

Part 6:
Attention Deficit and Hyperactivity Disorder
(ADHD)

Strategies for Teachers in Schools
(Key Stage 3/Key Stage 4)

Oxfordshire and Buckinghamshire Mental Health
NHS Foundation Trust
Buckinghamshire Hospitals NHS Trust
Buckinghamshire Primary Care Trust



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Attention Deficit and Hyperactivity Disorder (ADHD)

Strategies for teachers in schools (KS3/KS4)

Setting the Scene

A definition

“Children and young persons whose behaviour appears impulsive, overactive and/or inattentive to an extent that it is unwarranted for their developmental age and is a significant hindrance to their social and educational success”.
British Psychological Society.

The main behavioural features of a child with ADHD are:

Inattentiveness
Impulsivity
Over-activity

Alternative explanations for the presenting behaviours

Teachers need to be aware that such behaviours can have alternative explanations such as:-

Specific learning difficulties which mean a child underachieves in school, loses interest and appears distractible.

Severe co-ordination difficulties which lead children to avoid set tasks and perhaps present with some difficult behaviours.

Autistic Spectrum Disorder whereby communication and relationship difficulties interfere with learning and appropriate behaviour.

Specific speech and language difficulties which lead to behaviours expressing a child's frustration.

Hearing/vision impairment which is undetected and underlies behaviour disturbance.

Food intolerances may be exacerbating the degree of difficulties.

Nutritional deficiency while less common may be contributing to attention problems.

Poisoning is rare, but poison such as lead affect a child's attention span.

Tourette's Syndrome. Many of the features of this syndrome are similar but with associated family history, abnormal movements and poor emotional control.

Physical disorders such as asthma may lead to behaviour problems due to poor sleep and preoccupations.

Epilepsy in some forms can present as periods of inattention and behavioural change.

Conduct disorders where children have not been taught basic rules of behaviour and have difficulties recognising the consequences of their behaviour. Additionally, where children have had neglectful or abusive early experiences.

Emotional difficulties due to stress, anxiety, parental pressures and relationship problems, may be a cause of the presenting behaviours.

Children who are inattentive, impulsive, and overactive may be so for a variety of reasons. It is therefore, all the more important to be clear about how we understand a child's difficulties, what we contribute to the assessment/ monitoring processes, and the care with which we plan strategies to support a child.

ADHD is a medical diagnosis based on shared information between:-

the parent/carer
the child
GP/consultant
teachers/teaching assistants
relevant outside agencies.

Managing children with ADHD in secondary schools needs to be planned to cater for: the larger numbers of children in the school as a whole; the changes of teachers/subjects on the timetable which mean the child faces different styles and expectations; the demands on the child to move around the school building/sites at regular points in the day; and the higher expectations of self motivation and independence of pupils generally. Before specific strategies are discussed, the family/teachers/professionals involved need to establish a context for support.

A context of support

- A key person in school able to collate information and communicate with subject teachers, and who has a balanced overview of the child and can contribute to assessment of the child by the GP/Consultant.
- A clear protocol in school for administering prescribed medication and monitoring its effects.
- A consensus with regards to identification of specific patterns of behaviour for which the child needs support and guidance.
- A realistic system of recording the child's behaviour which is clear and accessible.
- Practical support strategies written in positive language.

- A system for communicating with the parents/carers and supporting their work at home with the child.

All of which needs to be recorded and incorporated into the school's existing Code of Practice staged process for children with special educational needs.

Strategies for Pupils with ADHD in Key Stage Three and Four

General Organisation

- Children with ADHD, and in fact all children, are helped by teachers who are calm, organised and have consistent routines.
- Organise your teaching plan, resources and room so you model what you expect from the class. Notice and praise organisation by individual children or by groups who can further reinforce the ADHD child in their midst.
- Write timetables and schedules for work in a lesson, over a week, and a term on the board, so all the children can begin to learn to monitor their own work.
- Provide the child with ADHD with positive subtle prompts for starting and finishing work, for example a checklist in the back of an exercise book or the child's planner.
- Have regular routines within the lesson which cater for changes in style or pace or the need for movement. Give warnings about planned changes. Allow adequate time and your undivided attention for these points of change.
- Have a clear system for keeping track of completed work and following up on incomplete work, which involves the children.
- Reward good behaviour in the class, by groups and by individuals. Use a number of different rewards and include praise, a smile, five minutes of fun together, a letter home, involving a senior teacher in praise, certificates, the way you mark work, encouraging positive noticing between pupils.
- Always allow enough time and encouraging guidance for ending work, putting books/equipment away, and reminders about homework. The child with ADHD may be more tired at the end of a lesson and/or distracted at the prospect of moving room/subject/teacher. Ensuring s/he has the homework task clearly recorded is an essential teacher investment.
- When there are problems, disruptions, or at worst conflict, model being calm, speak quietly, talk through what is happening, see the child(ren)'s views and ideas for problem solving. Think about the effects of what you say and do, not how you feel. Sometimes just being quiet and repeating the request is enough while you can wait for a positive response or an end to the disruption. If the teacher makes it clear '*It's your choice*' then the child is not confronted, there is room for the child to conform without feeling forced.

Physical arrangements in the classroom

- Establish clear and consistent classroom rules with regard to staying in seat, seeking help, where school bags/pencil cases are stored, and movement around the class. Regular reminders of the rules can be in the form of positively noticing children who behave appropriately.
- Seat the child close to the teacher to reduce peer interaction and assist the teacher's monitoring of the child.
- Have the child seated away from distractions such as a door, window, passageway or within reach of shelves/drawers.
- Use the arrangement of desks that is best suited to the work plan for the lesson: separate desks for quiet independent work, groups of desks for projects, have an established quiet area.
- Try different pair/grouping of children looking for other children who can ignore distractions and provide appropriate work/study models.
- Provide the child with legitimate reasons to have a break after a time of sitting which includes the reason why they should return to their seat.
- Ask the child to identify where/when they do their best work.

Lesson Organisation

- Have a clear lesson plan which can be summarised on the board, before the lesson starts. This can be part of prompts to attend during the lesson, and be helpful to children recording their work on the basis of the lesson.
- Anticipate possible areas of difficulty when making lesson plans and be prepared. Much can happen as you search for the right number of work sheets or a pen for the child who always doesn't have one!
- Ensure whole class presentations are short or have breaks to avoid disengagement.
- Use different types of presentation, colours of pens on the boards, tone of voice, gestures and movement around the class to maintain interest.
- Use clear and simple instructions for tasks where children have to work independently. Give instructions standing near to the child using: a look, a name or a light touch to cue in the child. Have visual/oral prompts which break instructions into small achievable steps and provide encouraging reminders for the disorganised child.
- Use the child's name in the lesson in a positive manner to cue attention.
- Actively involve the child in any class presentation: for example writing key words on the board, role play activities, encourage verbal responses by groups, use hand signals, computer aided instruction and ask for the child's ideas.

Managing behaviour in unstructured times

- What follows are ideas for strategies to address specific behaviour issues.

- Ensure that all staff including lunchtime supervisors, caretaker and teaching assistants are aware of the child's individual needs.
- Planning the time the child arrives in school in the morning and being clear what is expected at that time, and what is not allowed.
- Having clear rules about movement round the school with staff consistently reinforcing rules in a low key way.
- Ensuring all staff understand the need to avoid confrontation and have strategies to do this.
- Have a structured approach to free play at lunchtimes such as an area for younger children to play, an area for ball games, a place to sit and talk and some playground toys such as skipping ropes, bean bags.
- Ensure that lunchtime supervisors move round to maximise their visibility and supervision.
- Have projects with which individuals can busy themselves if relationships are not available or going well such as sorting out playground toys, restocking a bird table, minding a doorway or helping a lunchtime supervisor with a younger child.
- Taking time to discuss with the child how s/he manages in unstructured times and make a plan that helps the child.
- Including in the plan for how the child manages in unstructured time, a pre-arranged signal to indicate to the child that things are getting out of hand. It could be a yellow card or a request to walk with the supervisor for five minutes.
- A pre-arranged 'bolt hole' for the child to use when s/he needs to calm down.
- When reviewing behaviour, considering if dividing up unstructured time will pre-empt outbursts. For example, having time with peers followed by a separate activity or time alongside an adult doing a shared enjoyable activity.
- Having a key member of the lunchtime staff who at prearranged times checks how things are going.
- Ensure that any dietary restrictions geared to reducing inappropriate behaviour are kept.
- Avoiding placing the child in crowded places, queues or in unsupervised corners of a large dining room.
- Having a system whereby positive comments by lunchtime/break supervisors can be fed back to the child, key members of staff and the parents/carers.
- Using the end of the day to provide the child with a familiar face and some positive feedback.
- Ensuring that staff on duty supervising children leaving school are aware of the child and vigilant.
- If there can be particular 'flash points' in the mêlée after school, having a planned delay for the child's departure which reduces the likelihood of an incident.
- Being mindful to follow up particularly good or difficult days with information for the parent/carer.
- Recognise the demands on a parent/carer and so not looking to them to resolve school issues, but be in partnership with them.

Individual Strategies

Any individual strategies need to be matched to the specific needs of the child about whom there is concern. This is not a simple process, and particularly not so in a secondary school. Teachers know that a strategy that works for one child, may not work for another child. In secondary schools, there will have to be different strategies for different teacher styles and subject settings. What might work as an individual strategy in Drama, may not be useful in a science laboratory.

If a child is needing individual strategies, this should be part of a Code of Practice staged approach. This then ensures there is an Individual Education Plan (IEP) drawn up in collaboration with teachers, parents/carers, and the child.

Specific strategies can in many cases be helpful to children displaying ADHD types of behaviours. Medication is not a solution in itself to ADHD but when it has been prescribed, strategies which might not have worked before, may begin to be more effective. The aim of all intervention, behavioural or medical, is to help children gain more self control, concentrate better, be more capable of independent work, and make more progress socially and educationally.

Strategies need to be seen as teacher tools for promoting on-task behaviours rather than a means of labelling behaviours or the child. In all cases there needs to be careful planning, geared to individual needs, with space for negotiation, and regular review systems.

Inattention

- Seat the child in a quiet area of the room.
- Seat the child near to a child who has good control of his/her behaviour.
- Seat the child away from distractions.
- Wherever possible provide work which builds on the child's strengths and interests.
- Give tasks which maximise opportunities for success.
- Ensure the task is geared to, or split into parts which can fit into the child's attention span.
- Give clear concise instructions.
- Encourage the child to repeat instructions back to you in an encouraging way.
- Have a written outline of the lesson on the board.
- Provide visual/aural prompts for learning not always directed at the individual child.
- Use eye contact, proximity and gesture to prompt on-task behaviour.
- Build in a variety of tasks/approaches to the lesson to stimulate attention.

- Provide frequent, immediate, consistent feedback on behaviour.
- If handouts are used, have simple format, black print (not handwriting) and use white space to emphasise the content.
- Handouts can contain written prompts.
- Allow for use of audio recording, I.T., diagrams, mind maps and summary sheets as ways of encapsulating complex concepts.
- Allow for pair/group activities which mean children can share ideas and there is variety in problem solving.
- When written work is set, organise it into small achievable steps.
- Provide incentives for completed work.
- Ensure that home work tasks are clearly explained and fully recorded. If need be have printed slips of paper with the homework set out, which can be pasted into a child's planner or use TA support with recording homework.
- When there needs to be 'test conditions', have a separate quiet area with minimal visual distractions and close supervision/support.

Overactivity

- Use the child's activity in your presentation, for example, asking them to write key words on the board, or to give out books, or to keep time.
- Have short breaks in the pace of the lesson, for example time to colour a diagram or call out ideas.
- Build in some opportunities to move around the room.
- Have a routine of stopping to check work against an outline of the plan for the lesson.
- When there are transitions to be managed, plan ahead for these, allow enough time.
- Give the child/class an early signal of an imminent transition.
- Have clear instructions for children moving through a transition.
- Supervise transitions closely and use the child to have a role which helps him/her. For example, 'while the class lines up, can you help me do
- Use I.T. access as a constructive reinforcement to what is being taught. Time with headphones can provide a helpful break and some individual input.
- Have some interesting activities, such as word searches, colouring sheets, illustrations which can be cut out and mounted, for times when the child can't continue in class and needs a constructive break.
- Demonstrate some empathy when the child is beginning to get difficult, '*this is not working for you, could you do something different while we finish this section and then I will sit with you*'.
- Remember that if the child is overactive and getting agitated, it's time for you to be particularly calm.

Weak Organisation

- Have stable, consistent routine in the room, provide regular reminders '*what we do now is...*'
- Monitor the child closely and step in with minimal prompts/guidance when his/her organisation is falling apart.
- Have checklists for routines, work content, equipment needed etc which can be on display but also pasted in the back of the child's book.
- If need be, have notes on a handout about the key concepts being taught.
- Use group work as a way of children helping each other with organisation. Groups could have key members who look to organisation, for example equipment.
- Know the child and use the kind of prompts that work best for him/her in ways which are acceptable.
- Use eye/ear catching prompts to promote sequencing activities, for example in Art;

a - **a**pron
b - **b**oard with paper
c - **c**ollect brushes/paint
d - **d**own to it.

- Use a timer to help with pacing a sequence of activities, ones which raise a smile and an exchange can be a welcome break and an aid to refocusing.
- Be sure that what you expect from the child is within their capability and offers the prospect of achievable success.
- Check the child has understood what is being asked of him/her.
- Be completely clear to the child about what you expect, 'I am expecting you to have written the 3 points of the experiment before you go to break'.
- If a homework task needs equipment or reference to books, or a hand-in deadline, include this in setting the task. Check it is recorded so parents can support the child.

Impulsiveness

- Have clear, simple classroom rules.
- While being mindful about escalation, ignore minor infringements to avoid 'nit-picking' and raising an over-reaction.
- Use minimal, smiling gestures to indicate you are aware of a minor misbehaviour but you are staying focused.
- Notice and praise positive behaviour in a low key way, avoiding excitement.
- Use immediate rewards and consequences, don't expect an impulsive child to wait.
- Have the child seated near to you so you can guide him/her when needed, without moving round the class or calling out.

- Be clear in your guidance that it is certain behaviours you want to change, not the child.
- Have the child seated by a child with good work habits.
- Encourage children to provide each other with positive feedback and support, value helping others as part of your classroom ethos.
- Have an agreed signal of warning to the child which helps him/her recognise a rise in impulsivity, which is tactfully given to emphasise your shared investment in maintaining calm.
- Teach verbal mediation skills such as stop/think, look/plan, listen/do.
- Have an agreed way to use 'time out' to prevent outbursts. For example, agreeing with the child beforehand *'if I think you are going over the top, I am going to ask you to take a message to the office'*.
- Talk to the child about strategies for calming down when out of the room, such as breathe deeply, remember the last work you did which was good, think of stroking your pet, etc.
- Have a way of bringing the child back into the lesson, *'when you come back could you help me*'

Non-compliance

- Praise appropriate behaviour by children in the class.
- Provide immediate feedback about behaviour.
- Be clear and consistent with regard to expectations.
- Repeat the request you made quietly without referring to previous requests made or to the non-compliance.
- Faced with non-compliance, be low key in restating expectations and avoid confrontations.
- Allow for 'face-saving', by restating expectations but adding some space for the child, for example *'I am expecting you to finish a paragraph of writing, but you could draw first or reread the handout so you are more sure what to do'*.
- Release the pressure, while remaining in charge, for example *'I am happy for you to sit for a while and think about it'*.
- Try diversion, such as *'did you see 'Hollyoaks' last night'?* or *which record is number one this week'?*
- Work with a pupil nearby, being warm and helpful. When you have finished helping, turn and offer to help the child again.
- If there is a TA in the room, see if a different person supporting 1:1 can be effective in restarting work.
- Acknowledge the difficulty *'I can see you are cross, I'll leave you now and come back in a minute'..*
- Have firm boundaries about what is expected, and clear consequences, which you can actually enforce. Minimal immediate consequences are the most useful.
- If the non-compliance continues, remove the work from the desk and ignore. Stay calm.
- Save work which is not done and make arrangements that it will be done in a supervised setting at break, or when others in the class are

doing something that is high value like time on the computer, or to be done at home if the parent can support.

- Continue to involve the child in the lesson which may give an opportunity for him/her to re-engage.
- If non-compliance becomes disruptive to the class ask the child to sit out of the room, or ask TA to take him/her for a walk to diffuse the situation, or send for assistance.

Difficulties with peers

- Praise appropriate social behaviour.
- Positively notice sociable behaviour.
- Have specific goals with regard to social behaviour in class.
- Value co-operation and helping others as part of the classroom ethos.
- Praise the child to increase self-esteem.
- Give the child special responsibility so the peer group can see him/her in a positive light.
- Vary the way you use pair work/small groups to give a range of opportunities for interaction.
- Use circle time on a regular basis to talk through difficulties and take a collective approach to class harmony.
- Discuss with colleagues using some lessons to highlight social behaviour such as RE or PSE.
- Can some lessons be used to offer some social skills training such as Drama or P.E?
- At all times model acceptance of the child. Separate out the regard for the child from your guidance with regard to particular behaviours.
- Be willing to listen, so the child is more likely to discuss difficulties with peers.

Building self esteem

- Find something that you like about the child.
- Focus on the child's strengths and interests.
- Provide work in class which maximises opportunities for success.
- Provide regular support which demonstrates your interest in the child.
- Praise positive behaviour.
- Provide quiet encouragement and guidance when the child faces difficulties.
- Recognition of effort as well as achievement.
- Providing some tangible signs of recognition and praise such as well done certificates, stars, comments on books, praise by another teacher, displaying work, a letter home.
- Having a weekly one-to-one support time geared to building self confidence.
- In reviews of the IEP, consider with colleagues/parents/carers, ways in which the school can raise his/her self esteem; such as mentoring by the teacher of a favourite subject, joining a club, having a responsibility.

- Learning about out of school achievements and valuing them in school.

Some conclusions

- Children with ADHD are not a homogeneous group.
- Some strategies will work with some children and not others, some of the time.
- Teachers need to work with colleagues and parent/carers in a network to plan and support the child.
- Strategies need to be planned to maximise successes for the child, raise self esteem and improve social relationships. They will need to be frequently reviewed.
- Clear, firm, consistent routines and expectations are key to effective management.
- The children are helped most by teachers who are able to demonstrate positive regard for the child and use calm, low key management strategies.

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).

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 need 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 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.

An illustration

Many pupils who have ADHD, are popular and are seen by other pupils as great fun to be around. However, staff are generally concerned with the majority of students with ADHD who tend to have unsuccessful and unhappy school experiences and whose behaviour challenges their peers, the staff and their families. One such pupil, who I shall call 'James', had ability but found it difficult to channel it through school life. He was very distractible in class and rarely curbed his inclination to talk. However, if he did become interested in a topic, he could become very angry if others distracted him or they did not catch on as quickly as him. Much of James' disruptive behaviour was driven by an anxiety about losing his thread of concentration and calming and reassurance were virtually the only tools staff found useful. If staff became frustrated it simply fuelled his irritation, as he insisted he did not do these things on purpose and he would change his behaviour if he could.

James could be very determined and focused, especially on reaching high standards in his course work. However, he became demoralised when he could not reach this standard in subjects he did not enjoy, especially abstract subjects, such as R.E.

He found it very hard to work in class, but he could use revision guides at home effectively on his own to prepare for GCSE exams. Throughout an extended study leave he used a rigorous approach to plan his revision. Daily diary sheets were used to structure his study time, allocating revision sessions in exact proportion to how much he valued the subject. He used stickers placed on the sheets to show to the quarter hour, how long he would take on each topic, daily over a period of seven weeks, up to and through his exams. His underlying anxiety was shown by worrying about the proportions of time and he continually revisited his decisions. However, once agreed he did stick rigorously to the times, subjects and sessions to complete the revision.

James was a perfectionist who became frustrated if he did not achieve well. But when he put his mind to a subject he scored highly. He required the structure for his work to be provided externally, to compensate for his lack of internal organisation. In the end James achieved a set of GCSEs, of which any student could be proud. This enabled him to take up a modern technical apprenticeship at a qualification level, which matched his ability. In the workplace he found that the features, which disadvantaged him in school, could be assets in a practical setting, where highly focused attention to detail and persistence are required.

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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