underperformed in school. The PEP is led by the Social Worker and is aimed at ensuring that these pupils achieve as well as possible in school.

Early Years SEN Inclusion Teacher supports and advises parents of pre-school children with significant special needs, developing home-based learning programmes with them and other early years professionals.

Primary Child and Adolescent Mental Health Service (PCAMHS), a team of mental health professionals who review the evidence that ADHD may be a contributing factor in a pupil's difficulties and refer to the CAMHS team if appropriate, or may work directly with the pupil and their family providing a short intervention.

Request for statutory assessment of SEN, if a pupil's difficulties are severe and persistent despite a well planned and consistent intervention package, it may be appropriate for the school, in consultation with the parent/carers and the school's link EP, to request a formal assessment of the pupil's Special Educational Needs in line with the SEN Code of Practice (2001).

School action, when a class or subject teacher identify that a pupil has special educational needs they provide interventions that are additional to or different from those provided as part of the school's usual curriculum and strategies. An IEP will usually be written.

School action plus, when the class or subject teacher and the SENCo are provided with advice or support from outside specialists. At this stage of action, additional interventions and different strategies to those provided for the pupil through school action can be put in place. The SENCo usually takes the lead although day-to-day provision continues to be the responsibility of the class or subject teacher. A new IEP will usually be written.

School nurse, visits school on a regular basis to ensure the health needs of children in school are met, and who acts as a link to other services.

Social workers advise families about services available and assess children and families' needs for support including respite care and short-term care.

Special educational needs (SEN), refers to any difficulty a young person may have that affects their educational achievement or behaviour in school.

Special educational needs co-ordinator (SENCo), there is one in every school and s/he has responsibility for ensuring pupils' additional needs are met by: liaising with staff; organising teaching assistants; arranging reviews; giving advice about assessment, targets and interventions; and, completing paperwork.

SEN Code of Practice, a legal document from the Department for Education and Skills (2001) that describes a graduated response to recognising and then supporting pupils with SEN, with the school intervening as described under school action and school action plus.

SEN register found in each school and records the pupils with SEN on the SEN Code of Practice.