SEND

# KS3-4 ADHD Supporting neurodiversity

## SEND TOOLKIT



**By Elizabeth Swan** 

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## Introduction

This toolkit presents an overview of what ADHD is, how it is diagnosed and options for treatment.

It has been written for teachers of learners with ADHD and will provide you with:

- a variety of strategies to effectively teach students with ADHD
- an understanding of how exam access assessments can maximise outcomes for learners with ADHD
- reasonable adjustments that can be made to help learners with ADHD thrive in your classroom
- further reading and resources to enhance your understanding of ADHD.

#### About the author



The author, Elizabeth Swan, draws upon lived experience and professional expertise from over 20 years as a qualified teacher, SENDCo and headteacher in secondary and special schools. She exploits her postgraduate study of psychology to present the 'best bets' from research-informed approaches to supporting children and young people with ADHD.

#### What is neurodiversity?

by Abigail Hawkins and Helen Ross

Coined in the early 1990s by journalist Harvey Blume and Australian autism activist Judy Singer, the term *neurodiversity* can be defined as an understanding that neurological differences are to be honoured and respected just like any other human variation, including diversity in race, ethnicity, gender identity, religion, sexual orientation, and so on (Armstrong, 2017).

When Singer originally coined the phrase, she was looking to move thinking from a medical model to a more social one. She wanted everyone to understand that there is no 'typical brain' or 'normal mind' and that everyone is different as part of regular human variation.

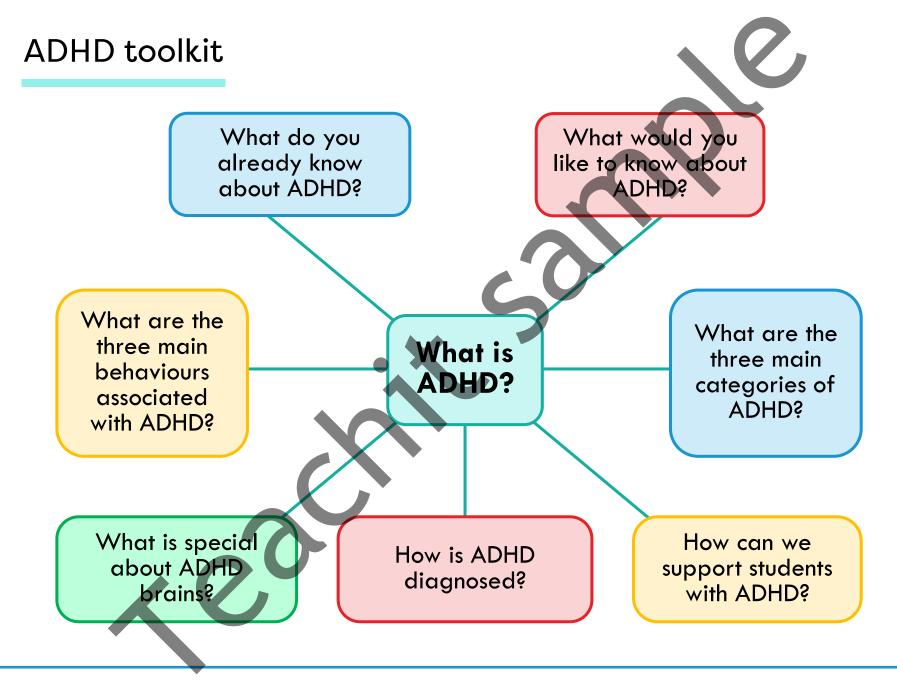
This standpoint has major implications for how we, as teachers, work to support young people in our care. Understanding and accepting that there are young people whose way of processing and engaging with the world is different from our own means that we, as professionals working to support them, need to update our knowledge and practice.

Although the term originated within the autism community, *neurodiversity* is now taken as encompassing a range of medical and educational needs, including ADHD, autistic spectrum condition (ASC) or autism spectrum disorder (ASD), dyslexia, dysgraphia, dyscalculia and Tourette syndrome. Dysgraphia and specific language impairment or developmental language delay may also be included. These needs are also referred to as *specific learning difficulties* (SpLD) as they affect the way in which information is learned and processed. All neurodiversities are independent of intelligence, are lifelong conditions that are likely to run in families and can vary in degree from one individual to the next.

Neurodiverse students may need some accommodations in school so that they can engage meaningfully in the curriculum and in wider social life. These accommodations may include wearing headphones to minimise sensory overload or having a coloured overlay when reading to reduce visual discomfort and imbalance. In school, some young people may need fidget toys or wobble cushions as an outlet for their need to move associated with ADHD, whilst others may need to have access to quiet spaces to reset because of ASD and other sensory needs. Those with dyslexia may need to have support in accessing the written word, whilst individuals with dyscalculia might find that having concrete objects to support them whilst engaging with maths problems transforms their ability to share their knowledge and understanding of those challenges they face.

The identifying features of various neurodiversities, and their commonalities, are shown below in a diagram adapted from (Colley, undated). However, it is important to consider that this diagram focuses on the negative aspects of neurodiversity, and, whilst this is important for pinpointing what students need to support them, there are also many positive attributes associated with neurodiversity and neurodiverse individuals.





### Printable resources

#### **ADHD** symptoms checklist

This list of ADHD symptoms is not exhaustive. Many people without ADHD will experience these symptoms. The difference is that for individuals with ADHD the symptoms are so significant that they impact their ability to function and perform day-to-day tasks. Girls with ADHD often do not present in the same way as boys with ADHD.

Ina	ttention	Hyperactivity
	Difficulty getting started on activities Difficulty following instructions with more than one step Difficulty remaining on task (if the activity is not of their choosing or of particular interest) Avoids tasks that require sustained mental effort Difficulty moving on to a new task if they are in 'hyperfocus' on another task, causing them to 'zone out' Difficulty organising tasks and remaining on track to meet deadlines Fails to finish work (can be due to perfectionism) Forgetful – easily misplaces items	<ul> <li>Body is constantly 'on the go', as if driven by a motor</li> <li>Fidgets and squirms</li> <li>Twitches their leg constantly, or has 'disco leg'</li> <li>Leaves their seat often</li> <li>Runs about at inappropriate moments or climbs things</li> <li>Mind is constantly on the go</li> <li>Often talks excessively</li> <li>Hums or sings during lessons, appearing not to realise</li> <li>Has songs or dialogue running through their head constantly</li> <li>Has difficulty sleeping or getting to sleep</li> <li>Experiences peak periods of activity,</li> </ul>
	that are needed for tasks (e.g. homework or coursework) Can be easily distracted Finds it difficult to listen when others are talking Does not seem to listen even when spoken to directly Makes careless mistakes in schoolwork Has difficulty with quiet/silent	<ul> <li>Impulsivity</li> <li>Has difficulty waiting</li> <li>Interrupts others</li> <li>Speaks without seeming to think first</li> <li>Blurts out answers before questions have been finished</li> <li>Has difficulty with turn-taking in conversations and games</li> </ul>
	environments (conversely, can also struggle with certain sounds) Daydreaming	Has little awareness of personal space

### **ADHD** and education

The impact of ADHD will vary from student to student and will depend on a range of factors, including the length of time since diagnosis, their sex, and the support and interventions in place to meet their needs (including medication). The most powerful way to improve educational outcomes for ADHD learners is to improve training and understanding of ADHD for professionals.

ADHD learners may take significantly longer to read and process learning than their neurotypical (non-ADHD) classmates due to their slow speed of processing and the extent to which they are distracted.

ADHD learners may take longer to produce pieces of extended writing, due to difficulties with:

- speed and legibility of handwriting
- planning, organising, ordering and structuring writing and ideas
- retaining and manipulating long lists of instructions that are delivered orally
- 'holding in mind' ideas
- proofreading
- sentence structure
- listening and taking notes simultaneously
- summarising from source material
- scanning and skimming material rapidly
- maintaining focus and focusing accurately on the text for a sustained period
- task and time management including planning and structuring time
- meeting deadlines.

#### Support with written work

In the requirement to generate text, the specific skills of transcription and the more general executive function skills – including initiating tasks, sustaining effort, time management, sequencing ideas and working memory – are some of the reasons why the skill of writing proves a challenge for so many learners with ADHD. Knowing the challenges provides teachers with the opportunity to identify potential strategies and tools for the learner to adapt and apply to help them to commit their ideas to paper. Research from Reid *et al.* (2014) suggests that a combination of explicit instruction and fluency practice will prove the most beneficial for improving writing skills for learners with ADHD.

#### **Case studies**

#### Case study 1: Ollie (year 5, assessed in year 2)

Ollie is a nine-year-old boy who attends a mainstream primary school. He was diagnosed with ADHD at age six and takes modified-release Concerta each morning. He is currently working two years behind his chronological age in literacy and three years behind in numeracy. He has significant gaps in his knowledge and understanding due to the disruption to education caused by school closures during the Covid-19 pandemic.

#### Cognition and learning support

In lessons, Ollie has support from an additional adult for numeracy, and they also work together outside the classroom addressing common misconceptions and gaps in learning. However, these withdrawal sessions make it hard for him to catch up with his peers. In group work, other students are reluctant to work with him as he finds it hard to take turns and talks over his partners.

#### Physical and sensory support

Ollie is unable to remain seated for longer than a few minutes and needs to pace at the back of the classroom or in the corridor to remain calm. However, this distracts both his group and the neighbouring class.

The occupational therapy team has received a referral, and the school is awaiting the support and advice.

#### Social and emotional support<sup>4</sup>

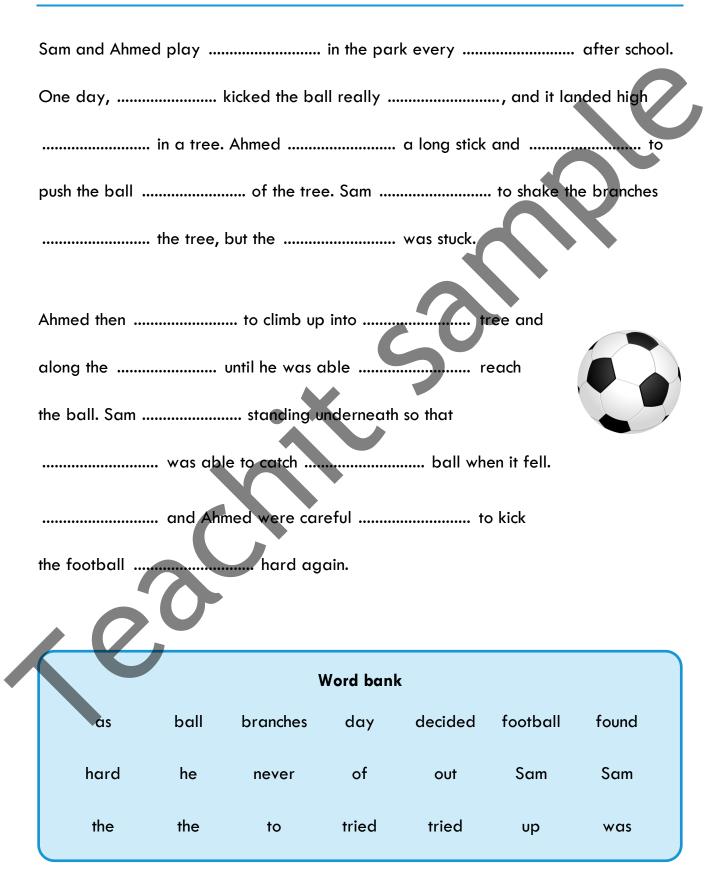
Unstructured times such as break and lunchtime can find Ollie talking to adults or playing alone rather than with peers as other children find his boisterous behaviour difficult to navigate. Not all his peers share his interests, and he tends to fixate on one interest at a time, such as planes or Lego. Meltdowns can happen if he feels overwhelmed by tiredness, hunger or frustration. The speech and language therapist is training the teaching assistants in therapeutic interventions that can be used weekly.

#### Case study 2: Emily (year 11, assessed in year 10)

Emily is a 15-year-old girl who attends a mainstream secondary school. She was diagnosed with ADHD at age 14 and is not medicated. She is currently making expected progress for her age, but cognitive assessments completed when she was at primary school, in addition to teacher assessments, suggest that her attainment in formal assessments does not accurately reflect her true ability. Her favourite teacher describes her as a 'very bright girl'. During the period of school closure due to the Covid-19 pandemic, she was unable to return to school due to severe anxiety. After a

### **Printable resources**

#### **Cloze activity**



#### My planner

Use this template for planning a group learning activity.

Name:	Date:
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