ADHD Parent Support

A compassionate pocket guide to understanding, supporting and advocating for your child

UNDERSTAND • SUPPORT • CONNECT

Different brains. Different needs. Same value.

Space to Breathe Therapy

Understanding ADHD beyond the stereotypes

What ADHD means

ADHD is a neurodevelopmental difference affecting attention regulation, activity levels, impulsivity and executive functions. It is not a measure of intelligence or a sign of poor parenting. The way it appears can vary between children, situations and stages of development.

What parents may notice

A child might lose track of instructions, forget belongings, struggle to start an ordinary task, interrupt, fidget, move constantly or become deeply absorbed in an interesting activity. Difficulties with time, planning, working memory and emotional regulation can also affect daily life.

Look at the whole child

Notice where your child feels confident, where demands become overwhelming and what changes between home and school. Some children work hard to mask difficulties in school and release their distress when they reach home. This does not mean the difficulties are invented.

A helpful starting question

Instead of asking why a child will not do something, ask what is making the task hard to begin, remember, tolerate or finish. A small environmental adjustment can sometimes make more difference than repeated reminders.

IN PRACTICE Choose one supportive adjustment to try this week, and ask your child what they think.

REFLECT What have I learned about what helps my child feel safe, capable and understood?

Different ADHD presentations and co-occurring needs

Presentations

Clinicians describe predominantly inattentive, predominantly hyperactive-impulsive and combined presentations. A presentation is a description of current patterns, not a permanent personality type. Symptoms may change with age and context.

Not every child is visibly hyperactive

Inattention may appear as daydreaming, losing materials, forgetting a sequence or needing more time to organise thoughts. Hyperactivity can also feel like internal restlessness. Girls and children who mask may be overlooked.

Other needs may overlap

Autism, anxiety, learning differences, sleep problems, sensory differences and language or coordination difficulties can coexist. Ask professionals to consider the complete picture rather than assuming every challenge comes from ADHD.

Support before diagnosis

Practical adjustments, predictable routines and compassionate communication can begin while waiting for assessment. A diagnosis can guide care, but children do not have to prove their distress before adults respond helpfully.

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Executive function: why ordinary tasks become hard

The hidden work behind a task

Getting dressed or packing a bag requires starting, remembering steps, shifting attention, judging time and coping with distractions. These skills are often harder for children with ADHD, even when they know exactly what is expected.

Make the task visible

Give one instruction at a time, use a short checklist with pictures if helpful and keep essential items in consistent places. Demonstrate the first step rather than repeating the entire request. Reduce background noise when concentration is needed.

Help with starting

Try a gentle countdown, a shared first minute or working alongside your child. Break a large job into specific actions such as finding socks, putting them on and placing shoes by the door. Build in recovery time.

Keep expectations flexible

A strategy that worked yesterday may fail after poor sleep, sensory overload or a demanding school day. Review the environment and level of support before treating difficulty as defiance.

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Emotional regulation and moments of overwhelm

Understand the nervous system

Some children experience feelings intensely and find it harder to pause before reacting. When overwhelmed, reasoning and language may become less accessible. Behaviour can communicate distress, unmet needs or overload.

During the difficult moment

Lower your voice, reduce demands, give physical space if wanted and prioritise safety. Use brief, reassuring words rather than a long explanation. Avoid arguing, shaming or insisting on an apology while the child is distressed.

Afterwards, reconnect

When calm returns, ask what felt hard and what might help next time. Work together on a signal for needing a break. Repair the relationship if either person became upset. Focus on learning, not punishment.

Watch for patterns

Notice hunger, tiredness, transitions, sensory triggers, social pressure and unexpected changes. If aggression, self-harm or safety concerns arise, seek professional support and make an individual safety plan.

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Supporting routines at home

Predictability without rigidity

Consistent morning, after-school and bedtime anchors can reduce decisions. Keep routines simple and visual. Allow flexibility for difficult days rather than expecting a perfect sequence.

Transitions need preparation

Give an advance warning, explain what is happening next and use a visual timer if it helps. Some children need extra time to stop a preferred activity. A calm transition is more useful than repeated urgent instructions.

Motivation and connection

Use shared interests, movement, play and collaborative problem-solving. Offer meaningful choices. Praise effort, problem-solving and self-advocacy rather than only outcomes. Avoid making affection or basic support conditional on task completion.

Sleep and recovery

Protect a wind-down routine and discuss persistent sleep difficulties with a clinician. A child may need decompression after school before homework, conversation or chores. Recovery is a legitimate need, not a reward.

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Sensory needs, movement and energy

Sensory differences

Sounds, smells, lights, clothing and busy spaces may be distracting or distressing. Others seek movement or sensory input to stay alert. Ask what feels helpful instead of assuming stillness means attention.

Practical adjustments

Consider a quiet workspace, comfortable clothing, movement breaks, noise reduction or a different seating option. Keep adjustments optional and review whether they actually help your child.

Movement can support thinking

Short walks, stretching, fidgeting or standing may help some children regulate. Avoid removing movement or outdoor time as a routine consequence for concentration difficulties.

Capacity changes

A child who coped with a noisy classroom may have little energy left at home. Plan a low-demand period and offer a snack or drink if appropriate. Observe whether physical health, sleep or medication changes affect regulation.

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School support and advocacy

Share a strengths-and-needs profile

Explain what your child enjoys, what helps them learn, where they struggle and how they communicate distress. Include their own perspective. Agree a named contact and a regular review rather than relying on isolated conversations.

Possible adjustments

Examples include clear written instructions, movement breaks, reduced copying, chunked work, a quiet place, extra processing time, visual schedules and support with organising belongings. The right adjustment depends on the child.

When school becomes difficult

Ask what happens before a problem, what support was available and whether demands match current capacity. A child may need help with friendships, unstructured time, transitions or sensory demands as well as lessons.

Working together

Keep communication factual and specific: what was observed, what was tried, what helped and what needs reviewing. In England, ask the school SENCO about SEN support and whether further assessment is needed.

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Friendships, self-esteem and identity

Protect the story your child tells about themselves

Repeated criticism can lead a child to believe they are lazy, naughty or not trying. Separate the child from the difficulty. Explain ADHD in age-appropriate, non-shaming language and recognise strengths alongside support needs.

Social situations can be complex

Interrupting, missing cues, intense feelings or difficulty waiting may affect friendships. Practise repair and communication when calm, without expecting a child to hide their personality to be accepted.

Make room for success

Build regular opportunities for interests, creativity, practical skills and connection. Celebrate curiosity, humour, persistence and original thinking where these genuinely fit your child.

Listen to their experience

Ask which situations feel hardest and which adults make them feel understood. Involve them in decisions about adjustments, privacy and what information is shared with others.

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Assessment, treatment and professional help

Preparing for assessment

Record patterns across home, school and other settings, including onset, impact, strengths, sleep, learning, emotions and any overlapping concerns. Ask school to share observations. A specialist assessment considers development and functioning, not one checklist alone.

Treatment and support options

Support may include psychoeducation, parent training and support, school adjustments, psychological approaches for associated difficulties and medication when clinically appropriate. Decisions should be individual, collaborative and reviewed.

Medication questions

If medication is discussed, ask about expected benefits, possible side effects, monitoring, sleep, appetite, growth and whom to contact about concerns. Never start, stop or change prescribed medication without guidance from the prescribing clinician.

When to seek further help

Speak with a GP or relevant professional when difficulties significantly affect learning, relationships, mood, sleep or safety. If there is immediate danger, use emergency services. In the UK, NHS 111 can advise on urgent non-emergency needs.

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Looking after yourself as a parent or carer

Your capacity matters

Advocacy, school meetings, daily routines and worry about your child can be exhausting. Needing rest or practical help does not mean you care less. Try to share responsibilities where possible.

Small supports count

Ask someone to take one specific task, keep a short list of priorities and allow recovery after difficult conversations. Notice what increases pressure for you as well as your child.

Repair rather than perfection

All parents lose patience sometimes. Acknowledge it, apologise where appropriate and return to connection. Children benefit from seeing adults model repair and asking for support.

Find informed support

Consider a trusted GP, school SENCO, ADHD-informed clinician or reputable parent support organisation. Choose advice that respects your child's dignity and your family's circumstances.

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Quick-reference plan and further support

When things feel difficult

Pause and check: Is my child safe? Are they overwhelmed, tired, hungry or struggling to process instructions? What demand can be reduced? What small, achievable next step could we take together?

A useful phrase for professionals

“My child finds ___ difficult, especially when ___. We have noticed ___ helps. Could we agree ___, identify who is responsible and set a date to review it?”

Your next step

Choose one priority for the coming week: simplify a routine, request a school conversation, document a pattern, arrange an appointment or plan a restorative activity together. Progress need not be immediate or linear.

Further information and safety

NHS ADHD information, NICE guideline NG87, ADHD UK and the ADHD Foundation offer starting points for information and support. This educational guide does not replace individual medical, psychological or educational assessment. If a child is at immediate risk of serious harm, call 999.

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