

Report from

# "Our Stories" A Parents Viewpoint on ADHD

Working Together to find Solutions  
The Discovery Museum  
September 8<sup>th</sup> 2006

## Our Journey



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## **Introduction**

### **Aims:**

The aim of the event was to give parents with children with ADHD an opportunity to tell their families stories. Raise awareness with professionals at all levels including commissioning, work together to identify possible solutions and start to set an agenda for the future.

### **Development:**

We were looking for a creative medium in which parents could tell their stories, after a discussion Jacqui Adams (Parent Participation Worker) and I approached the Discovery Museum to find out if they could help. They kindly offered us the final two weeks contract of a video designer they had commissioned. We set to work immediately; Dominic met with six parents to transform their stories in to digital videos with animation and graphics. The purpose was to set the scene at the ADHD Event and introduce a number of issues relating to health, education, social services and youth/criminal justice.

Because of the high numbers wishing to attend, we were able to include three extra issue groups, which were, adulthood, siblings and early years.

### **Attendees:**

There were one hundred attendees at the event from health, education, social services, youth offending, housing, fire brigade and the voluntary sector. Thirty-five were parents.

Report compiled by:

Paula Robinson

Social Worker

Jacqui Adams

Parent & Carer Participation Worker

We would like to thank the following parents for telling their stories and making the Our Stories Event possible.

Karen Todd

Mell Maitland

Karen Snowdon

Gail Nessworthy

Dawn Willis

Christine Robson

Also thanks to Paddy Snowdon and Dr Catherine Barnaby for their contribution.

## Work Groups

In the morning session each group discussed the issues raised in the digital stories in relation to their individual subject areas, which were:

- Health
- Early Years
- Primary Education
- Secondary Education
- Social Services
- Siblings
- Criminal Justice
- Leisure
- Adulthood

Each group then chose one priority issue to look at in more depth after lunch. A lovely lunch was provided from Oakfield College students.

Each group used the Yellow Brick Road exercise to look at their issue and plan out how they could achieve their goal step by step.

The Yellow Brick Road helped focus peoples thoughts on the practical steps needed to be taken to achieve their goal, the barriers and unforeseen circumstances they may come across and identify what help and support they will need along the way. The yellow brick road is a tool designed by Planning for Real.

### How it worked:



- People wrote on the **footprints** the key steps which need to be taken to achieve their goal and put them onto the road in the order they need to be taken
- People wrote on the **wall** cards any known barriers and difficulties which may stop you getting to their goal and put these on the road where they thought they may occur
- People wrote on the **fallen tree** cards anything they thought might suddenly happen to stop them getting to their goal
- People wrote on the **rucksack** cards any help they feel will be needed to get to their goal
- Everyone worked as a team in the decision making process

## Health 1 Work Group

This group was asked to look at Health. The people in the group included: Karen Wright, Christina Richardson, Donna Perkins – Parents, Michelle Higgins – Social Worker, Chris Champion – Housing, Maggie Lumsden – Families First, Rob Day – Youth Offending Team, Colette Southern – Education, Kirsty Walker – Newcastle College, Christine Cardose – Child and Adolescent Mental Health.

### The main issues raised were:

- Access to Fleming Nuffield Unit, not easy for some families. Local clinics or home visits preferred
- Length of time before diagnosis
- Disbelief from some health professionals
- Not knowing who else to turn to
- Some health professionals also found it hard to access services for families
- Health of whole family effected – stress/anxieties/sleepless nights/low mood
- Medication not the only answer, other supports needed – especially if medication is not the chosen option
- Emotional health of child affected by responses to their behaviour further impacts of behavioural issues (i.e. School exclusions)
- Options and information to be more explicit for parents/carers
- Recognition across agencies (i.e. Housing, that it is a health issue)



## The Yellow Brick Road

Using the Yellow Brick Road the group mapped out what footsteps would need to be taken to achieve their goal, including what help they would need to get there and any barriers or unforeseen circumstances that might stop them.

**Their priority issue was:** (Goal)

**Earlier intervention and recognition of problems. Therefore more awareness amongst agencies and sharing information**



### Steps needed to achieve their goal:

- ☺ Work in partnership with families (family centred approach)
- ☺ Knowledge of 'normal' child development
- ☺ Education for primary care team (GP's, Health Visitors, Other professional)
- ☺ Clear pathways for professionals to follow
- ☺ Parenting courses
- ☺ Lead professional to co-ordinate and review services

### Barriers preventing them achieving this:

- ☹ Lack of awareness and knowledge 'What is ADHD?'
- ☹ Lack of time and resources within School
- ☹ Inequality and access to services
- ☹ Access to information
- ☹ Denial and lack of interest from parents
- ☹ Lack of professional help and support
- ☹ Unable to access support

### Resources needed to achieve their goal:

- ☺ Government led easy access to information
- ☺ Development of training for parents and paid workers
- ☺ Money!



### Unforeseen circumstances that could get in the way:

- ☹ Who is responsible for delivering teaching and awareness raising?
- ☹ Prejudice
- ☹ Bubbling rivalry and resentment
- ☹ Assumptions made that all professionals are aware of ADHD and all it's implications

## Health (2) Work Group

This group was asked to look at health services. The people in the group were; Jane Cairns, Joan Hair, Maureen Barker – parents, Jan Cole – Child and Adolescent Mental Health Service, Jean Skinner – Child and Adolescent Mental Health Service, Carole Ure – Youth Offending Team, Julie Linkier – Northumberland Child and Adolescent Mental Health Service, Brenda Riley – Riverside Community Health Service, Alyson Turner – Newcastle College, Anna Griffith – Child and Adolescent Mental Health Service.

### The main issues raised were:

- Listening
- Family support / involving
- Activities / access
- Parent / carer information and advice
- Mental health advice, support and information to education staff
- Dietary advice
- Diagnosis / regular intervention review
- Communication outside health



## The Yellow Brick Road

Using the Yellow Brick Road the group mapped out what footsteps would need to be taken to achieve their goal, including what help they would need to get there and any barriers or unforeseen circumstances that might stop them.

**Their priority issue was:** (Goal)



### Steps needed to achieve their goal:



- ☺ Early diagnosis
- ☺ Person who diagnoses should start off a process of enabling access to our dream
- ☺ Person who diagnoses follows through by seeing child's teacher or the key worker
- ☺ Induction and support for parent and carer regarding ADHD
- ☺ Key worker, other parents, support groups.
- ☺ Intervention of behaviour modification – how behaviour can be managed. Training for parents and carers
- ☺ Childs understanding of own condition (parent or key worker)
- ☺ Parent group, drop in service and information point (helpline, interactive website)
- ☺ Healthy activities for children and their siblings.
- ☺ Progressive review and also at transition with all involved

### Barriers preventing them achieving this:

- ☹ No funding
- ☹ Not enough staff to spend time
- ☹ Only diagnosed child recognised



### Resources needed to achieve their goal:

- ☺ Training and support for identified child supporter
- ☺ Sleep Programme delivered by Key Worker
- ☺ More informed Key Workers to be involved with the child
- ☺ Compulsory training in CAMHS for all people managing or working with children & young people
- ☺ Information from children & young people, families and carers about what they need in terms of support, advice, information and action

### Unforeseen circumstances that could get in the way:

- ☹ Inconsistency with professionals
- ☹ Person who diagnoses may not know about services outside of their sphere
- ☹ Sustainability of parent groups
- ☹ Who's responsible for the following; accessibility, crèche facilities and funding
- ☹ Lack of access to computers, school library for children/young people with ADHD

## Early Years Work Group

This group was asked to look at Early Years. The people in the group were; Anne Henderson, Julie Oliver, Catherine Puttock, Gloria Clarke – Parents, Jane Tumelty – Child and Adolescent Mental Health, Gill Woltron – Parentline Plus, Amanda Renwick – Health, Catherine Barnaby – Fleming Nuffield, Veronica McKeeton, Liz Anderson – Riverside Community Health Project.

### The main issues raised were:

- Nobody believes you
- Medical professionals need more awareness, know what to look for.
- Better assessments, consistent assessments, behavioural experts, educational professional
- Listening to parents, as parents are the experts they know their child.
- Parents are desperate
- Professionals – provide more than they have resources for
- Nursery – parents have to pay for under 3 years
- Parents find it difficult to join groups because others feel that their children need a good smack
- Early identification – Once identified where is the support?
- 0-5years Sure Start is a Postcode Lottery
- 0-19years Children's Centres (Inequalities)
- Less funding always comes down to money
- More awareness raising on ADHD (Professional, Teachers and Teaching Assistants)
- Broader mindset – what are the implications around ADHD? (In Nursery the child may behave because it's structured)
- Teacher with a special interest



## The Yellow Brick Road

Using the Yellow Brick Road the group mapped out what footsteps would need to be taken to achieve their goal, including what help they would need to get there and any barriers or unforeseen circumstances that might stop them.

**Their priority issue was:** (Goal)

**Early identification in order to provide support.  
Raising Awareness.**



### Steps needed to achieve their goal:

- ☺ Listen to parental concerns
- ☺ Someone to fill 'Child Surveillance' gap
- ☺ Professional to know what to look for and listen
- ☺ Basic healthcare information given and spoken
- ☺ Community support, play, toddlers groups
- ☺ Education system (another observation – school health)
- ☺ Raising awareness for professionals and voluntary agencies
- ☺ Referral to Community Paediatrics
- ☺ Referral to Child Adolescent Mental Health Service (CAMHS)
- ☺ Ongoing long-term support (teachers, parents, grandparents, peers), one-to-one – telephone contact
- ☺ Supported transition into Primary School (May happen more with children's centres)

### Barriers preventing them achieving this:

- ☹ Resources – Staffing levels
- ☹ Community Paediatric Service (diminishing)
- ☹ Professionals not listening to parents
- ☹ Parents blamed
- ☹ ADHD not seen as a disability

### Resources needed to achieve their goal:

- ☺ Sharing information
- ☺ Community support, joint working, primary mental health, health visitors, Parentline Plus, Families First project
- ☺ Support while waiting for CAMHS – Parent Support Workers
- ☺ More joint working (not just lip service)
- ☺ More parent support workers



### Unforeseen circumstances that could get in the way:

- ☹ Information sharing, data protection, Children's Act, confidentiality, human rights
- ☹ Change of staff, bureaucracy e.g. lost notes, Did Not Attend (DNA) appointments

## Primary Education Work Group

This group was asked to look at Primary Education. The people in the group were; Shelia Black, Jo Hutchinson, Jackie Atkinson, Larna March – parents, Judith Lane – Parent Partnership, Zahida Saleem - Children with Disabilities Team, Andy Roberts – Childrens Services, Julie Ramshaw – Short Break Services, Sue Gibbons – Youth Offending Team

### The main issues raised were:

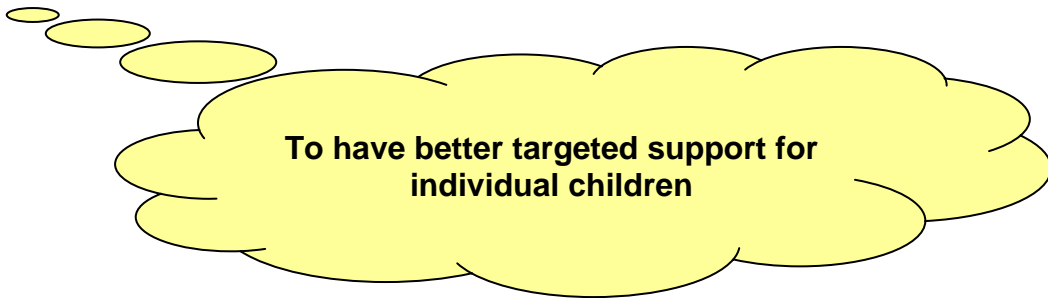
- Identification – raise awareness of ADHD
- Get services sooner
- Raise awareness of the issues involved for families
- Recognise the stress for parents and give them support
- There are barriers to gaining support. “You have to be absolutely desperate before anyone listens”



## The Yellow Brick Road

Using the Yellow Brick Road the group mapped out what footsteps would need to be taken to achieve their goal, including what help they would need to get there and any barriers or unforeseen circumstances that might stop them.

**Their priority issue was:** (Goal)



### Steps needed to achieve their goal:

- ☺ Implementation
- ☺ Communication
- ☺ Understanding
- ☺ Interventions
- ☺ Diagnosis
- ☺ Make contact with health services
- ☺ Teachers need to understand the difficulties and often label the children (e.g. the rotten apples in one barrel)
- ☺ Teachers need to be trained
- ☺ Make sure the diagnosis is right. Once it is agreed then you still need to see if there are any other issues. Don't let ADHD mask other difficulties
- ☺ Training for all teachers and school staff i.e. dinner ladies
- ☺ Teachers need to listen to parents when they describe behaviour management strategies and make individual plans for children
- ☺ We need parent support groups
- ☺ All staff should know about ADHD and be trained in how to care and educate children

### Barriers preventing them achieving this:



- ⊖ No parents on ADHD project group
- ⊖ Lack of shared information from health to education
- ⊖ Lack of resources/funding in school
- ⊖ Had to prove that I wasn't a bad parent
- ⊖ Incomplete diagnosis or misdiagnosis
- ⊖ Size of caseload per Health Visitor
- ⊖ Social Services don't get involved unless the child is in "danger"
- ⊖ Excluded from every day social groups i.e. not being invited to other child's birthday parties and being asked not to go back to mother and toddler groups etc
- ⊖ As a parent knowing that something is wrong with your child. NOBODY believed me.
- ⊖ Getting access to an education psychologist is very difficult and takes a long time
- ⊖ If your child is meeting basic standards then you do not get extra support. This does not let the child meet their "potential"
- ⊖ The child's anxiety created from their awareness of their difficulties can result in other problems e.g. bed wetting, very low self-esteem. "It does not matter how much you tell them they are good people, school etc. give them negative messages."
- ⊖ ADHD results in social exclusion and they rely more on the family
- ⊖ The child's first experience of school is difficult enough without the difficulties created by ADHD
- ⊖ Child and families who use English as a second language have additional needs
- ⊖ Teachers in one school may be better than another
- ⊖ Exclusion from school trips
- ⊖ The bad thing (e.g. non attendance at school) has to happen before you get help
- ⊖ Job share teachers in the first year is not helpful

### Resources needed to achieve their goal:

- ☺ Happy well motivated child
- ☺ Individual education plan
- ☺ Parents have information, experience, strategies, expertise, time and knowledge of the individual
- ☺ In-patient in CAMHS unit
- ☺ Medication
- ☺ Counselling
- ☺ Health visitor
- ☺ CAMHS
- ☺ Social Services
- ☺ We have recognition that ADHD exists and a definition of what it is and how we can get the right support
- ☺ Transition to secondary school – children with ADHD need additional support
- ☺ The Fleming Nuffield looking after the child and showing parents how to manage is helpful.
- ☺ “Staff at Westgate Community College have been good. Can they share this with other schools?”
- ☺ Education Welfare Services



### Unforeseen circumstances that could get in the way:

- ☹ Sudden discharge from services
- ☹ Change in law with regards to medication in schools

## **Secondary Education Work Group**

This group was asked to look at Secondary Education. The people in the group were; Karen Todd, Norma, Ralph and Ashley Williamson, Joanne Edge – parents & grandparents, Paula Adamson - School Nurse, Steve Riches – Fairbridge, Steve Wilkinson – Walbottle, Steve Robertson – Looked After Children and Gavin Hogarth – North East Council of Addictions

### **The main issues raised were:**

- Training for teachers about ADHD
- More time allocated to Special Needs training
- Special Educational Needs Coordinators and other professionals don't believe in ADHD
- Lack of self-esteem, nothing is done in school to improve this
- Someone independent to help parents/students



## The Yellow Brick Road

Using the Yellow Brick Road the group mapped out what footsteps would need to be taken to achieve their goal, including what help they would need to get there and any barriers or unforeseen circumstances that might stop them.

**Their priority issue was:** (Goal)

**For teachers/other education staff to have a greater understanding and tolerance of young people with ADHD, with a pro-active approach**

### Steps needed to achieve their goal:



- ☺ Awareness events/training organised with parents involved in delivery
- ☺ Local Government to plan event
- ☺ Raise awareness with public and schools
- ☺ Parents are aware of who they can talk to
- ☺ Parents and professionals speak to the full council
- ☺ More time allocated for training
- ☺ Use parents groups to influence ADHD Project group
- ☺ Parents Forum influence
- ☺ Parents and professionals speak to full council
- ☺ Parents on ADHD Project group
- ☺ Apply for lottery funding
- ☺ Register of ADHD children
- ☺ Clear definition of ADHD for schools
- ☺ Advocates needed for young people in school, who should/could do this?
- ☺ More specialist provision in school.
- ☺ Opportunity to participate in extra curricula activities
- ☺ Should be included in school trips
- ☺ Need to find positives in behaviour and minor improvements

### Barriers preventing them achieving this:

- ⊗ Official and 'unofficial' exclusions
- ⊗ Funding to raise awareness
- ⊗ Lack of finance for ADHD projects
- ⊗ Time restrictions for school staff
- ⊗ Schools closing ranks
- ⊗ Heads of Children's Services
- ⊗ No-one listens to parents and children!
- ⊗ Schools not welcoming to parents assisting in school or ideas from parents
- ⊗ Schools are totally target driven
- ⊗ Children have to 'fit' into school
- ⊗ Poor interagency working and communication
- ⊗ Inappropriate classes – children are not pushed academically and put with others with behaviour problems
- ⊗ Bullying – from students and teachers. Lack of understanding children and families being labelled

### Resources needed to achieve their goal:

- ☺ Charity nights organised
- ☺ Use celebrity who has ADHD to raise publicity
- ☺ Need to see young people on TV
- ☺ Massive event at St James
- ☺ Balloon day
- ☺ Experts on ADHD to speak to council
- ☺ ADHD Project group with parents on it
- ☺ Funding for young people in mainstream school for extra support, better way for funding to be used
- ☺ Use Learning Mentors

### Unforeseen circumstances that could get in the way:

- ⊗ People leaving posts/long term sick
- ⊗ Family illness/breakdown
- ⊗ Attitudes of professionals



## Social Services Work Group

This group was asked to look at Social Services. The people in the group included; Mell Maitland, Lisa Brattle – Parents, Helen Milner – Newcastle Special Needs Network, Tascha Radford – Sunderland University, Dave Morgan – Social Services.

### The main issues raised were:

- Inclusion
- Recognition by Social Services
- Include Attention Deficit Disorder as well as ADHD in all things to do with Autistic Spectrum Disorder
- Recognise parent/carers are the expert for their own children
- Training of staff to give a wider understanding
- Social Care is everyone's responsibility; children do not always have a 'tag' of ADHD but still have challenging behaviour
- No short breaks for families with children with ADHD
- Professional frustrated in not being able to provide a supportive service for families i.e. short breaks
- Social Services only help with services at crisis point i.e. Child Protection. Why wait until crisis point?
- Preventative services needed
- Accessing mainstream activities – providing support for children with ADHD
- No Summer Schemes for children with ADHD
- Raise profile of ADHD/Staff Training
- How do we include not exclude children?



## The Yellow Brick Road

Using the Yellow Brick Road the group mapped out what footsteps would need to be taken to achieve their goal, including what help they would need to get there and any barriers or unforeseen circumstances that might stop them.

**Their priority issue was:** (Goal)

**Short flexible breaks for ADHD children and their families. Weekdays or Weekends (Daytime)**

### Steps needed to achieve their goal:



- ☺ Recognition that short breaks are needed for children with ADHD (ADD)
- ☺ Provide daytime short breaks to families
- ☺ Parents/carers and children's forums help develop this service
- ☺ Define the service required based on parent's input and children's input
- ☺ Identify and quantify the children/families that need/want this service
- ☺ Secure an agency to provide the service.
- ☺ Recruit staff
- ☺ Sustainability
- ☺ Important to have continued funding for successful services – permanent posts
- ☺ More parental involvement in providing services, the best activities are run by parents themselves

### Barriers preventing them achieving this:

- ☹ Diagnosis of ADHD (ADD)
- ☹ Ownership and responsibility for ensuring we reach our target

### Resources needed to achieve their goal:

- ☺ Figures/feedback/evidence
- ☺ Specific criteria and definition of need
- ☺ Information
- ☺ Supporting parents in decision making process
- ☺ Expertise of parents should be shared with professionals
- ☺ Children's views – ADHD children's forum – Children's Worker to support children
- ☺ Children's services allocate funding for services
- ☺ Training of staff in conjunction with parents
- ☺ Access to service – new families – informing parents/children of service – contact numbers of referral services
- ☺ Money, contracts
- ☺ Keep parents informed, advertise to new parents



### Unforeseen circumstances that could get in the way:

- ☹ Childcare, accessibility of times of meetings
- ☹ Children's services cannot allocate money
- ☹ Over subscribed, more children than resources
- ☹ Staff changes
- ☹ Money withdrawn or run out

## **Siblings Work Group**

This group was asked to look at Siblings. The people in the group included: Judith Nibbs, Joanne Edwards, Elaine Wells – Parents, Nick Brereton – Children's Services, Doug Laidlaw, Carol Reed – Barnardo's, Rachel Parker – Byker Sands Family Centre, Donna Harrison – Westgate College.

### **The main issues raised were:**

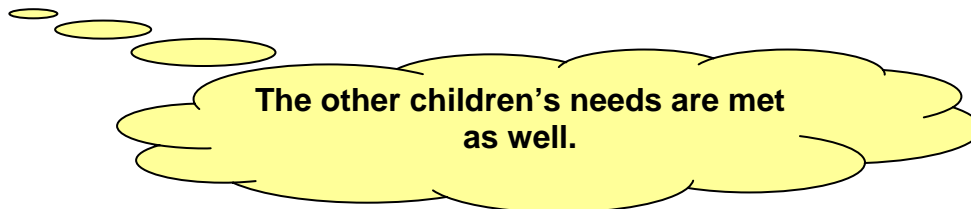
- Attention goes to ADHD child – Others miss out on social activities, having mates round their house
- No support provided to rest of family
- Destructive behaviour in the home
- Other kids go elsewhere for support
- More pressure on the rest of the family
- Other children taking responsibility they ought not to have
- Need different parenting strategies – star charts don't work
- Siblings being used to calm ADHD child down
- Losing out on their education



## The Yellow Brick Road

Using the Yellow Brick Road the group mapped out what footsteps would need to be taken to achieve their goal, including what help they would need to get there and any barriers or unforeseen circumstances that might stop them.

**Their priority issue was:** (Goal)



### Steps needed to achieve their goal:

- ☺ Give children a voice
- ☺ Support for parents
- ☺ Support for siblings
- ☺ Want to do what other kids want to do
- ☺ More awareness in society
- ☺ Provision for ADHD kids e.g. kids clubs and information
- ☺ More supportive schools
- ☺ Understanding
- ☺ Information services
- ☺ Recognise the needs of the whole family

### Barriers preventing them achieving this:

- ☹ No support where I live
- ☹ Can't invite mates round
- ☹ Isolation
- ☹ Don't know where to get information
- ☹ Other people's attitudes
- ☹ Worried the ADHD child will end up excluded again



### Resources needed to achieve their goal:

- ☺ “Supernanny service”
- ☺ Parent support for other parents
- ☺ Peer support for siblings
- ☺ Young Carers support
- ☺ Money for services
- ☺ Someone with the skills and time to include the ADHD child
- ☺ Peer training by parents/young people
- ☺ All information in one place (e.g. Norfolk Service Directory for ADHD and other conditions)
- ☺ Children’s Information Service
- ☺ Respite care so rest of family can spend time together

### Unforeseen circumstances that could get in the way:

- ☹ It takes a crisis to get needs recognised
- ☹ Short term funding project closes
- ☹ ‘The group isn’t here anymore’. Information out of date
- ☹ Lack of confidence can prevent families accessing the services

## **Leisure Work Group**

This group was asked to look at leisure. The people in the group were; Gail Nessworthy and Dawn Willis – parents, Anne Webster – Newcastle Special Needs Network, Chris Toop – Fairbridge and Gerard New from the National Trust Inner City Project.

### **The main issues raised were:**

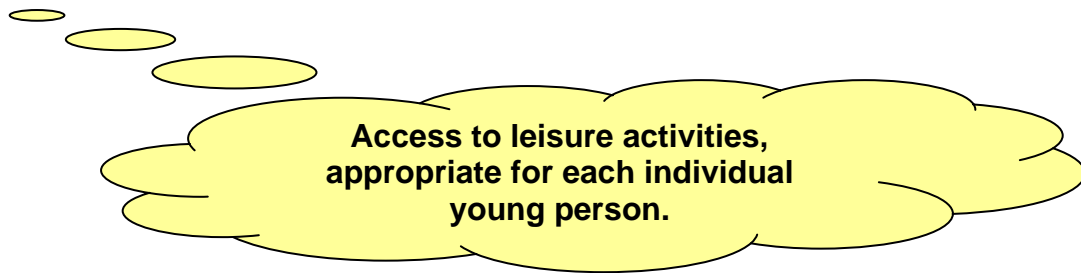
- Lack of services in general
- Accessing mainstream services
- More specialised services for those children whose needs will not be met even with extra support in mainstream activities
- Need individual choices appropriate for each individual
- Difficulty in accessing after school clubs



## The Yellow Brick Road

Using the Yellow Brick Road the group mapped out what footsteps would need to be taken to achieve their goal, including what help they would need to get there and any barriers or unforeseen circumstances that might stop them.

**Their priority issue was:** (Goal)



### Steps needed to achieve their goal:

- ☺ "Look what we can achieve when we all work together"
- ☺ Meet the child/young person first and devise an individual package
- ☺ Work in partnership with other agencies – need to build up trust
- ☺ Implement a mentor system for the young person – along the model of learning mentors in education
- ☺ Training, education and information for all staff on ADHD
- ☺ Be consistent and fair – be aware that ADHD is very individual to each person
- ☺ Give the young person responsibility – draw up a contract, which the young person is involved in formulating. Negotiate contract with young people, workers and parents
- ☺ Increase resources!! – premises, staffing, equipment, money
- ☺ Having a flexible approach towards young people
- ☺ Appropriate training opportunities
- ☺ Find out what activities/services young people want
- ☺ Make sure families know what activities/services are out there

### Barriers preventing them achieving this:

- ☹ Not feeling welcome
- ☹ Lack of suitably trained staff
- ☹ Lack of information on ADHD
- ☹ Not enough staff to offer additional support
- ☹ Not using different/individual strategies – remember that each young person is an individual – “one size fits all” attitude
- ☹ Giving medication
- ☹ Lack of money or funding
- ☹ Stigma attached to ADHD
- ☹ Lack of knowledge of staff in leisure services
- ☹ Lack of training
- ☹ Lack of youth clubs in general
- ☹ Unequal distribution of services/leisure activities



### Resources needed to achieve their goal:

- ☺ Communication strategies for young people, for parents
- ☺ Individual behaviour needs
- ☺ More staff made available to run activities. Partnerships with parents
- ☺ Well-trained, well-informed suitable staff
- ☺ Appropriate premises, staffing, equipment and money

### Unforeseen circumstances that could get in the way:

- ☹ Staffing changes
- ☹ Unrealistic wants/requests
- ☹ Not complying with the contract

## **Criminal Justice Work Group**

This group was asked to look at Criminal Justice. The people in the group were; Karen Snowden, Ann Ingham, Jen Hildreth – parents, Norma Armstong – Housing, Claire Miller – Behaviour Support Service, Vicky Parnanby – Fire Service, Dave Young – Drug & Alcohol Service, Deborah Newman, Beth Waters, Amelia Adie, Reznan Sheikh – Youth Offending Team.

### **The main issues raised were:**

- Parents do not understand role of Youth Offending Team and its association with police
- Role of education – gaps/prevention
- Police don't recognise that ADHD exists
- Different areas – deal with young people differently
- Young people with ADHD stopped more frequently



## The Yellow Brick Road

Using the Yellow Brick Road the group mapped out what footsteps would need to be taken to achieve their goal, including what help they would need to get there and any barriers or unforeseen circumstances that might stop them.

**Their priority issue was:** (Goal)

**To raise awareness and understanding of ADHD among the police service**



### Steps needed to achieve their goal:

- ☺ Education & training for police re ADHD
- ☺ Develop and introduce a policy and guidance
- ☺ Present information to a higher level
- ☺ Statistical research on what works
- ☺ Contact ADHD police expert in Lancashire
- ☺ Get young people diagnosed before they are released so they can be directed and get appropriate support
- ☺ Empathy/respect for parents
- ☺ Accountability
- ☺ Legal rights

### Barriers preventing them achieving this:

- ☹ Police attitude
- ☹ Resistance
- ☹ Confusion around diagnosis, probably a huge number of undiagnosed young people in criminal justice system
- ☹ Police not interested in background problems only the 'crime'
- ☹ Policy not available on ADHD
- ☹ Issues around age of young person, appropriate adult etc

### Resources needed to achieve their goal:

- ☺ Multi-agency network
- ☺ Commitment and support from higher level police
- ☺ Funding
- ☺ Specific person for parents, young person to make contact with
- ☺ Person power
- ☺ Information that Youth Offending Team have about ADHD
- ☺ Information on rights for parents



### Unforeseen circumstances that could get in the way:

- ☹ Capacity, time and commitment
- ☹ Lack of support and commitment/political agenda
- ☹ Capacity to carry out work

## **Adulthood Work Group**

This group was asked to look at Adulthood. The people in the group were; Christine Robson, Sandra Cullen, Jennifer Merritt – Parents, Olwyn Allan – Youth Offending Team, David Robertson – Housing, Deb Collins – Youth Offending Team, Oscar Gates - Parenting Support Coordinator, Russal Stronach – North East Neuro Diversity.

### **The main issues raised were:**

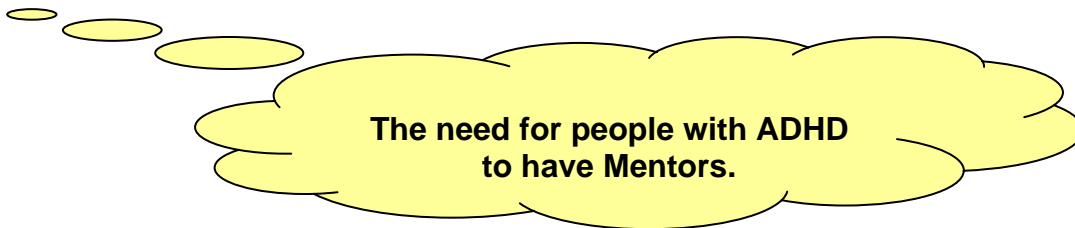
- Lack of access to higher education
- Lack of access to employment
- Loss of access to mental health services
- Lack of understanding within Connexions
- Ability for person to accept help
- Affects on personal relationships
- Can lead to suicidal tendencies
- Problems with benefits



## The Yellow Brick Road

Using the Yellow Brick Road the group mapped out what footsteps would need to be taken to achieve their goal, including what help they would need to get there and any barriers or unforeseen circumstances that might stop them.

**Their priority issue was:** (Goal)



### Steps needed to achieve their goal:

- ☺ Spend money now to save money later
- ☺ Prevent offending by earlier diagnosis and treatment
- ☺ Advocate/mentor to facilitate the young person to become independent and responsible for self
- ☺ Mental Health staff to train mentors and parents to be involved in training to help and understand the young adults themselves
- ☺ Training for Connexions advocate as mentors in respect of ADHD and other disabilities
- ☺ Parents voice is listened to by medical experts
- ☺ Appropriate diagnosis as adult
- ☺ Support transition into further and higher education

### Barriers preventing them achieving this:

- ☹ Finances – is it a priority?
- ☹ Time
- ☹ Communication, parent voice not heard if young adult is over 18 even if he/she wants support from his mum or dad
- ☹ Financial restraint of NHS rather than needs led diagnosis by medical profession
- ☹ Lack of access to medical services due to age
- ☹ Lack of self control
- ☹ Stop medication

- ☹ Lack of concentration
- ☹ Assumption that they have outgrown ADHD

### Resources needed to achieve their goal:

- 😊 Self esteem and self confidence for young people
- 😊 Funding
- 😊 Commitment from adult services



### Unforeseen circumstances that could get in the way:

- ☹ People moving on
- ☹ No strategy to help with the arrival of a new mentor or change of mentor

## Comments from the 'Our Journey' Poster



### Things that don't help:

- ☞ Special Educational Needs Coordinators who don't agree with ADHD
- ☞ People who don't want to learn
- ☞ Child labelled as naughty or parents blamed for lack of discipline
- ☞ "Nowhere to go"!?
- ☞ No ADHD group to sit and cry with!

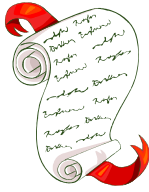


### Things that do help:

- ☞ Recognition and understanding of ADHD spectrum
- ☞ Understandable directory of contact numbers
- ☞ Teachers who want to understand
- ☞ Someone to talk to who knows what its like
- ☞ Not being judged as a bad parent

## Comments from the 'Tree of Ideas'

- Educate the educators (**parent**)
- Better awareness of local authority services working with families (**paid worker**)
- Have a Parents Network in Newcastle (**parent**)
- More training for teachers to raise awareness and learn strategies (**unknown**)
- Support groups for teenagers with ADHD (**parent**)
- Clear guidelines on exclusion for parents, carers and schools (**unknown**)
- Give parents a voice (**parent**)
- Help for all (**unknown**)
- Acknowledge ADHD is real (**parent**)
- Take 'action' not 're-action'! (**unknown**)
- More information on affects of medication for ADHD (**parent**)
- Support for whole family (**unknown**)
- Support for brothers & sisters without ADHD (**parent**)
- Include all children under Autism Strategy (**unknown**)
- Listen to these children they have opinions too (**parent**)
- A parents helpline (**unknown**)
- Negative comments from teachers don't help anyone (**parent**)
- Holiday play schemes with the right level of support (**parent**)
- More information needed in public places, doctors, dentists, libraries, hospitals (**grandparent**)



## Main Themes

The main themes that came out in all the work groups were:

### 💡 **The need for Family Support**

- The need to get services sooner
- The need for preventative services

### 💡 **Diagnosis:**

- Early
- Comprehensive
- Correct
- Linked with other diagnoses and services e.g. ASD

### 💡 **Awareness of ADHD across all agencies and the public**

### 💡 **Training for workers across all agencies.**

### 💡 **Professionals not believing ADHD exists**

### 💡 **The effect ADHD has on the whole family including siblings.**

### 💡 **Harmful negative attitudes towards the child with ADHD.**

This gives the child low self-esteem and can make their behaviour worse.

### 💡 **Better assessments:**

- More comprehensive
- Linked to other assessments from other services
- Looking at the whole picture

### 💡 **The need for specific funding for ADHD.**

### 💡 **Accessing services, mainstream and specialist.**

### 💡 **Acknowledging that parents are the experts on their own children and professionals working in partnership with them.**



## Priority Issues (Goals)

The priority issues each table came up with were:

**Health 1:** Earlier intervention and recognition of problems.  
Therefore more awareness amongst agencies and sharing information

**Health 2:** Post – diagnosis / support / advice / information and action

**Early Years:** Early identification in order to provide support. Raising Awareness

**Primary Education:** To have better targeted support for individual children

**Secondary Education:** For teachers/other education staff to have a greater understanding and tolerance of young people with ADHD, with a pro-active approach

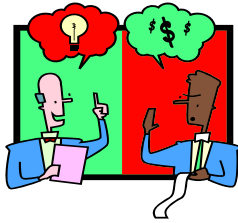
**Leisure:** Access to leisure activities, appropriate for each individual young person

**Social Services:** Short flexible breaks for ADHD children and their families.  
Weekdays or Weekends (Daytime)

**Siblings:** The other children's needs are met as well

**Criminal Justice:** To raise awareness and understanding of ADHD among the police service

**Adulthood:** The need for people with ADHD to have Mentors



## Recommendations

- ↳ Hold a similar event just for education
- ↳ Work streams to be developed from each work group on the day to take forward and develop the actions recommended
- ↳ Parents to be involved in all the work streams including the Care Pathway group
- ↳ Publish the report from the day and send to everyone who came, include contact list of attendees. Also copies for general distribution and relevant services
- ↳ Hold a feedback event on the actions taken in 1 year's time
- ↳ Set up a Parents Reference Group that feeds into the Management Interagency group
- ↳ A minimum of 2 parents to attend Management group acting as a link between the Parents group and the Management group
- ↳ Make sure all meetings are family friendly and take account of parents needs such as time, venue and childcare

## Newcastle ADHD Family Questionnaire - Analysis

Questions were taken from the ADDISS Families Survey completed in July 2006. (Attention Deficit Disorder Information and Support Service)

12 questionnaires were completed.

2. How old are your children with ADHD (to the nearest year) and what sex are they?

Male	–	10
Male	–	12
Male	–	13.5
Male	–	15
Male	–	14
Male	–	11
Male	–	13
Female	–	9
Male	–	5
Male	–	12
Male	–	17
Male	–	10
Male	–	12
Male	–	7
Male	–	7 x 2 (Twins)

3. Do you/your partner have diagnosed or suspected ADHD?

No  
Father  
No  
No  
No  
No  
No  
Father  
No  
Father  
No  
Father  
No  
No

4. How old was your child (to the nearest year) when they were diagnosed?

4  
3  
11  
7  
7  
4

5  
11  
6  
7  
12  
4  
7 (Twins)

5. How long did it take (from date of referral to Consultant/Healthcare Professional) for your child to be diagnosed with ADHD?

3+ - 6 Months  
More than 2 years  
12+ - 18 Months  
More than 2 years  
6+ -12 Months  
6+ -12 Months  
3+ - 6 Months  
18+ - 2 Years  
More than 2 years  
More than 2 years  
1-3 months  
6+ -12 Months  
More than 2 years  
6 – 18 months

The ADDISS Survey found that for almost 80% of children, a diagnosis took longer than three months from time of referral. 58% of children were diagnosed within one year of referral, 21% of these were diagnosed within three months.

6. When your child was diagnosed with ADHD, did your Consultant or other Healthcare Professional provide you with any of the following?

Written information for families about ADHD - 6  
Details of local support groups - 1  
Enough information on potential medications/non medical treatments - 4  
The opportunity to be involved in the choice of medication prescribed for your child (if any) – 2

The ADDISS Survey found:

- 45% of parents were provided with written information;
- 37% were given information on medical treatments.

7. Were you happy with the consultation that led to a diagnosis of ADHD?

**Yes – 7**

'Was straight forward and relatively quick compared to some families'

'Because now we know with what we have to deal with'  
'I saw lots of different child health professionals before finally being referred to an ADHD specialist who went through all criteria with us and school before diagnosis'  
'Everything was explained very clearly'  
'Because it was proven that my child did have a condition'  
'I knew there was something different about him, it was a relief to have it confirmed'

**No – 2**

The ADDISS Survey found that 63% of parents were happy with the consultation process that led to diagnosis.

8. Was the consultation that led to a diagnosis of ADHD child friendly?

**Yes – 10**

**No – 3**

9. Have you ever been offered any of the following?

Anger management training - **1**  
Parenting classes/programme – **2**  
Social skills training - **1**  
Occupational therapy - **2**  
Speech and language therapy - **4**  
Respite care – **3** (Active Care & St Cuthbert's Care – Not Overnight)  
Others (Please state) - **0**  
None – **8**

The ADDISS Survey found half of the parents surveyed had not been offered a parenting programme.

10. Have you been offered any of the parenting programmes below?

Webster-Stratton - **1**  
1-2-3 Magic - **0**  
Nurturing Programme – **1**  
Generic/Unnamed - **0**  
Other - **1**  
None – **10**  
Barnardo's - Haven't yet attended

11. If you have been offered any of the parenting programmes, using the scale shown, please circle a number to indicate how helpful these have been.

	Not at all Helpful	Fairly helpful	Very Helpful		
Webster/Stratton	1	2	3	Don't know	Doesn't know/ too soon to tell
1-2-3 Magic	1	2	3	Don't know	Doesn't know/ too soon to tell
Nurturing Programme	1	2	3	Don't know	Doesn't know/ too soon to tell
Generic/Unnamed	1	2	3	Don't know	Doesn't know/ too soon to tell
Others (Please tell us what _____)	1	2	3	Don't know	Doesn't know/ too soon to tell

- Webster/Stratton – 2 (Fairly helpful)

12. Does your child have a diagnosis of any co-morbid/co-existing conditions?

Yes – Epilepsy

Yes – Asperger

Yes – Tourette's syndrome

Yes – Tourette's, Speech & Language & some traits of Autism

Yes – Autistic Spectrum Disorder

No – 7

No – suspected but unable to diagnose until ADHD is under control

The ADDISS Survey found 46% of children of the parents questioned had a co-morbid or co-existing condition.

13. How long after the original diagnosis of ADHD did they receive a diagnosis of co-existing conditions (e.g. Tourette's, Conduct Disorder, and Aspergers)?

2.5 years later

Same time

4 Years

14. Does your child with ADHD participate in out of school/recreational opportunities?

Yes - 8 2 Swimming, 2 Football, 1 Ten Pin Bowling, 1 Extended School Day, 2 Karate

**No - 6**

The ADDISS Survey found that: 57% of parents said their child's ability to make friends has been "very affected" and 60% of parents said their child's ability to keep friends for any length of time has been "very affected".

15. Has your child been permanently excluded from school?

**Yes – 2**

Lost count of how many time  
2-day exclusions

**No – 10**

Suspended several times – special unit & twilight school  
Numerous temporary unofficial exclusions

The ADDISS Survey found that 92% of parents surveyed stated that their ADHD child's ability to achieve at school was affected by their ADHD and 39% reported that their child had been "fixed term" excluded from school as a result of their condition.

16. Has your child with ADHD ever been in trouble with the police?

**Yes - 4**

Shoplifting  
Lighting fires  
Throwing eggs at x-friends home in retaliation  
Drunk & disorderly, substance abuse, burglary & fighting

**No – 9**

The ADDISS Survey found that 19% of children with ADHD had been in trouble with the police.

17. Has your child ever received any help from Social Services?

**Yes – 3 (1 – Respite Care)**

**No - 9**

The ADDISS Survey found that almost 80% of families had been offered no help from Social Services.

18. Have you/your partner ever lost a job as a result of ADHD within the family?

**Yes – 4**

**No – 9**

The ADDISS Survey found that 15% of parents had lost their job as a direct result of caring for their ADHD child.

19. Have you/your partner been unable to seek employment as a result of ADHD within the Family?

**Yes – 6**

**No - 6**

The ADDISS Survey found that 33% of parents had been unable to seek employment as a result of ADHD in the family.

20. Have you experienced marital distress or divorce/separation as a result of ADHD within the family?

**Yes – 8**

**No – 5**

The ADDISS Survey found that 65% of the parents surveyed had divorced, separated or experienced marital distress as a result of ADHD within the family.

21. Have you/your partner been treated for depression as a result of ADHD within the family?

**Yes – 10**

**No – 3**

The ADDISS Survey found that 48% of the parents surveyed have been treated for depression as a result of ADHD in the family.

22. Do you think your child's ADHD has affected your other children who do not have ADHD?

**Yes –**

'He gets more attentions'

'They try to copy'

'On outings and aggression)

'All attention is on child with ADHD'

'Fight and shout at each other'

'Takes more of my time and can sometimes really annoy others'

'Doesn't know when to back off'

'Cause disruption in the family home'

'Do not get on - other children want to leave home'

**No – 2**

'Both have ADHD'

23. Have you been able to access any support for your children who do not have ADHD?

Yes – 1 Kids n Us

No – 9

24. Has your child's ADHD ever affected your family's ability to do any of the following? (Please tick all that apply)

Go shopping - 12

Eat in a restaurant - 12

Go on holiday - 12

Go on a day trip - 11

Visit friends - 12

Visit family - 12

Have friends or family over to your house - 11

Others? – 4

- 'Sleep'
- 'Go outdoor'
- 'Everyday things like watching TV and playing board games'
- 'Everything'
- 'Embarrassment'

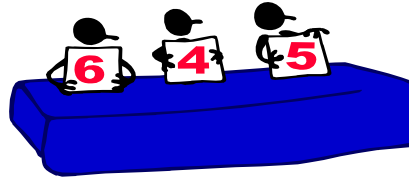
None - 0

### **Fitting in with the National Picture**

The ADDISS Family Survey was conducted by ADDISS in 2006.

Questionnaires were distributed to parents of children with ADHD who had called the helpline and also through the local affiliated groups and some NHS clinics. 526 responses were analysed on behalf of ADDISS by Branding Science in August 2006.

Although our results came from a very small sample it is interesting to compare these with the national survey. The results show similar issues being raised. These issues were raised in more detail throughout the workshops on the day.



**Our Stories  
Parents Evaluation Report – 18 Responses**

**1. Did you find the day useful?**

<input checked="" type="checkbox"/>		18	Yes
<input checked="" type="checkbox"/>	No	0	

If no, what could we have done better?

- No suggestions given

**2. Did you feel involved; were you able to get your views heard?**

<input checked="" type="checkbox"/>	Yes	18
<input checked="" type="checkbox"/>	No	0

**4. Would you like more events like this in the future?**

<input checked="" type="checkbox"/>	Yes	18
<input checked="" type="checkbox"/>	No	0

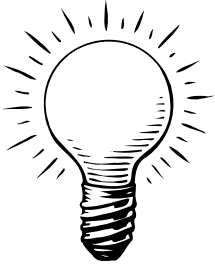
If yes have you any ideas or suggestions for future events?  
If no please tell us why and what we could do better?

## Comments and Suggestions were:



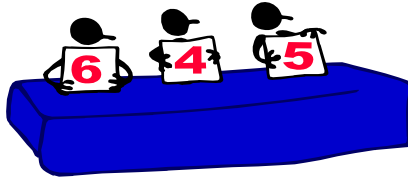
### Could do better:

- × More preparation beforehand in case electronic equipment doesn't work



### Ideas:

- ☺ ADHD Awareness Day
- ☺ More information on practical issues, how to get help
- ☺ Bigger event
- ☺ Press coverage/publicity
- ☺ Department managers to realise what changes need to be implemented
- ☺ Regular events would be good – maybe every couple of months
- ☺ More parents/carers to attend
- ☺ To understand that ADHD helps you to cope
- ☺ Getting more school and parents involved in future events
- ☺ Have monthly and every 6 month events
- ☺ I would like my child with ADHD to come and give his opinion on what he would like to happen in the future



## Our Stories Professionals Evaluation Report - 27 Responses

### 1. Did you find the day useful?

<input checked="" type="checkbox"/>	Yes	27
<input checked="" type="checkbox"/>	No	0

#### Comments and suggestions were:

- To have another Citywide event
- More round tables
- Better sound equipment
- Crèche facilities

### 2. Did you feel involved; were you able to get your views heard?

<input checked="" type="checkbox"/>	Yes	27
<input checked="" type="checkbox"/>	No	0

#### Comments and suggestions were:

- It was one of the best events I've ever been to and I've been to lots
- Larger tables, bigger groups

### 4. Would you like more events like this in the future?

<input checked="" type="checkbox"/>	Yes	27
<input checked="" type="checkbox"/>	No	0

If yes have you any ideas or suggestions for future events?  
If no please tell us why and what we could do better?

## Comments and suggestions were:

### Good:



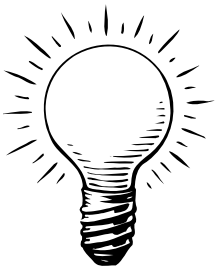
- ✓ Group working was excellent and information/ideas exchanged were very helpful
- ✓ Definitely – raise awareness across a wide spectrum of individuals
- ✓ A major priority for me would be the inclusion of parents in this group
- ✓ Today's big impact for me was hearing the experiences and concerns of parents

### Could do better:

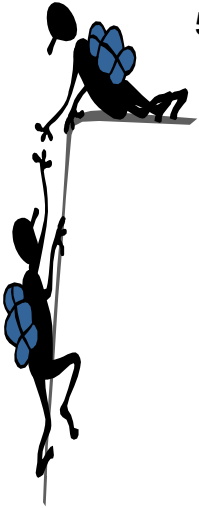


- × Unfortunately due to technical problems the audio/visual presentations were poor
- × Better venue for sound and workshops
- × Better sound system
- × Crèche facilities
- × I would have liked the opportunity to speak to more parents

### Ideas:



- ☺ Parents leading workshops
- ☺ Having an event for services that work with families and explain what ADHD and other behavioural and dispel myths
- ☺ An event that shows/explains where to sign post
- ☺ More about other autistic disorders
- ☺ Other illnesses like touretts, aspergers and drug problems
- ☺ Perhaps a workshop on sensory services in ASD (including ADHD/ADD) raising awareness, understanding and treatment of sensory issues
- ☺ Invite T.V., press, celebrities, councillors
- ☺ Make it bigger at St James type venue
- ☺ Events that go into schools (on teacher training days) and train whole staff teams
- ☺ Events for focus and feedback
- ☺ Yes please! With more parents and some success stories
- ☺ Any other awareness sessions to improve understanding and meet other people affected
- ☺ More events locally
- ☺ Include more parents and children/young people with ADHD – what do they want/need from professionals
- ☺ Find ways of involving mainstream education
- ☺ Training in general
- ☺ Specific event for those in education presented by parents rather than professionals
- ☺ I would like a forum of some kind for parents across the whole of the north east region



**5. Professionals please could you tell us what would help you to support children/young people with ADHD in your area of work?**

- More people gaining a greater understanding of ADHD
- I would like to do my bit to raise awareness of ADHD – especially training professionals who work with young people e.g. police, teachers
- Learning mentor – talk to parents and carers of those with ADHD
- Community Project Worker – More resources for family support and activities
- Family Support Worker
- Joined up working
- More listening to children and parents
- Resources that are appropriate for young people with ADHD. Many of the current resources take too long
- More information
- Earlier diagnosis
- More conferences like this one
- Work/Liaise with other service providers so we can offer better services
- Strategies to manage behaviour
- Listen to what has been said today
- More action, less politics
- Accessible support services
- Responses around ADHD staff training
- Training for staff within college regarding ADHD and other CAMHS issues?
- A contact list from today's training
- Regular updates on initiatives and information sources
- SCAO in Newcastle Youth Offending Team
- Regular system of meetings/working groups to drive through positive changes
- Better training for education and support staff
- Attitudes make all the difference
- Path of diagnosis and where we can signpost/refer at different stages



## “Our Stories”- A parent’s viewpoint on ADHD Parent Participation Results - 10 replies

What you say matters  
Together we can make a difference



### 1. What do you think the best way is for parents to be involved in decision-making and service planning processes for ADHD?

a) Have a Parents Forum for ADHD where parents could meet together regularly and share information? 9

b) Have more events like this one? 8

c) Any other suggestions

- The time limits are against us for our children so don't prolong any decisions
- Fun days so kids can get involved and people might get to understand what their minds are like and how they cope
- Awareness days for public, professionals, etc
- Leaflets

### 2. How do you think parents' views should be represented at a strategic level on the ADHD Project Management Group?

a) Have a Parents Reference Group that feeds into the Management Group? 6

b) One parent representative from each support group (KICK, Oasis, Newcastle East End) attends the Management Group? 4

c) One parent representative from a Parents Forum for ADHD attends the Management Group? 2

d) Any other suggestions

- Should only be groups who show commitment and turn up
- Parent rep from parents forum for children with disabilities go to management group

### List of Attendees

<b>Name:</b>	<b>Organisation:</b>	<b>Contact Address:</b>	<b>Tel:</b>
Alyson Turner	Newcastle College	Newcastle College (Mandela)	0191 226 7558
Amanda Renwick	Health	Newcastle PCT, Hamilton Centre	0191 267 8615
Andy Roberts	ADHD Ref Group	CAMHS Social Care Coordinator Room 127, Social Services, Civic Centre, Newcastle, NE18PA	0191 277 74 80
Ann Ingham	Parent		
Anna Griffith	Child and Adolescent Mental Health Service	Fleming Nuffield Unit	
Anne Webster	Newcastle Special Needs Network		0191 284 0480
Ashley Williamson	Parent		
Brenda Riley	Riverside Community Health Project		0191 226 0754
Carol Ure	Interactive Project Youth Offending Team	C/O Inter Active Project, Raby Street Play & Youth Centre	0191 265 2982
Catherine Barnaby	Fleming Nuffield	Fleming Nuffield Unit, Tyne House, Jesmond.	0191 219 6470
Catherine Puttock +1	Parents		
Cherry Raymond	Drug 'n' Alcohol	Young Peoples, Archbold House, Archbold Terrace.	07760 176640
Chris Champion	Housing	YCH Property 18 Newbridge Street. NE1 8AW	0191 277 2020
Chris Toop +1	Fairbridge	West 15, Whickham View, Benwell.	0191 245 5422
Christine Cardose	Child and Adolescent Mental Health Service	Fleming Nuffield Unit, Tyne House, Jesmond.	0191 219 6470
Christine Robson	Parent		
Clair Miller	Behaviour Support Service	Linhope	0191 264 6360

Collette Southern	Education	Lemington Centre, Tyne View	0191 267 4329
Dave Morgan	Social Services	CAMHS, St Nicholas Hospital, Gosforth	
Dawn Willis	Parent		
Deb Collins	Youth Offending Team	Newcastle YOT	0191 277 7377
Deborah Newman	Youth Offending Team	Newcastle YOT	0191 277 7377
Donna Harrison	West Gate College	Westgate CC	0191 241 0200
Donna Perkins	Parent		
Gail Nessworthy	Parent		
Gavin Hogarth	North East Council on Additions	D&A, Ground Floor, Archbold House, Arhbold Terrace, Jesmond. NE2	
Gerard New	The National Trust Inner City Project	Holy Jesus Hospital, City Road, NE1 2AS	0191 255 7610
Gill Woltron	Parentline Plus	Parentline Plus, 10 Lambton Rd, Jesmond, NE2 4RX	0191 281 4881
Gloria Clark	Parent		
Helen Milner	Newcastle Special Needs Network		0191 284 0480
Jackie Atkinson	Parent		
Jan Cole	Child and Adolescent Mental Health Service	Fleming Nuffield Unit, Tyne House, Jesmond.	
Jane Cairns	Parent		
Jane Tumelty	Child and Adolescent Mental Health Service	CAMHS, St Nicholas Hospital, Gosforth	
Jean Skinner	Child and Adolescent Mental Health Service	Tyne House, Northern Counties School	0191 219 6482
Jennifer Hildrett	Parent		
Jennifer Merritt	Parent		

Jo Hutchinson Parent

Joanne Edwards Parent

Judith Lane Parent Partnership Disability North, The Dene Centre 0191 284 0480

Julia Liniker Northumberland Child and Adolescent Mental Health Service Aisling Centre, Northumberland CAMHS 01670 564 100

Julie Oliver Parent

Karen Snowdon Parent

Karen Todd Parent

Kirsty Walker Newcastle College Rye Hill Campus

Liz Anderson Riverside Community Health Project 13 Hodgkin Park Rd 0191 273 3273

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Steve Wilkinson	Fairbridge	West 15, Whickham View, Benwell.	0191 277 7377
Sue Gibbons	Youth Offending Team	Newcastle YOT, Scottish Life House	0191 277 7377
Tascha Radford	Psychology Sunderland	University of Sunderland. SR6 0DD	0191 515 2616
Veronica McKeeton	Riverside Community Health Project	Riverside Health Project	
Vicky Parnaby	Fire Service	TWFRS SHQ, Barmstron Mere. SR5 3QY	0191 444 1592
Warren White	Walbottle	Walbottle Campus Technology College, Hexham Rd, Walbottle, Newcastle.	0191 267 9678
Zahida Saleem	Children with Disabilities Team	General Hospital, West Road	0191 256 3510
Nicola Stobbs	Parent		
Kevin Ragan	Families First	30 Lancaster Drive	0191 280 7532
Poppy Ionides	Educational Psychology Service	EPS, Springfield Centre. NE5 3HU	0191 277 4577
Elaine Wells	Parent		
Judith Knibbs	Parent		