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

Putting the Children and Young People's Views at the Centre

The United Kingdom first passed legislation concerning cruelty to children in 1889, (Smith, 2002). A century later the United Nations held the Convention on the Rights of the Child, which was ratified by the United Kingdom in 1991, to recognise that children have a right:

'to obtain and make known information, to express an opinion, and to have that opinion taken into account in any matter or procedure affecting the child', (Section 12, United Nations Convention on the Rights of the Child).

This slow change in social values has been effected by the changing social context, including attitudes to children's behaviour, the family and school. Increased knowledge of child development and advances in medicine have shaped and extended the ways of responding to children's needs. The child's view has been a growing consideration in their educational provision, and this is reflected in current legislation.

When children experience the most serious difficulties in their family lives, their views must be taken into account in adults' decisions, for example, in Social Workers' assessments in family or criminal legal proceedings (HMSO, 1989). Children's and young persons' views are central when their Special Educational Needs (SEN) are being assessed or reviewed for their individual educational plans under the Code of Practice for Special Educational Needs, (DfES, 2001).

It is only recently that procedures have ensured that children with SEN have their right to be heard addressed early in their education. Consequently, earlier work with pupils with attention difficulties was in a different context, and might not have incorporated ideas about their involvement in the assessment, management and review of their difficulties. This reflects the changes in balance between the weight of medical, social and cognitive theories to explain children's behaviour. Work in Kirklees LEA emphasised the need to obtain the child's views on their experience of medication:

'If drugs are offered, it should remain the choice of the parents or carers and the children as to whether they undertake an initial trial of drug treatment and whether they subsequently continue medication for a longer period…There is no question of medication being forced upon children by the medical profession. However it is the responsibility of the doctor to allow an informed choice', (Kirklees, 1997).

Given the known high level of side effects of the medication it is important to keep track of the pupil's views. However there are not yet routine approaches to address questions such as:

- How comfortable do they feel?
- Can they notice and describe their experiences?
- Do their experiences vary day by day or are they consistent?
- Do they think it affects their work in lessons?

It is clearly necessary to create opportunities and form relationships in which the child can trust adults to listen to their views and understand their feelings. This process is evidently suitable for an educational setting as much of the social and formal curriculum entails helping children to recognise their feelings and perceptions and to express them appropriately.

Meanwhile until these skills are developed, the school and the child have to find ways of coping with the stresses and challenges of school life. Children who are impulsive are more likely to express themselves in immature ways, especially if they do not have the verbal skills to articulate their views.

Many supportive interventions used in schools have been rooted in behaviourist theories, which have offered many useful techniques. These are now benefiting from insights derived from

developmental theories about the child's emotional maturity (Sharp, 2001). Cognitive psychology has informed practice by using approaches, which have aimed to adjust the child's curriculum to their learning or thinking style.

The Children's Bill 2004 emphasises how the organisation of services should be based upon addressing the needs of each child and include their views whenever possible. It is the duty of educational bodies to be aware of the risk of discriminating against students with disabilities, and to make arrangements to anticipate and meet their needs. But there is:

'A fine balance between giving the child a voice and encouraging them to make informed decisions, and overburdening them with decision making procedures where they have insufficient experience and knowledge to make appropriate judgements without additional support.' (HMSO,1991).

However in many LEAs, teachers' practice has often run ahead of statutory requirements. For instance, 'Oxfordshire's LEA Handbook for Schools - SEN', which was revised in 2002, has a section about incorporating children's views into their annual review of Statements. These approaches can be easily adapted to less formal settings, and if this development is repeated regularly it can assist the student in other ways. They encourage communication skills using additional methods to help pupils to express and visualise their views. These approaches promote the child's reviewing and reflection skills and can enable the child to take a more mature and responsible view of their circumstances. It is by gradually building these skills that they can learn to use their independence constructively, without becoming over anxious.

Some publications are practical and suitable for many schools' programmes, but they contain few suggestions about how to bring out the pupils' views, for example Kirklees (1997). The omission of the views reflects the contradiction in professional's attitudes to children's behaviour: either it is seen as a function of their ADHD medical condition and therefore beyond their control; or, the pupils' actions remain their responsibility and they are answerable for the consequences.

A small-scale project in Oxfordshire studied children receiving medication and found their understanding of the condition was confused. Some felt that their classmates or teachers saw them as 'weird'. Others felt 'they should not take drugs' which they could not distinguish from using illegal substances. Still others felt that the condition controlled their behaviour, rather than themselves, (Hearne, 1997).

How the adults think about the current situation will actively shape the students' views and consequently their behaviour. The ways adults provide the vocabulary and explanations for children's experience will affect their understanding of the condition and their ability to take and carry out decisions. The adults can create expectations for the child, which are positive, clear-cut, concrete and capable of being carried out.

The guidelines for some LEAs do include the pupil's perspective on his/her learning difficulties amongst other factors, such as: examination of the pupil's work portfolio; observations in class; verbal skills; social skills; on-task behaviour; listening and attending skills; and, literacy and numeracy skills. This information should be used in meetings with school staff, medical staff, parents and the child. The LEA's focus is 'that it is most helpful to demonstrate a clear link between the method of investigation, the data collected and the remediation programme for each pupil rather than focusing on diagnosis', (Surrey EPS, 1996).

An Illustration

The process of planning and support can give everyone involved a chance to discuss where the student falls on the spectrum of behaviour difficulties associated with ADHD. They can focus on the circumstances under which the student can be expected to take responsibility for his or her behaviour. Taking a developmental perspective, in which a student is seen as having immature social skills, suggests s/he needs time, opportunities and teaching to develop more appropriate

social behaviour. This is exactly where teachers can draw on their experience of teaching a wide range of students. Staff in school can then utilise insights and materials appropriate to each developmental level. They can then create the educational environment, which is most likely to favour the development of appropriate coping skills.

As with any child a balance has to be found between security and risk. The adult has to judge whether they are exposing the child with behavioural difficulties to situations with social demands with which they can cope. The adult's aim is to help the child to estimate their ability to carry out the actions independently or with a degree of assistance. It is common in many schools, in planning lessons for staff to differentiate the curriculum to match the pupils' ability. They can then go a step further for pupils with ADHD by considering the support needed to address the social demands of the tasks. For example, in a science practical the work might be at an appropriate level, but being in a group of four pupils may place the pupils in a position in which they fail. Teaching Assistants are often well placed to monitor the dynamics between the learning material, its presentation and the student's ability to focus and engage with the learning. Teaching Assistants can often tailor the degree of support offered to the pupils' familiarity with the situation, their mood or the complexity of the work.

Materials developed by thinking skills groups include approaches to discover the student's preferred learning styles. These often favour active practical and visual learning methods, rather than verbal and abstract styles (Riding & Rayner, 1998). The visual planning tools comprehensively described by Cavaglioli and colleagues offer creative, visual organisational tools that can help the student to develop skills to organise and categorise information, (Cavaglioli, 2000). Such devices enable the adults to track the child's thoughts in tangible ways; in effect to make the reasoning processes of the child visible. By doing so they can observe the pupils' leaps of imagination or gaps in concentration and revisit materials accordingly.

In the past it seems that occasionally the consequences of a student's poor concentration and inappropriate behaviour have been the focus of intervention, rather than addressing the prime cause of their difficulty, ADHD. More accepting social attitudes and different approaches to supporting pupils with ADHD have evolved. At the same time the emphasis on inclusion means that these pupils face the greater demands of mainstream education, and higher expectations. At present there are increasing expectations for every child to achieve and overcome barriers to their progress. For families and staff to successfully support pupils with ADHD they need to discover the pupils' experience of their education.

They are then more likely to meet the pupil's personal and social needs, to address their difficulties and harness their talents.

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