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Further advice and guidance documents are available at www.adhdfoundation.org.uk
or contact jane.cordes@adhdfoundation.org.uk
Introduction

The ADHD Foundation is the largest organisation of its kind in the UK. It is the leader in providing a full diagnostic and treatment service via the NHS, meeting NICE guidelines and also delivers training to thousands of professionals throughout the UK.

What is ADHD?

Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness. Research has shown that people with ADHD have a chemical imbalance caused by deficiency in the neurotransmission of dopamine and noradrenaline within the synapses. These neurotransmitters act like postmen to deliver messages enabling us to carry out executive functions correctly.

There is a breadth of research to identify the causes of ADHD of which genetic inheritance is strongly prevalent. If a family has 1 child with ADHD, there is a 30 – 40% chance that another brother or sister will also have the disorder and this would increase to 90% in identical twins. However, the inheritance of ADHD is complex and there is inconclusive evidence that it is related to a single genetic fault.

Studies which have involved brain scans suggest that certain areas of the brain are smaller in people with ADHD, but other areas may be larger. There is also evidence to suggest that the brains of children with ADHD take on average two to three years longer to mature in comparison to children who don’t have the condition. The brain images below show that people with ADHD have an imbalance in the level of neurotransmitters in the brain, or that these chemicals don’t work properly (A) as opposed to those without the condition (B).

There are many who still believe that ADHD does not exist, even with the large amount of scientific evidence to dispel this myth. Given that the ability to carry out executive functions such as organisation, retention and listening will be impaired this will have an impact on how an ADHD child will learn, store and retrieve information and so unless supported will have a significant impact on their academic performance. In most, if not all cases, this will manifest in learner anxiety, often seen
through behavioural characteristics, which if not acted upon, could lead to disengagement or complete avoidance.

**How many children have ADHD?**

ADHD affects around 5% of school aged children and the male to female ratio is 4:1 (NICE, 2001). In the UK, it is estimated that there are 500,000 children with ADHD. In real terms, in every school year of 100 children, it is generally found that 1 child has severe ADHD and a few more with less severe symptoms (O'Regan, F.2009). The observed prevalence in boys is hyperactivity and impulsivity, whereas in girls inattention (Green, C & Chee, 1997). However, due to the difference in observed behaviours, the data is skewed and many girls go though school undiagnosed and are often seen as lazy as their symptoms are not reviewed discretely but compared to that of boys.

**How are children diagnosed?**

Diagnosis tends to happen between the ages of 6 – 12 years old, but this is not prohibitive. In the UK, the assessment and diagnosis is carried out only by clinical specialists using a range of screening and observational tools including QB check, Connors Rating Scales and Strength and Difficulties Questionnaires (SDQ’s).

To obtain a diagnosis of ADHD, symptoms of hyperactivity, impulsivity and/or inattention should:

- Meet the diagnostic criteria in DSM-IV or ICD-10 (hyperkinetic disorder), and
- Be associated with at least moderate psychological, social and/or educational impairment based on interview and/or direct observation in multiple settings
- Be pervasive, occurring in two or more important settings including social, familial and education (National Institute of Health and Care Excellence (NICE), 2008)

We have seen that a brain scan would also show up variances for those who have ADHD in comparison to those who have not, but this is cost prohibitive especially when compared to the accuracy of existing tools. This adds fuel to those who believe that ADHD doesn’t exist or that it is over diagnosed. There is no evidence nationally that this is the case and no specialist would advocate such practice.
What is the impact of undiagnosed and untreated ADHD?

“The consequences of severe ADHD for children, their families and for society can be very serious. Children can develop poor self-esteem, emotional and social problems and their educational attainment is frequently severely impaired.”

(NICE, 2000)

In fact children with ADHD are unable to moderate their behaviour without support and so are more likely to be excluded from school. Infact children with ADHD are at a 100 times greater risk of being permanently excluded than other children (O’Reagan, F, 2009). Overall, impairments in children with ADHD often lead to a lower probability of completing schooling and a lower ranking occupational position. ADHD affects every level of intelligence but can be more severe in those who have additional learning needs.

- 39% of children with ADHD have had fixed term exclusions from school
- 11% of excluded children with ADHD have been excluded permanently
- 49% of male and 33% of female sentenced prisoners were excluded from school

(O’Regan, F, 2009)

The inability of the child with ADHD to moderate their behaviour without support will often gain them the label of ‘problem child’ and this will have a significant impact on their mental health leading to an array of problems throughout childhood and adult life:

- 18% of young people diagnosed with ADHD attempt suicide (Lahey, 2010)
- 20 – 30% will have an additional learning difficulty (Wender, 2002)
- Young people with ADHD are at an increased risk of Depression, Anxiety and other mental health problems (Kalttialal-Heino, 2003)
- Those with ADHD are significantly more likely to develop addictions (Barklay et al 1997: Green & Chee, 1997)
- Those with ADHD are at a greater risk of school exclusion and reduced economic independence (Beiderman & Farrarone, 2006)
- Half of children with mental disorders have been involved with the police and are ten times more likely to offend than mentally health children (ONS 2000)
- 95% of young offenders have a mental disorder (ONS 2000)
- 30% of children with ADHD are still ‘symptomatic’as adults (Eyestone & Howell, 1994)
- Long term costs to the taxpayer for untreated ADHD is estimated to be at least £65,000 per child

The prevalence of mental health in children continues to be on the increase with devastating statistics and affects children in both primary and secondary phases. Given that the child with ADHD may be at a greater risk, then it becomes even more important to support their progress in school and to understand and manage their ADHD as a valid clinical condition. Early identification is essential and support from this point crucial as diagnosis can take many years resulting in ‘lost’ education.
What is ADHD Friendly Schools?

ADHD Friendly Schools has been developed by the ADHD Foundation to support schools to enable more children with ADHD to have a positive educational experience, improve outcomes, resilience and mental health. Through working within a clearly defined framework, key areas will be reviewed and supported to achieve these outcomes which could also have a significant impact on those pupils who also demonstrate challenging behaviour, including those children considered to be gifted and talented. The ADHD Friendly Schools framework is designed to deliver a holistic programme and so will focus on the following:

- Child/Young Person
- Teaching and Support Staff – Training, Support and Development
- Parents & Parental Engagement
- School Policies
- Leadership and Management
- Health – Physical Activity (PE), Nutrition, Hygiene and Sleep Hygiene
- Learning and Teaching
- Enrichment & Enhancement of Talents

The aim is not to see implementation as ‘another initiative’ but to adopt these practices for all.

What are the benefits of achieving ADHD Friendly Schools?

The ADHD Foundation places the needs of the child/young person at the centre of all programmes and projects. However, with the continued pressure from the DoE to improve academic progress for all and ‘Close the Gap’ we have an increasing number of schools contacting us to provide resources and support, often in crisis. As a profession we need to intervene at an earlier stage and so the provision of ADHD Friendly Schools will enable us to work together to better meet these requirements.

Once you have achieved ADHD Friendly status we would require you to tell us what impact this has had in your organisation. This data will be included in a national project and those with the most significant impact for each phase; primary, secondary; special and FE will be awarded national recognition at our annual conference.

In November 2015, the Department for Education published ‘Special educational needs: an analysis and summary of data sources’ which showed that the attainment gap for SEN pupils was 52% at KS2 and 44.8% at KS4. ADHD children/young people are one such vulnerable group included in these figures. ADHD is a spectrum disorder and also comorbid. Research has shown that two thirds of those with ADHD will have an additional learning condition, for example dyslexia or autism and one third will have two or more.
What makes an ADHD Friendly School?

- An ADHD Friendly School responds to the needs and complexities of the disorder through positive and relationship driven policies and practice.

- They take into account that this is a spectrum disorder with a range of co-morbidities and therefore respects that ‘one size’ does not fit all.

- They ensure that all staff implement AFS practice and are mindful that if the child/young person doesn’t respond to the way that they teach then they need to change the way that they teach to ensure that learning takes place.

- They expect high standards and believe that all pupils can make progress beyond their starting points.

- They model positive behaviour and reward the behaviour they want to see more of.

- They are emotionally intelligent and are able to respond and deal with challenges by looking beyond the symptoms to establish the cause.

- They proactively develop supportive interventions to enable positive progress in academic, behaviour, emotional and social aspects of school life.

- They set realistic targets but expect the child/young person to invest their effort into the supported programme.

- They use recognised screening tools and make referrals to establish and sustain required support from both the school and health services. As a result they provide additional support, where required, so that the ADHD child/young person is not disadvantaged. They realise the benefits of early intervention.

- They recognise that teachers and teaching assistants are the primary intervention and that they are the key to success and so have had the relevant training/CPD to be best able to ‘Understand and Manage ADHD.’

- They see physical activity and nutrition as an important aspect of allowing the child/young person to succeed and build this into their daily timetable.

- AFS standards are rigorously monitored and change managed effectively to support progress. This will be evident in the School Improvement Plan (SIP).
Within these schools there is a commitment and drive by all staff and students to ‘be the best we can be’ and this is considered as a mutual journey. The pupils feel empowered to take responsibility for their learning and they are supported to become more resilient. Everyone is important and there are opportunities, policies and practices for everyone’s voice to be heard. They see that by becoming an ADHD Friendly School (AFS) that this is not something else to do but to implement this to have a positive impact on all.

**How do we achieve ADHD Friendly Schools (AFS)?**

Achievement of the accreditation will be based on a number of factors and standards and these will be evident across the whole school:

- **AFS 1** Leadership and Management
- **AFS 2** Learning and Teaching
- **AFS 3** Behaviour Leading
- **AFS 4** Environment & Support
- **AFS 5** Physical Activity and Nutrition
- **AFS 6** Parent Engagement and External Partnerships
ADHD Friendly Schools Standards:

**Leadership and Management**
- Evidence of AFS in all policies and SIP
- Robust Assessment and Monitoring
- Provision of Support, Resources and Training to all Staff
- Reviewed by Governors/Trustees

**Learning and Teaching**
- Evidence of AFS in planning
- Rigorous assessment, monitoring and support
- Data showing progress over time

**Behaviour Leading**
- A positive, clear and consistent policy applied – relationship driven
- A programme of supportive interventions showing progress
- A successful reward system which pupils buy into

**Environment and Support**
- A calm and organised environment creating a positive learning space
- A risk free zone reducing learner anxiety
- Enrichment programme which supports talent

**Physical Activity, Nutrition and Hygiene**
- Exceeds the minimum of 2 hours per week
- Additional activity provided as an intervention within the timetable
- Monitoring of nutrition – Healthy School

**Parent Engagement and External Partnerships**
- Delivery of Parent Training with ongoing support
- Involvement of a range of external agencies to support the needs, screening and referrals for all pupils with ADHD
The Process:

From the point of registration your school/college will have 18 months to complete the AFS Quality Standards as we know that early intervention is essential. Therefore, this must be seen as a priority and have clear targets in your School Improvement Plan (SIP). The process is as follows:

1. Complete the AFS registration form and pay the registration fees. If AFS is not achieved within 18 months then the school/college will need to re-register
2. Undertake the AFS Self-Audit of your school/college. There is an additional guidance document to explain what each of the AFS standards mean and what evidence you will be required to collect and have available at the assessment visit.
3. Create an action plan for areas which need further development. Both your audit and action plan will need to be submitted for your assessment visit
4. Book a full day INSET from the ADHD Foundation – Understanding and Managing ADHD (additional cost)**
5. Embed AFS standards into school policies and practice and celebrate your achievements
6. Arrange for your assessment visit where you will either be awarded AFS or you will be given feedback and support to be re-assessed. This will take place 3 months after the initial assessment date (additional cost)***
7. AFS quality mark is held for 3 years after which time the school/college will be required to be re-assessed to ensure that standards have been maintained. During this time the ADHD Foundation staff are entitled to visit your school/college and will also request annual data submission

** Whole staff INSET (Full Day) – Understanding and Managing ADHD (Primary/Special School = £600, Secondary = £800 both with additional travel expenses). *** Re-assessment or mock visit (Half Day) - £200 plus travel expenses

As a school/college you will determine the best way to conduct your audit, however, it is important that all staff and subject areas are involved in this process to ensure that policy and practice is consistent across all areas. Many problems exist in periods outside of the teaching timetable and so it is very relevant for support staff to be involved throughout the process. The audit will aid you to create the ‘right idea’ and will review where you are now:

- **IDENTIFY** – This is an area which will need work
- **DEVELOPING** – There is some work being done but it is not consistent across the organisation
- **EMBEDDED** – This is evidence in all areas of the school that best practice is happening
- **ADVANCING** – There are some areas of excellence and there is an action plan in place to develop these practices in other areas of the school
Once you have completed your audit then you will be ready to create your action plan which will clearly demonstrate how you are going to embed the criteria set out in the AFS standards, providing clear timelines and staff responsibility.

Throughout the process you will supported by an appointed member of staff from the ADHD Foundation who will be available via both phone and email to respond, with 48 hours, to your questions.

**Achieving Recognition for ADHD Friendly Status:**

Once you have achieved the quality mark you will be able to use the logo on all your printed and electronic material. As competition for admission to schools increases this will give you an advantage and will clearly show that you are a centre for excellence in providing quality education for those children and young people with ADHD and additional SEN/SEMH.

The ADHD Foundation hosts the largest and most influential Annual Conference in Europe. As a registered school your staff will receive a 50% discount to attend. The conference covers all neurodisabilities and speakers come from both health and education to share evidence based practice, screening, support and new directions.

Conference is also a platform to celebrate the outstanding practice within our schools and colleges. Each year we will award prizes in the following categories:

- ADHD Friendly School of the Year
- Highest Achieving Secondary School
- Highest Achieving Primary School
- Highest Achieving Special School
- Highest Achieving PRU
- Highest Achieving Alternative Provision
- Teacher of the Year
- SENCO of the Year
- Best Year Team
- Enrichment Award
- Outstanding Achievement – Most improved pupil/student

All prizes will be awarded at the Annual Conference Delegate Dinner where you and your team will be invited to attend. Award winners will also be encouraged to showcase their achievements, stories and case studies as part of the conference exhibition.

We are very excited to celebrate your successes with the wider professional community and see this as a valuable opportunity for peer review and sharing best practice. Award winners and schools will be invited to become regional centres of excellence which will provide additional benefits for your staff, pupils and parents.
ADHD Friendly Schools Quality Mark Fees:

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<tr>
<th>Unit</th>
<th>Excluding VAT £</th>
<th>With VAT £</th>
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<tbody>
<tr>
<td>Registration Payment</td>
<td>150</td>
<td>180</td>
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<tr>
<td>Annual Maintenance payment (1 Year post registration)</td>
<td>100</td>
<td>120</td>
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<tr>
<td>Assessment – within 18 months of registration</td>
<td>750</td>
<td>900</td>
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<tr>
<td>Annual Status Fee – following achievement of AFS</td>
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<tr>
<td>Re-assessment – Every 3 Years</td>
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<td>900</td>
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<tr>
<td>Whole Staff INSET – Understanding and Managing ADHD – Year One: Primary/Special/PRU Secondary</td>
<td>600 800</td>
<td>720 960</td>
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AFS Membership Benefits:

- Support from a designated member of staff
- 50% discount to attend Annual Conference
- Reduced priced training at ADHD Foundation open courses
- Discounted in school training
- Discounted Licensed Instructor Parents Programme
- Membership of online support group
- Bi-Annual Newsletter
- Additional Resources – news updates

Schools have raised the capital in a number of ways including the use of Pupil Premium and non-uniform days. We are conscious of the current pressures on school budgets and so payment can be made across the two year period to assist with budget planning.
**Registration Form**

**ADHD Friendly Schools Quality Mark for Schools/Colleges**

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**Data Protection Act 1998:**

The information provided will be retained solely by the ADHD Foundation and used to process your application and membership. We will not share it with any third parties or partners of the ADHD Foundation unless you are invited, by us, to do so.

**Disclaimer:**

The ADHD Foundation are not responsible for the academic attainment achieved by individuals or the education provided by individual schools/colleges as a result of achieving ADHD Friendly Schools accreditation.

**Please return to:** ADHD Foundation, 151 Dale Street, Liverpool, L2 2AH or email to jane.cordes@adhdfoundation.org.uk