

NEURODIVERGENCE IN CHILDREN AND YOUNG PEOPLE: A CHG GUIDE FOR FAMILIES

Introduction

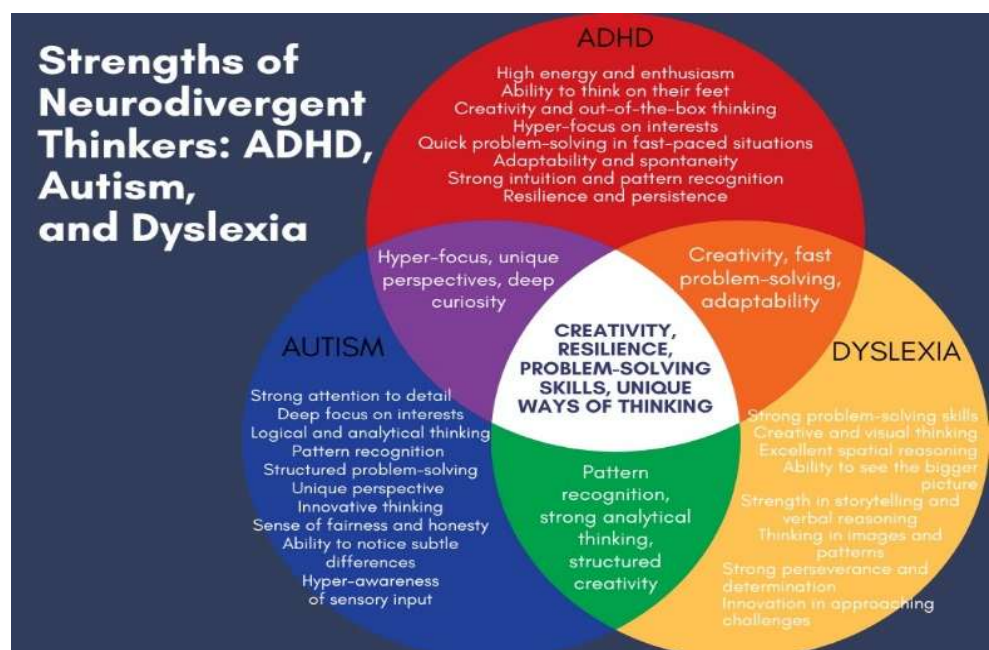
Neurodivergence describes differences in brain function that affect how individuals think, learn, and interact with the world. This includes conditions such as **ADHD (Attention-Deficit Hyperactivity Disorder), Autism, and Dyslexia**. These differences can bring unique strengths as well as challenges, particularly in school, social situations, and daily life. This guide is designed to help families understand neurodivergence, navigate school and NHS support, and know when CHG may need to be involved.

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.

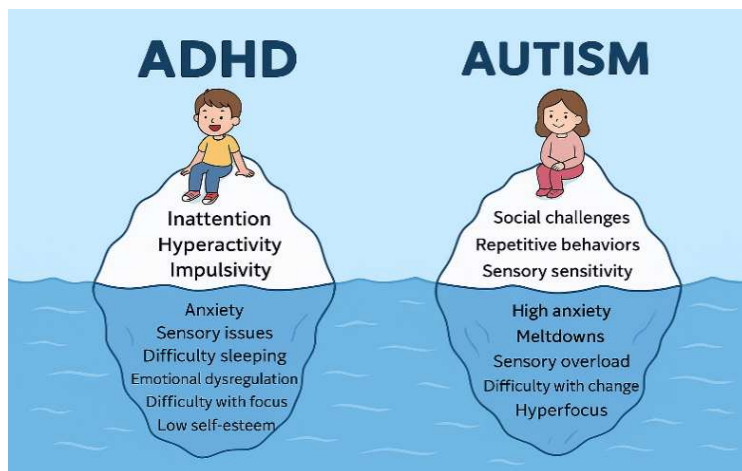


Figure 1. The Neurodivergence Iceberg

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)

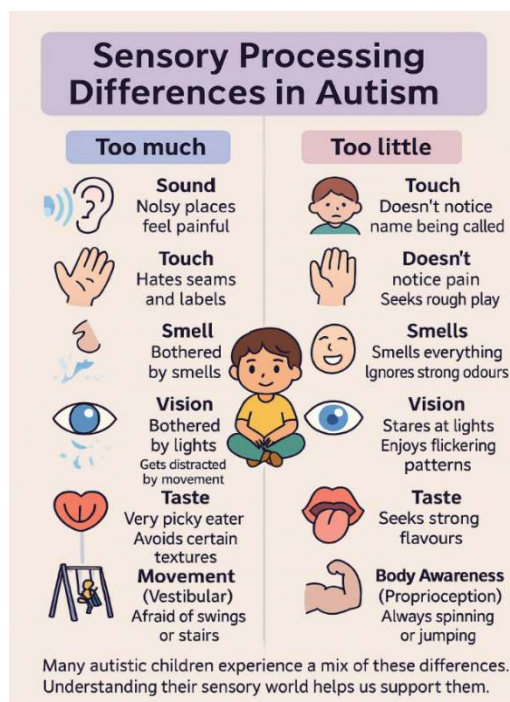
Autism affects *social communication, sensory processing, and behaviour*. Autistic children may:

- 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.



Getting Support and Referral for Children and Young People



If you are worried your child may have ADHD, autism, dyslexia or another neurodivergent condition, the usual first step is to speak to your child's school, college, teacher, tutor or SENCO.

Schools and colleges are often best placed to observe how a child or young person learns, communicates, manages attention, interacts socially and copes with change across the day. They can also put support in place before a diagnosis is made.

1. Start with school, college or SENCO

For children and young people in education, support usually starts through the Gloucestershire Graduated Pathway. This may include My Plan, My Plan+ or an Education, Health and Care Plan (EHCP), depending on the level of need.

The school or college can:

- gather information from teachers, parents and the child or young person
- describe the impact of difficulties across school and home
- put reasonable adjustments and support in place
- involve other professionals where needed
- provide evidence if a referral is later needed



A diagnosis is not always required before useful support can begin.

2. When a referral may be needed

A referral may be appropriate if difficulties continue despite support, or if there are significant concerns about development, learning, attention, communication, social interaction, emotional regulation or sensory needs.

For school-aged children and young people, referrals are usually supported by school, college or Early Help because they can provide the evidence needed across settings.

CHG may be able to help with the referral route where:

- your child is under 5
- your child is home educated
- your child is not currently in school or college
- school or college cannot coordinate the pathway
- there are significant health, safeguarding, mental health or developmental concerns
- there is uncertainty about whether symptoms may be due to another health condition

QUICK SUMMARY: WHAT TO DO IF YOU'RE CONCERNED

- Start by talking to your child's school or college, usually their teacher, tutor or SENCO.
- Support may be offered through My Plan, My Plan+ or EHCP processes.
- If concerns continue despite support, school, college or Early Help may support a referral.
- Referrals usually need evidence from more than one setting.
- CHG may be able to help if your child is under 5, home educated, not in school or college, school or college cannot coordinate the pathway, or there are health, safeguarding, mental health or developmental concerns.
- Right to Choose may be an option for some ADHD or autism assessments, but only where the provider is NHS-contracted for the relevant assessment and age group.



What makes a helpful referral?

A helpful referral usually includes:

- examples of difficulties at home and school
- what support has already been tried
- school, college or SENCO information
- My Plan, My Plan+ or EHCP documents, if available
- relevant reports, such as speech and language, educational psychology, occupational therapy or paediatric reports
- information about sleep, anxiety, mood, behaviour, sensory needs and family history

This information helps the assessment service decide whether specialist assessment is needed and which pathway is most appropriate.

While You Are Waiting for Support or Assessment

While waiting for assessment or diagnosis:

- your child can still receive school-based support through the Graduated Pathway
- practical changes at home and school can still help
- you may find local parent support groups or parenting programmes helpful
- keep copies of school plans, reports and review notes
- seek help sooner if your child becomes very distressed, unsafe or unable to cope

Gloucestershire Family Information Service

www.glofamiliesdirectory.org.uk

Private Assessments and ADHD medication

Some families choose private assessment because NHS waiting times can be long. A private assessment may be helpful, but it does not automatically lead to NHS prescribing or NHS shared care.

If ADHD medication is recommended privately, the private provider remains responsible for prescribing, monitoring and review.

CHG does not enter shared care arrangements with private providers.

If you want NHS prescribing or NHS review, your child will need to enter an NHS pathway. The NHS service may need to review or reassess the diagnosis and treatment plan before NHS prescribing can be considered.

ADHD medication can only be started by a specialist. GP prescribing is only considered under a formal Shared Care Agreement after specialist diagnosis, medication initiation, titration and stabilisation. Shared care is not automatic.

Right to Choose

Right to Choose may allow families to request assessment by an NHS-contracted provider, where referral is clinically appropriate.

This is not private care. It applies only where the provider holds an NHS contract for the relevant assessment and age group.

Right to Choose may apply to ADHD or autism assessment, depending on the provider and pathway. Not all providers assess both ADHD and autism, and some only assess adults.

For children and young people in school or college, we still need good supporting information from education, such as SENCO information, My Plan, My Plan+, EHCP documents, school reports or other evidence of impact across settings.

If you want to request a Right to Choose referral, please read the CHG website statement first. CHG may then ask you to complete a short referral questionnaire so we can prepare a clear referral letter.

Summary

For most school-aged children, getting help starts with school or college and the Gloucestershire Graduated Pathway.

A referral may follow if support has been tried, concerns remain, and enough evidence has been gathered.

CHG may be able to help where the child is under 5, home educated, not in school, the school pathway is blocked, or there are health, safeguarding, mental health or developmental concerns.

Diagnosis is only one part of support. Early, practical, well-targeted help at home and school can make a significant difference.

If your child is in school or college, speak to their teacher, tutor or SENCO first. If your child is under 5, home educated, not in school or college, or there are health, safeguarding, mental health or developmental concerns, contact CHG.

Intervention Comparison Chart



Type of Support	What It Is	Who Provides It	Who It Helps Most	Key Benefits
School Accommodations	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
Parenting Strategies	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
Counselling / CBT	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
Speech & Language Therapy	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
Occupational Therapy	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
Medication (for ADHD)	Medicines that improve attention, reduce impulsivity and hyperactivity	Specialist ADHD services 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.

Support Strategies for Parents & Families



Regardless of diagnosis, simple strategies can help children thrive:

- **Structure & Routine** - Predictability helps neurodivergent children feel safe.
- **Clear instructions and visual aids** - use simple, step-by-step guidance.
- **Sensory-friendly approaches** - adjust lighting noise, or textures to reduce distress.
- **Encouraging strengths** - celebrate creativity, problem-solving, persistence, pattern recognition and focused interests.
- **Diet & Exercise** - Regular physical activity can help with focus and emotional regulation.
- **Parenting courses** - courses such as Triple P can offer valuable strategies.

Helpful Resources and Support



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

- **GloSFamilies Directory: Neurodiversity**
www.gloSFamiliesdirectory.org.uk
- **Gloucestershire Children's ADHD and Autism Assessment Service**
<https://www.ghc.nhs.uk/our-teams-and-services/children-and-young-people/camhs/scaas/>
- **ADHD Foundation**
www.adhdfoundation.org.uk
- **National Autistic Society**
www.autism.org.uk
- **ADDISS: The National ADHD Information Service**
www.addiss.co.uk
- **YoungMinds: ADHD**
<https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/adhd>
- **British Dyslexia Association**
<https://www.bdadyslexia.org.uk>
- **British Dietetic Association: Autism and Diet**
<https://www.bda.uk.com/resource/autism-diet.html>
- **ADHD UK: Right to Choose**
<https://adhduk.co.uk/right-to-choose/>

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 children and young people with suspected ADHD and autism. Local age criteria and referral routes may vary, so please check current local guidance or speak to CHG if unsure.
- **Shared Care Agreement (SCA)** - A formal agreement between an NHS specialist, GP practice and patient or parent/carer. For ADHD medication, this may allow a GP to prescribe once medication has been started and stabilised by a specialist. Shared care is not automatic.
- **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.
- **Right to Choose** - An NHS pathway that may allow patients to choose an NHS-contracted provider for a first outpatient assessment where referral is clinically appropriate. For neurodivergence, this may include some ADHD or autism assessment providers, depending on provider contract, age group and service scope.
- **Speech and Language Therapy (SLT)** - A service that supports children with communication difficulties, including those associated with autism.

If you have further questions ?

If your child is in school or college, speak to their teacher, tutor or SENCO first.

If your child is under 5, home educated, not in school or college, or there are health, safeguarding, mental health or developmental concerns, contact CHG.

For urgent medical or mental health advice, contact NHS 111. In an emergency, call 999.

