

**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**

**Initial document: 2004  
This Revised version: January 2016**

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

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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 Special Educational Need and Disability ( SEND) Code of Practice: 0-25 years - Statutory guidance for organisations which work with children and young people who have SEN or disabilities (DFE and DOH, 2015) 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.

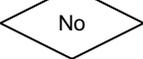
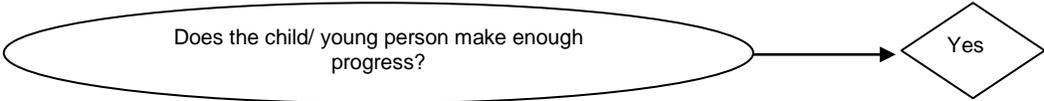
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Concern's expressed about a child/ young person's behaviour. Parent and teacher discuss<sup>1-2</sup>

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

**School:**

- Systematically collects information
- Review classroom behaviour management systems and physical environment
- Set up in class programme with review date
- If CLA note concern and actions in PEP
- Consider completing a CAF and if appropriate convening a TAC<sup>3</sup>



**Best practice would include:**

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

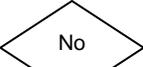
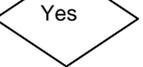
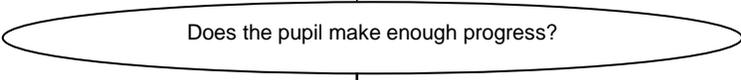
**And**

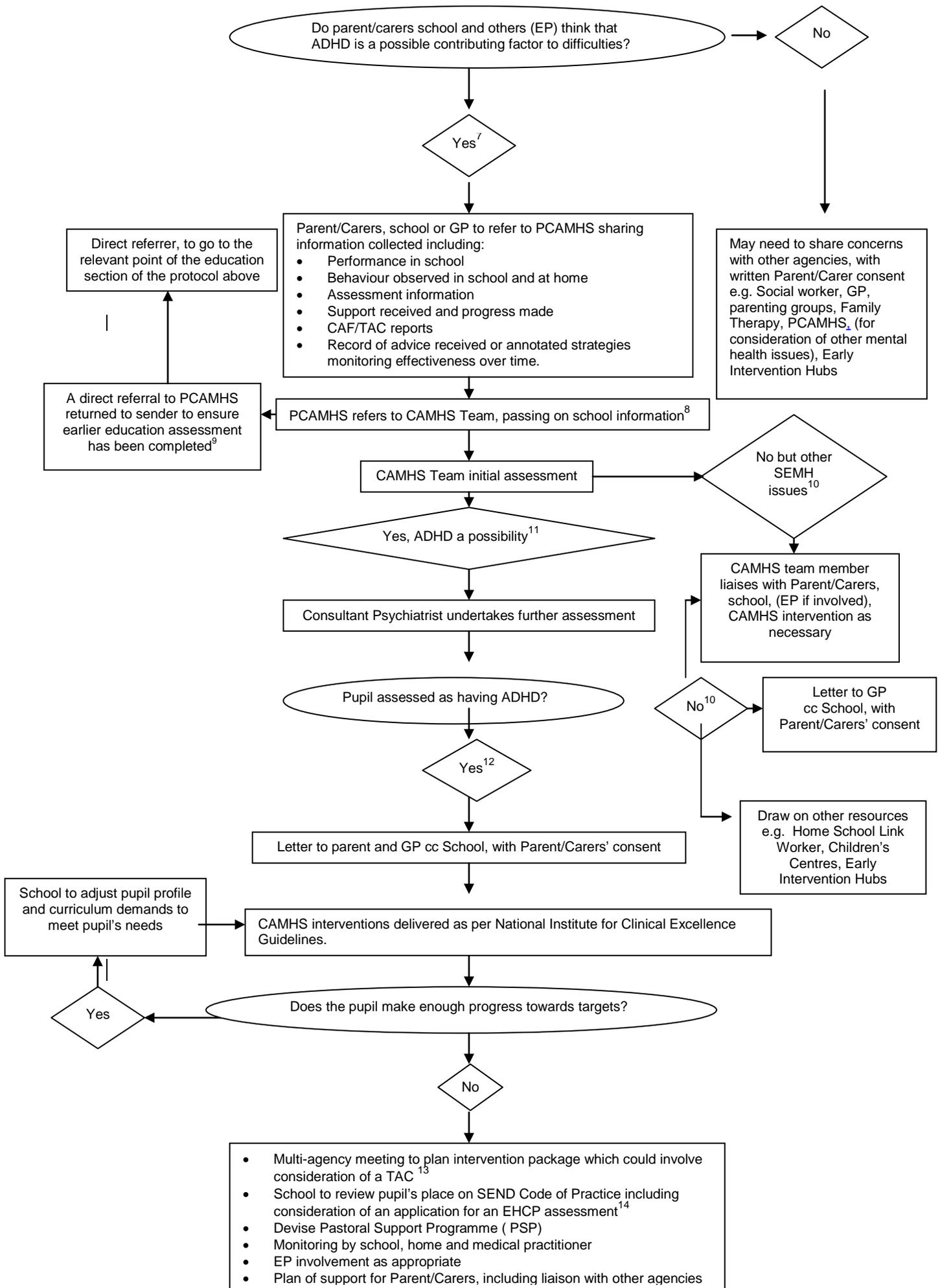
- EP consultation:<sup>6</sup>  
 OR
- If the school is not trading with the EP Service. The school should use the appropriate Key Stage strategies in this protocol, monitor the Impact of the strategies over time, in a range of situations, and record outcomes.

**SEND Code of Practice - School Support<sup>4</sup>**

- SENCO/Teacher/Parent Carers/ Pupil meet
- Write a pupil profile and an individual behaviour plan following the advice included in the strategies in this protocol
- Behaviour management/ reward system in place
- Review curriculum content/delivery
- Monitor and review within a term
- Consider completing a CAF and if appropriate convening a TAC
- Involve external professionals e.g. EPS or other support services if available<sup>5</sup>

Monitor and review progress against targets





## Notes to accompany the flowchart

1. Parents or school, raise concerns about the child/ young person'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 an EP on a general level (e.g. appropriate behaviour management approaches) may be requested by school at any time. Direct involvement with the pupil is unlikely to take place at an early stage. A CAF may be completed and if appropriate a TAC convened.
4. C/YP is not responding sufficiently to the intervention, the class teacher involves SENCo and parent/carers, and sets up appropriate interventions as recommended in the SEN school support guidance. Appropriate Key Stage specific strategies are included in this guidance document. A higher level of support is put in place to implement a more intensive programme. Funding is available from the school's delegated SEN budget. Regular monitoring through reviews with staff, pupil, and parent/carers continues. The parent/ carer with the SENCo and/or Headteacher make a decision about the direct involvement of outside professionals such as EP. A CAF may be completed and if appropriate a TAC convened.
5. 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.
6. If the school are buying in services, EP to 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 may contribute to a TAC. If the school does not trade with the EPS they should continue to 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.

7. 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.
8. The PCAMHS team further investigates the possibility of ADHD and may make an onward referral to the CAMHS team, as appropriate.
9. 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.
10. If a diagnosis is not made, the Psychiatrist informs GP, school, with parent/carers' consent. Case is reviewed as appropriate, and a CAMHS intervention may be implemented, or other resources called upon e.g. Home school link worker, Children's Centre and Early Intervention Service.
11. 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.
12. If a diagnosis is made, the Psychiatrist informs GP, school, with parent/carers' consent. CAMHS interventions delivered as per National Institute for Clinical Excellence
13. 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
14. 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 an Education, Health and Care Plan in line with the SEND Code of Practice (2015), and submit a request for an assessment accordingly.
15. 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.

**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)**, pupils in public care is at risk of poor educational attainment in school. Schools are required to devise a PEP aimed at ensuring that these pupils achieve as well as possible in school and using the pupil premium towards best outcomes.

**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 an Education, Health and Care Plan, 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 SEND Code of Practice (2014).

**School SEN Support** 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. They can seek advice or support from outside specialists. The SENCo usually takes the lead although day-to-day provision continues to be the responsibility of the class or subject teacher. A new pupil profile 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 Emotional and Mental Health (SEMH)** is a term used in the Code of Practice to describe young people whose emotions and behaviour are presenting significant hindrance to their social and educational success and well-being.

**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 and/or disability (SEND)** 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.

**SEND Code of Practice**, a legal document from the Department for Education and Skills (2014) that describes a graduated response to recognising and then supporting pupils with SEND.