

# UNDERSTANDING CHILDHOOD NEURODIVERGENCE: A GUIDE FOR FAMILIES

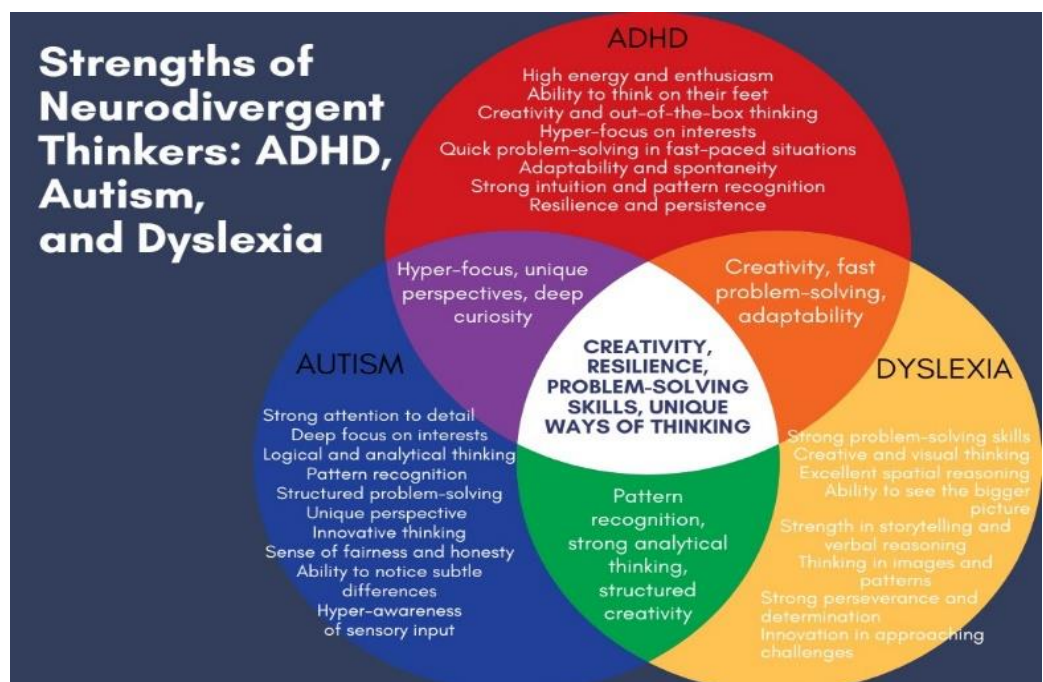
## Introduction

Neurodivergence describes differences in brain function that affect how individuals think, learn, and interact with the world. This includes conditions such as **ADHD (Attention-Deficit Hyperactivity Disorder), Autism, and Dyslexia**. These differences can bring unique strengths as well as challenges, particularly in school, social situations, and daily life. This guide is designed to help families understand neurodivergence, navigate available support, and make informed decisions about their child's needs.

## What Causes Neurodivergence?

Research suggests that neurodivergence has a *strong genetic component*, meaning it often runs in families. Studies indicate that conditions such as ADHD, autism, and dyslexia are linked to differences in brain structure, the way brain chemicals (called neurotransmitters) work, and how the brain processes information. People *are born neurodivergent and will remain so throughout their lives*, although the way they experience their condition may change over time due to personal development and environmental influences.

There is also increasing recognition that neurodivergent traits have *evolutionary significance*. Some theories suggest that traits associated with ADHD—such as hyperfocus, impulsivity, and high energy—may have been helpful in hunter-gatherer societies, where quick thinking and adaptability were beneficial. Similarly, autistic traits such as intense pattern recognition and attention to detail may have played a significant role in problem-solving and innovation throughout history.



Neurodivergence exists on *a spectrum of severity*, meaning that while some individuals may face significant challenges in daily life, others may function well with minimal support. The impact of neurodivergence is influenced by *genetics, environment, and the level of understanding and support a child receives*. A child with strong coping strategies and an accommodating environment may experience fewer difficulties than one who lacks these resources.

## Understanding ADHD, Autism, and Dyslexia



Many children experience overlapping traits of these conditions, and each child's experience is unique.

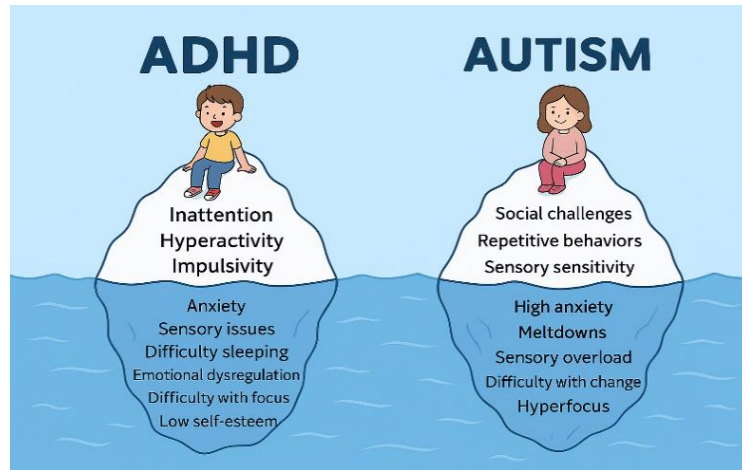


Figure 1. The Neurodivergence Iceberg

### ADHD (Attention-Deficit Hyperactivity Disorder)

ADHD affects a child's ability to focus, control impulses, and regulate energy levels. It is often first noticed in childhood and can affect school performance, friendships, and home life.

Common signs of ADHD include:

- *Inattention*-Easily distracted, trouble following instructions, forgetful, loses things.
- *Hyperactivity*-Fidgeting, struggling to stay seated, constantly moving.
- *Impulsivity*-Interrupting others, difficulty waiting their turn, acting without thinking.

### Autism Spectrum Condition (ASC)

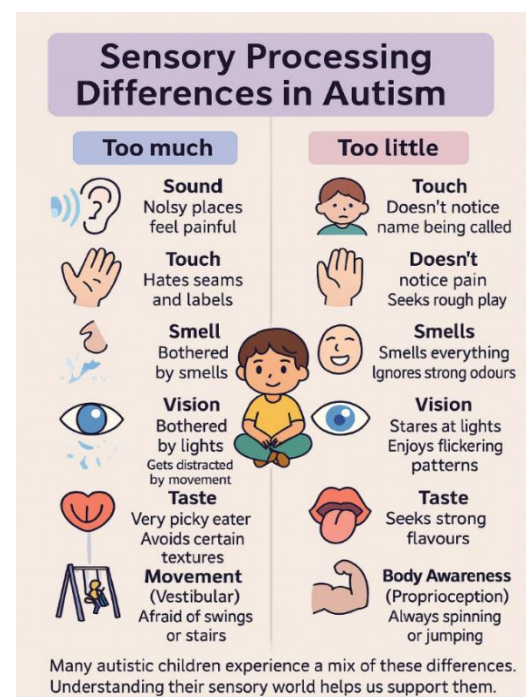
Autism affects *social communication, sensory processing, and behaviour*. Autistic children may:

- Prefer structured routines and predictability.
- Find social interactions and communication challenging.
- Experience strong, specific interests and repetitive behaviours.
- Have sensory sensitivities to light, sound, textures, or food.

### Dyslexia

Dyslexia affects the way a child processes language, particularly reading and writing. Signs may include:

- Difficulty recognising letters and sounds.
- Struggles with reading fluency and comprehension.
- Challenges with spelling and written expression.
- Strengths in problem-solving, creativity, and verbal reasoning.



### ***Where to Start: Understanding the First Steps***

If you are worried your child may be showing signs of neurodivergence — like ADHD or autism — it is completely natural to feel uncertain or overwhelmed. This section will walk you through what happens next, how the process works in Gloucestershire, and who can help.

Neurodivergent traits exist on a spectrum and can vary widely in how much they affect each child's life. Some children may need formal assessment and diagnosis, while others can be supported effectively by their school without a referral. In many cases, schools can offer strategies and support to help children thrive, monitor their progress, and ensure they are not being limited by any potential traits. If further concerns arise over time, the process of referral and assessment can begin.

### ***Step 1: Talk to Your Child's School***

Most neurodivergent traits - such as difficulties with focus, communication, social interaction, or emotional regulation - first show up in school. Teachers and Special Educational Needs Coordinators (SENCOs) spend many hours with your child and are well-placed to observe patterns of behaviour over time. If you have concerns, speak to your child's teacher or SENCO. They can:

- Start a support plan through something called the *Gloucestershire Graduated Pathway*, which includes steps like *My Plan* and *My Plan+*.
- Gather information from school and home to build a clear picture of strengths and difficulties.
- Involve other professionals, such as the Educational Psychology or Advisory Teaching Service.
- Assess concerns about dyslexia and if indicated advise the school to arrange literacy assessments or involve a specialist teacher.

Even without a diagnosis, kids can receive valuable support tailored to their needs through these plans.

### ***Step 2: Consideration for Referral***

If support has been tried and concerns remain, a referral may be appropriate. This depends on your child's age and the nature of their difficulties:

#### ***For children aged 6 to 10 with suspected ADHD:***

Referrals go to the *Community Paediatrics* team. Children *under 6 are not eligible* for ADHD assessment in line with NICE guidance. These referrals *usually come from schools* after support plans and observations have been completed. While GPs can refer, this is not the usual route. Referrals are usually made by school staff or other professionals *who know the child well*. If your child is home educated or school is unable to complete the referral, your GP may assist if they have the necessary information.

#### ***For children and young people aged 11–18:***

Referrals for suspected ADHD go to the *Children and Adolescent Autism and ADHD Service (CAAAS)*. This team accepts referrals from professionals who know the child well — usually education staff or Early Help. Again, a *My Plan+* or Education Health Care Plan (EHCP) with at least two review cycles is typically required.

#### ***For autism (from age 2 to 17 years 11 months):***

Referrals for autism are made from age 2 up to 18 and are handled by CAAAS. The process is similar - referrals are based on observed traits across different settings, after receiving appropriate support.

### ***What Makes A Good Referral***

*A good referral should be supported by:*

- *Clear observations of your child's behaviour at home and at school*
- *Evidence that support has already been tried through the My Plan+ or EHCP process.*
- *Input from professionals such as Educational Psychologists or the Advisory Teaching Service*



### ***What Documents Are Needed for Referral?***

CAAAS requires all of the following documents before a referral can be accepted:

- A professional *referral form* (not completed by a parent)
- A *Family Information Form*
- A *School or Nursery Information Form*
- A copy of the *My Plan+ or EHCP*, with evidence of *two review cycles*

✂ *If any of these are missing, the referral will be declined until complete.*

### ***Who Can Refer?***

In most cases, referrals to *Community Paediatrics or CAAAS* should be made by the *child's school or Early Help*. These professionals are best placed to *observe behaviours over time* and provide the supporting information required by the referral services.

While GPs can refer, this is not the expected route in most situations unless:

- The child is home educated.
- The school is unable to complete the referral (e.g. traits are not seen clearly in the classroom)
- The GP knows the child well and has access to all required documentation (e.g. My Plan+, review cycles, school reports)

### ***If You're Waiting for Support or Assessment***

While waiting for assessment or diagnosis:

- Your child can still receive school-based support through My Plan or My Plan+.
- You may find it helpful to explore local parent support groups or parenting programmes (e.g. Triple P).
- You can also learn more through reliable websites like [www.glosfamiliesdirectory.org.uk](http://www.glosfamiliesdirectory.org.uk).

### ***Private Assessments***

Some families explore private assessments, especially if NHS waiting times are long. While this can help, it's important to know that a private diagnosis does not automatically lead to NHS prescriptions.

If a child is assessed privately and medication is recommended, they will usually need to be reviewed and accepted by an NHS team (such as Community Paediatrics or CAAAS) before any NHS prescribing can begin.

This means:

- GPs can only prescribe ADHD medication under a shared care agreement with an NHS specialist.
- NHS teams may accept or repeat private assessments depending on quality and relevance.
- Not all private reports are accepted. They must meet NHS clinical standards.

In some cases, families may use the NHS Right to Choose pathway for ADHD assessment with an NHS-approved provider. This is not private care, but NHS-funded, and may lead to shared care prescribing if the local NHS team agrees.

We recommend speaking with your GP first to understand the options and what they mean for your child's care.

### ***Summary***

Getting help for your child starts with the *Graduated Pathway* through their school. A referral may follow if the support already offered hasn't met their needs. Diagnosis is just one part of the picture — and early, well-targeted support can make an enormous difference.

If you're unsure, speak to your child's teacher or SENCO, or book a routine appointment with your GP to talk it through.

### QUICK SUMMARY: WHAT TO DO IF YOU'RE CONCERNED

- Start by talking to your child's *school* — usually *their teacher or SENCO*.
- Support may be offered through a *My Plan or My Plan+*, with regular reviews.
- If concerns continue despite support, and enough evidence has been gathered, the school may lead a referral:
  - o *Under 11s with suspected ADHD* → Community Paediatrics
  - o *Ages 6–18 with suspected ADHD* → CAAAS
  - o *From age 2 with suspected autism* → CAAAS
  - o Referrals usually come from *school or Early Help*, not parents.
- GPs can help if your child is home educated or if school cannot coordinate the referral.



## Support Strategies for Parents & Families



Regardless of diagnosis, simple strategies can help children thrive:

- **Structure & Routine** - Predictability helps neurodivergent children feel safe.
- **Clear Instructions & Visual Aids** - Use step-by-step guidance.
- **Sensory-Friendly Approaches** - Adjust lighting, noise, or textures to reduce distress.
- **Encouraging Strengths** - Celebrate critical thinking skills, creativity, and hyperfocus.
- **Diet & Exercise** - Regular physical activity can help with focus and emotional regulation.
- **Parenting Courses** - Courses such as *Triple P* can offer valuable strategies.

## Intervention Comparison Chart



Type of Support	What It Is	Who Provides It	Who It Helps Most	Key Benefits
<b>School Accommodations</b>	Adjustments to teaching or environment to support learning	School staff (via SENCO, My Plan, My Plan+, EHCP if needed)	Children whose difficulties impact focus, organisation, or social interaction	Improves access to learning; reduces stress; supports inclusion
<b>Parenting Strategies</b>	Structured parenting programmes that offer tools and support	Local parenting programmes (e.g. <i>Triple P</i> in Gloucestershire)	Parents/carers seeking practical ways to support behaviour at home	Strengthens routines; improves communication; enhances parent-child relationship
<b>Counselling / CBT</b>	Talking therapies to explore feelings, behaviour, and coping strategies	School counsellors, CAMHS, or local NHS/private therapists	Children with anxiety, low mood, or emotional regulation difficulties	Builds resilience; supports emotional wellbeing; provides coping tools
<b>Speech &amp; Language Therapy</b>	Support for communication, language, and social interaction skills	NHS Speech and Language Therapy (SALT) or private therapists	Children with communication delays or difficulties with social understanding	Improves clarity and confidence in communication; supports social development
<b>Occupational Therapy</b>	Support with motor skills, sensory needs, or daily tasks	NHS or private Occupational Therapists (OTs)	Children with coordination difficulties or sensory processing challenges	Enhances functional independence; supports regulation and focus
<b>Medication (for ADHD)</b>	Medicines that improve attention, reduce impulsivity and hyperactivity	NHS specialists or private providers following assessment	Children with moderate to severe ADHD where non-drug approaches are insufficient	Improves concentration; reduces hyperactivity; supports learning and peer relationships

## Collaboration & Ongoing Support



Supporting neurodivergent children requires a *team approach* involving families, educators, healthcare providers, and community resources. Working together ensures a *consistent and supportive environment* at home and school, helping children build confidence and develop strategies to thrive.

## Helpful Resources and Support

Here are some trusted sources for further information, support and self-education:

- **GlosFamilies Directory** –Neurodiversity: [www.glosfamiliesdirectory.org.uk](http://www.glosfamiliesdirectory.org.uk)
- **CAAS - NHS Children's ADHD and Autism Service (Gloucestershire)**:  
<https://www.ghc.nhs.uk/our-teams-and-services/children-and-young-people/camhs/scaas/>
- **ADHD Foundation**-Support, tips and webinars for families: [www.adhdfoundation.org.uk](http://www.adhdfoundation.org.uk)
- **National Autistic Society**-Advice, resources and local support: [www.autism.org.uk](http://www.autism.org.uk)
- **ADDISS**-The National ADHD Information Service: [www.addiss.co.uk](http://www.addiss.co.uk)
- **YoungMinds**-ADHD: <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/adhd>
- **British Dietetic Association** - Autism and Diet: <https://www.bda.uk.com/resource/autism-diet.html>

### Books for Parents and Children

- *All Cats Have Autism*-Kathy Hoopmann (gentle introduction for children)
- *The Reason I Jump*-Naoki Higashida (insightful book written by a 13-year-old autistic boy)
- *Smart but Scattered*-Peg Dawson & Richard Guare (practical strategies for ADHD)
- *No Matter What*-Sally Featherstone (for young children with differences)

## Final Thoughts

Understanding neurodivergence is the first step in helping children reach their potential. Whether seeking a formal assessment or simply looking for support strategies, *schools, professionals, and community resources are available to help*. Each child is unique, and with the right support, they can thrive in their own way.

### KEY TERMS EXPLAINED (GLOSSARY)

- **SENCO (Special Educational Needs Coordinator)** - A teacher within a school responsible for supporting children with additional learning needs.
- **My Plan / My Plan+** - Structured support plans within the Graduated Pathway in Gloucestershire to help children receive tailored educational support.
- **EHCP (Education, Health and Care Plan)** - A legally binding document outlining a child's special educational needs and the support they require.
- **CAAAS (Children's ADHD and Autism Assessment Service)** - A specialist NHS service that assesses and supports children and young people with suspected ADHD (from age 6 to 17 years 11 months) and autism (from age 2 to 17 years 11 months).
- **Shared Care Agreement (SCA)** - A formal agreement between an NHS specialist and a GP, allowing the GP to prescribe certain medications under the guidance of the specialist.
- **Neurodivergence** - A term used to describe natural variations in brain function, including conditions such as ADHD, autism, and dyslexia.
- **Graduated Pathway** - A Gloucestershire-based structured approach to identifying and meeting the needs of children with additional educational requirements.
- **Reasonable Adjustments** - Changes made in education or workplaces to support neurodivergent individuals and ensure equal access to learning and opportunities.
- **Occupational Therapy (OT)** - A service that helps children develop everyday skills, particularly those with sensory or motor challenges.
- **Speech and Language Therapy (SLT)** - A service that supports children with communication difficulties, including those associated with autism.

## If you have further questions

- ✧ Speak to your child's *SENCO, GP, or health visitor*, or visit one of the resources listed above.
- ✧ For urgent concerns, contact NHS 111. In an emergency, call 999.