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Attention Deficit Hyperactivity Disorder (ADHD) Referral Pathway for Children 3-18 Years of Age Guideline

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Brief Summary of Document:	Referral pathway to secondary care for children 3 – 18 years, suspected with ADHD, in Hywel Dda University Health Board.
Scope	This guideline is applicable to all HDUHB Community & Acute Paediatric Service, Public health team and Schools. The guideline is provided as a resource (or reference source) to aid General Practitioners, Public health team, Education Authority, Social Services and Voluntary organisations related to ADHD for identification, early interventions and referral to community paediatric service

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To be read in conjunction with:	NICE guidelines
Patient Information:	Include links to Patient Information Library

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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New guideline	29/10/2021

Glossary of terms

Term	Definition
ADHD	Attention Deficit Hyperactivity Disorder
ODD	Oppositional Defiant Disorder
ALN	Additional Learning Needs
ALNCO	Additional Learning Needs Coordinator
FRAIT	Family Resilience Assessment Instrument Tool
HKD	Hyperkinetic disorder
NDT	Neuro Development Team
NICE	National Institute for Health and Care Excellence
TAF	Team Around the Family
TAPPAS	Team Around the Pupil Parent and School
ELSA	Emotional Literacy Support Assistant
ASD	Autistic Spectrum Disorder
HCWP	Healthy Child Wales Programme
IEP	Individual Educational Plan
IDP	Individual Development Plan
DSM 5	Diagnostic & Statistical Manual of Mental Disorders 5th Edition
ICD 10	International Classification of Disease 2010 version

Keywords	ADHD, Attention Deficit Hyperactivity Disorder, Referral Pathway
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1. Aims

The aims of this guideline are:

- To promote a shared multi-agency understanding and approach to the management of ADHD & / or difficult behaviour in children and young people 4 -18 years living in Carmarthenshire, Ceredigion, and Pembrokeshire.
- To offer a framework for the identification, assessment, management and care of pre-school and school aged children who are presenting with a range of behaviours and emotions including those that will meet the criteria of Attention Deficit Hyperactivity Disorder ADHD/hyperkinetic disorder (HKD) as defined by DSM-V and ICD-10 respectively and associated behaviours
- To enable professionals from different disciplines and agencies involved in care of children and young people, to work together consistently and effectively to achieve the best outcomes for children, young people, and families.
- To ensure that service users receive an equitable service.

There are current NICE Guidelines written specifically for ADHD, but none exists for the broader definition of behaviour difficulties. This pathway is based upon the recommendations of the NICE Guidelines (NICE – NG 87) published in March 2018, last updated September 2019, for the management and treatment of ADHD.

2. Objectives

Service Organisation & Training – NICE 2018

*Every locality should develop a multi-agency group, with representatives from multidisciplinary specialist ADHD teams, paediatrics, mental health and learning disability trusts, forensic services, child and adolescent mental health services (CAMHS), the Directorate for Children and Young People (DCYP) (including services for education and social services), parent support groups and others with a significant local involvement in ADHD services. The group should:

- oversee the implementation of this guideline
- start and coordinate local training initiatives, including the provision of training and information for teachers about the characteristics of ADHD and its basic behavioural management
- oversee the development and coordination of parent-training/education programmes
- consider compiling a comprehensive directory of information and services for ADHD including advice on how to contact relevant services and assist in the development of specialist Teams. [2008, amended 2018]

*Unmet need as:

There are currently no specialist multi-disciplinary teams or discrete provision within the Health Board for ADHD and there is no specialist ADHD nurse within the Health Board

3. SCOPE

This guideline is applicable to all HDUHB Community & Acute Paediatric Service, Public health team and Schools.

The guideline is provided as a resource (or reference source) to aid General Practitioners, Public health team, Education Authority, Social Services and Voluntary organisations related to ADHD for identification, early interventions and referral to community paediatric service.

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4. Definitions of Attention deficit hyperactivity disorder (ADHD)

ADHD is a lifelong common behavioural disorder in children and young people. It usually becomes evident in early childhood. The core behavioural symptoms of ADHD include:

- Inattention – unable to concentrate for very long or to finish a task, disorganised, often losing things, easily distracted and forgetful, unable to listen when people are talking
- Hyperactivity – refers to excessive motor activity such as fidgety and unable to sit still, restless (children may be running or climbing much of the time), talking constantly, noisy, having difficulty doing quiet activities
- Impulsivity – refers to hasty actions that occur in the moment without forethought such as speaking without thinking about the consequences, interrupting other people, unable to wait or take their turn.

Symptoms vary depending on context within a given setting and symptoms profile can be changed with age. However, a person with ADHD has symptoms most of the time that can seriously affect their everyday life. They may also be clumsy, unable to sleep, have temper tantrums and mood swings and find it hard to socialise and make friends. In order for a diagnosis to be made, the symptoms of ADHD will be evident in more than one setting. (DSM V & ICD 10)

5. Diagnostics

There are two main diagnostic systems are in current use; ICD-10 & DSM-V. In ICD-10 ADHD is known as Hyperkinetic disorder (HKD).

DSM-V Diagnostic Criteria

- List of symptoms must be present for past 6 months
- Must have six (or more) symptoms of inattention **and/or** hyperactivity–impulsivity in children (up to 16 years)
- **Several symptoms present before 12 years of age**
- Several inattentive or hyperactive-impulsive symptoms must be present in two or more settings (e.g. school and home)
- Clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.
- Should exclude other mental disorders.

ICD-10 HKD Diagnostic Criteria

It is used to diagnose HKD, a more impairing form of ADHD

- List of symptoms must be present for at least six months
- Must have:
 - At least six symptoms of inattention **AND**
 - At least three symptoms of hyperactivity **AND**
 - At least one symptom of impulsivity
- Onset of symptoms no later than 7 years of age
- **Impairment of symptoms must be present in two or more settings (e.g. school and home)**
- Significant impairment: social, academic, or occupational

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Difficult or challenging behaviour can be associated with:

- Attachment issues
- ADHD
- ODD or Conduct disorder
- Autistic spectrum Disorder
- Sensory processing difficulties
- Isolated speech delay
- Global development delay / Severe learning disability

The Following groups may have increased prevalence of ADHD compared with the general population (NICE -2018):

- people born preterm
- looked-after children and young people
- children and young people diagnosed with oppositional defiant disorder or conduct disorder
- children and young people with mood disorders (for example, anxiety and depression)
- people with a close family member diagnosed with ADHD
- people with epilepsy
- people with neurodevelopmental disorders (for example, autism spectrum disorder, tic disorders, learning disability [intellectual disability] and specific learning difficulties)
- adults with a mental health condition
- people with a history of substance misuse
- people known to the Youth Justice System or Adult Criminal Justice System
- people with acquired brain injury.

ADHD can be under-recognised in girls and women (NICE – 2018) and that: -

- they are less likely to be referred for assessment for ADHD
- they may be more likely to have undiagnosed ADHD
- they may be more likely to receive an incorrect diagnosis of another mental health or neurodevelopmental condition.

6. Identification and Referral

Children and young people presenting with indications of ADHD may be identified in a range of settings and by various carers and professionals i.e.

- Family/Parents/ Carers
- GP
- Health Visitor/ School Health Nurses

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- Playgroups/nurseries/family centres (for pre-school children)
- Schools/ALNCO's/other education professionals
- Social Workers
- Professionals working within Specialist Child and Adolescent Mental Health Services
- Paediatricians
- Occupational Therapists and other health professionals
- Youth Offending and prevention service

Therefore, currently initial referral route differs both according to the age of the child (pre-school or school age) and to the context in which concerns are initially expressed. As a result, secondary care ADHD service receive huge number of inappropriate referrals without initial interventions that have to be implemented by primary care professionals. Not all children and young people with difficulties suggestive of ADHD will warrant a specialist referral. This will depend on the severity of child's difficulties and their response to initial behavioural intervention and family support.

As professionals, we have a responsibility to work in partnership with children/young people/families and each other, to identify and initiate early interventions to prevent difficulties from escalating and affecting quality of life. The most effective outcomes are achieved when families are able to manage these difficulties without resorting to specialist services unless all early intervention resources have been found to not be appropriate.

There would be an expectation that families engage in interventions/services offered and this support continues as part of the collaborative approach in the management and treatment of the family, child/young person's behavioural needs and to support their strengths

Consideration will need to be given to address the particular needs of service users in relation to relevant protected characteristics' e.g. race; disability etc. to ensure accessibility and equitable provision of service.

7. Guideline steps for Referral

7.1 Pre-School age

The preferred route for referrals to secondary care for assessment and diagnosis of pre-school children with suspected ADHD is via the health visitor, after implementing the recommended initial assessment and interventions. Referrals from GP's should include the same information and actions.

Parents will often approach their Health Visitor or GP for advice. GP's and Health Visitors should work together in partnership with the family to provide advice, information, and signposting to community support services available. The Health Visitor may consider taking further action as detailed below.

Staff in early year's centres, nurseries or playgroups may have concerns regarding a child's behaviour. For minor issues, information and advice on managing children's behaviour can be provided to parents. They also can refer to other support services available in their community e.g. Family Centres, Flying start, Team around the Family (TAF). Referral Scheme/Early Years/Entry to education ALNCOs can also be consulted. Where families appear to require more than advice, information and sign posting to a multi-agency approach can be considered

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Staff in Early Years Centres, nurseries and playgroups should express their concerns with the parents and consider obtaining parents' consent to inform and include the child's Health Visitor.

If indicated after an initial review using the current Healthy Child Wales Program (HCWP) the Health Visitor should determine if an assessment of the child's development using the Schedule of Growing Skills (SOGS) is appropriate. The FRAIT (Family Resilience Assessment Instrument Tool) will also be completed. FRAIT will be used to assess the degree of family resilience in the context of a child presenting with behaviours that challenge. FRAIT is not a child development tool but an important component of a holistic assessment. The HV would complete a FRAIT for each family review and update when there are any changes.

FRAIT

This is a comprehensive and holistic family assessment that takes in to account a complex range of factors to include

- Parental mental health
- Bonding and attachment
- Child development
- Family relationships
- Parenting capacity

Depending on the outcome of health visitor's assessment referral to appropriate agencies and professionals should be done by the health visitor as follows;

- A child with hyperactivity and features **suggestive of ASD** with or without global developmental delay -
Refer to both neuro development team (NDT) & Community paediatricians (follow the ASD pathway)
Refer to appropriate family support services
- A child with evidence of ADHD & global developmental delay.
Refer to community paediatricians and family support services (Appendix1)
Arrange parent training education programme (eg the Webster Stratton/Incredible Years program)
- A child with evidence of ADHD +/- possible attachment issues without global delay -
Refer to family support services
Arrange parent training education programme followed by a 10-week period of evaluation
If the parents report a lack of satisfactory improvement after implementing the Behavioural interventions then refer to the local Community Paediatricians

7.2 School age

Our preference is that referrals to secondary care for the assessment and diagnosis of school-aged children with suspected ADHD will originate from the school. (Home-educated children can be referred by GP with adequate information and encouraged parents to get information from another setting or school that child previously attended)

If parents have concerns about their child's behaviour, they should discuss their concerns with the school or GP.

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If ADHD is suspected by the GP in a child of school age, parents should be encouraged to discuss their concerns with their child's teacher or ALNCo. Paediatricians in secondary care may also recommend seeking the schools assistance in generating a referral.

The school should always follow their procedure for assessment and identification of additional learning needs in accordance with their ALN policy.

Where ADHD is suspected, the school should always consult parents and propose the involvement of other agencies (Parent training programme through TAF/ Action for children etc).

The school's Behaviour Support Teacher will be able to advise on the necessity for educational assessments and interventions as well as whether or not referral to community paediatricians is warranted for consideration of medications straight way or after behavioural interventions. (see below)

Child's educational needs and behavioural management to be done according to the advice given by Behavioural Support Teacher and ALN professionals in the school.

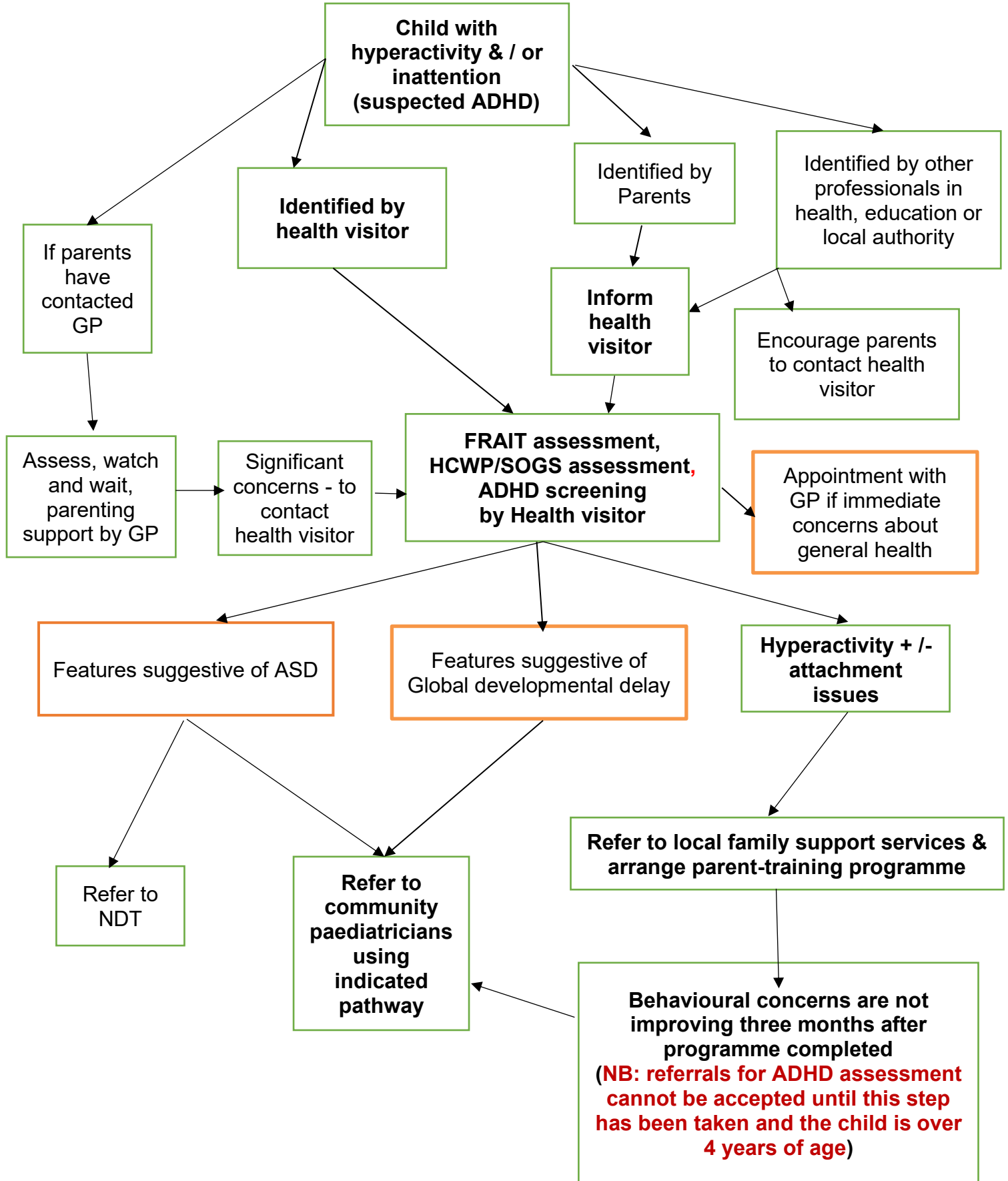
Once ADHD is suspected, determine the severity of child's behavioural difficulties and take actions accordingly. If there are significant difficulties affecting child's day to day functioning refer to community paediatricians while implementing behavioural & educational interventions at school. Otherwise continue behavioural & educational intervention and support for another term and then reassess.

Supporting documents school may provide with the referral (See supporting evidence for ADHD referral form)

1. Letter from parent/s, carer
2. Educational psychology , cognitive or other learning assessment reports
3. Classroom/playground observations by behaviour support teacher
4. Current IEP/IDP
5. Current behaviour support plan
6. Reports from EHWT, TAF worker etc.

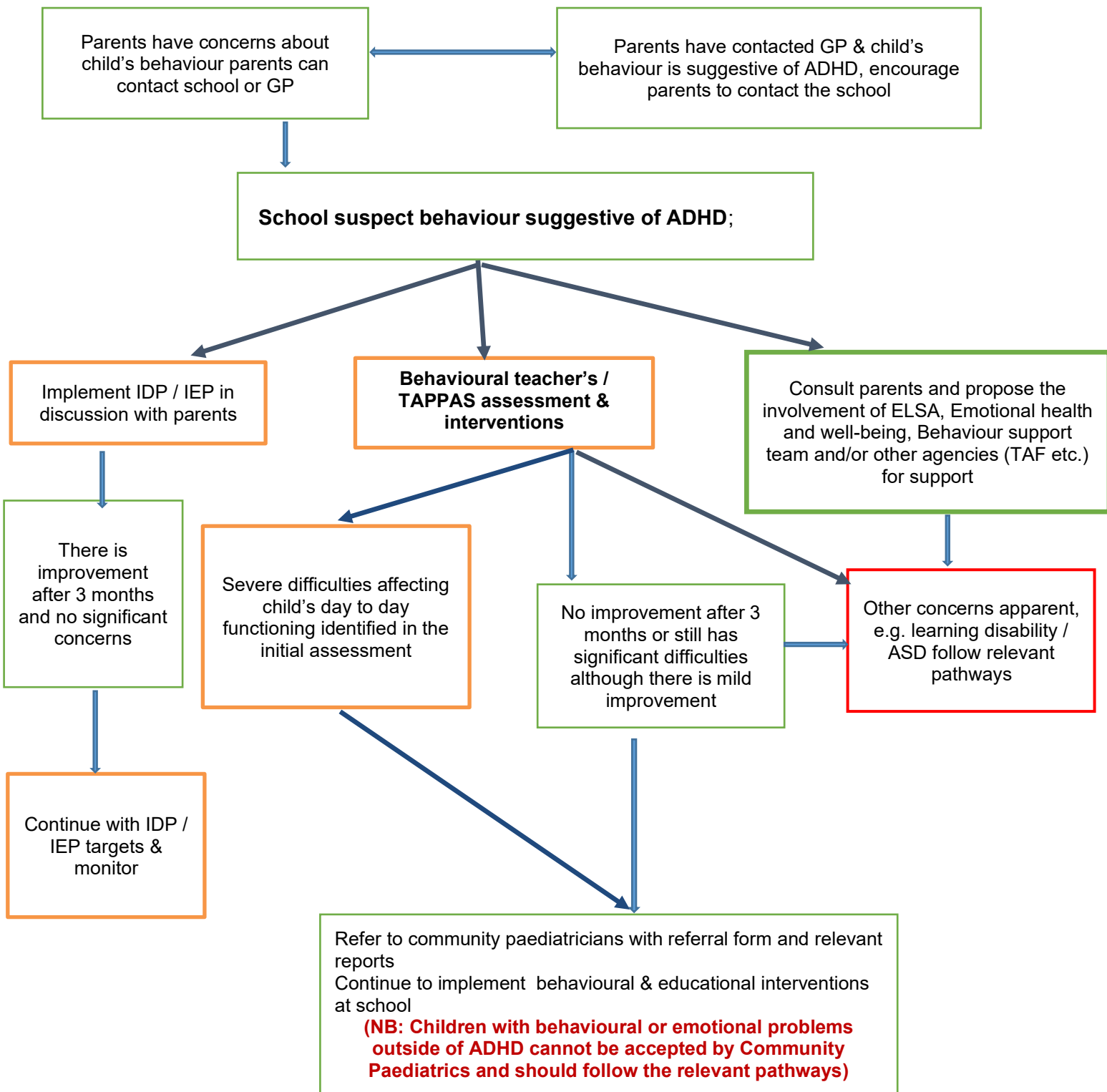
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8. ADHD Referral pathway for pre-school age children (less than 5 years of age)



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9. ADHD Referral pathway for school age children (5- 18 years)



Home-educated children with suspected ADHD can be referred by GP with adequate information and parents should be encouraged to get information from another setting or previous school

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Referral form for ADHD assessment

Name:		DOB:	Sex: M / F
		Age:	
Address:			
Parent / Carer:	Name:	Tel no:	
		Mobile no:	
School / College:	Name:	Tel no:	
	Address:	Class:	
Reason for referral:			
Duration of problems:			
Other behavioural concerns:			
Family background including any social concerns: (If known to you)			
Interventions, support already in place or offered: e.g. parenting courses, Team Around the Family			
Name & designation of the referrer			

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Referral has been discussed with parent/s	Yes / No Please attach the consent form
Signature of the referrer	

****Please send the completed referral form with relevant documents mentioned in the supporting evidence form (attached below) to following address or generic email**

***** Referrals will not be accepted without essential supporting evidence**

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Please send your completed referral form and supporting paperwork to:

Llanelli/Ammanford:

Community Paediatrics
Child Health Department
Elizabeth Williams Clinic
Mill Lane
Llanelli
SA15 3SE
Email: EWCCCommunityChildHealth.HDD@Wales.nhs.uk

Carmarthen:

Community Paediatrics
Children's Centre
Glangwili Hospital
Dolgwili Road
Carmarthen
SA31 2AF
Email:

Pembrokeshire:

Community Paediatrics
Child Health Department
Withybush Hospital
Fishguard Road
Haverfordwest
SA61 2PZ
Email:

Ceredigion:

Community Paediatrics
Ty Helyg
Bronglais Hospital
Caradoc Road
Aberystwyth
Ceredigion
SY23 1ER
Email:

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Parent/Carer/Guardian Consent Form for multiagency assessment and information sharing (Please tick boxes that apply)

I understand that it is necessary for my child's school to provide the information in this form before a decision can be made about further assessment of my child by the Community Paediatric Team.

- I give consent for my child's school to provide the information requested as part of this referral and for the Community Paediatric Team to contact my child's school or other involved professional to request further information if necessary before or during the assessment process.
- I also agree to my child's Individual Education Plans and any professional reports to be attached and sent with this referral.
- I agree to sharing of the enclosed information plus any other information acquired during the assessment process about my child (as named below) with the Community Paediatric Team, for example with:
 - ❖ Other Health Professionals
 - ❖ Educational Services

Name of child

Name of Parent/Carer/Guardian (Please print)

Signed: Parent/Carer/Guardian Date:

(Please indicate relationship to child)

Swyddfeydd Corfforaethol
Adelaid Ystwyth
Hafan Derwen, Parc Dewi Sant
Heol Ffynnon Job, Caerfyrddin,
Sir Gaerfyrddin SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road
Carmarthen, Carmarthenshire SA31 3BB

Cadeirydd / Chair
Miss aria Battle
Prif Weithredwr /Chief
Executive
Mr Steve Moore

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SUPPORTING EVIDENCE FOR ADHD REFERRAL

Please attach supporting evidence:	Please Tick
ESSENTIAL:	
SNAP IV ADHD Teacher questionnaire SNAP IV ADHD Parent questionnaire	
Completed school report	
Evidence of Behaviour Support input	
Evidence of support strategies (please outline their effectiveness)	
Profile Page (About me)	
Completed consent form for Information sharing	
DESIRABLE:	
Pastoral Support Teacher report	
Entry to education referral	
Educational Psychologist (<i>Assessment or consultation report</i>)	
Advisory teacher input	
Emotional Literacy Screener	
Letters from parent/s or carer/s	
Classroom/playground observations by behaviour support teacher	
Report from TAF worker or other relevant document	

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SCHOOL REPORT

Name of Child : DoB :

1.) Describe the child's main strengths and difficulties within school.

.....

.....

.....

.....

2.) Does this child have a diagnosis of learning disability / specific learning difficulties?

- Dyslexia
- Dyspraxia
- Dyscalculia
- Mild to moderate learning disability
- Severe Learning disability

3.) Additional help this child receives

SEN Statement IEP/IDP

Educational Psychology (please send report)

Small Group..... Speech Therapy

Dedicated LSA time (hrs/wk.....)

ASC outreach

Cognitive assessment: NVR..... BAS

4.) Achievements in School Subjects: (List subjects into the appropriate category)

Very Good	Average	Barely Passing	Failing

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SNAP-IV 26-Item TEACHER Rating Scale

James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Patient/Client Name: _____

Date of birth: _____ Gender: _____

Grade: _____ Type of class: _____ Class size: _____

Completed by: _____ Date: _____

Physician Name: _____

For each item, check the column which best describes this child/adolescent:

	Not at all	Just a little	Quite a bit	Very much
Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
Often has difficulty sustaining attention in tasks or play activities				
Often does not seem to listen when spoken to directly				
Often does not follow through on instructions and fails to finish schoolwork, chores or duties				
Often has difficulty organizing tasks and activities				
Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
Often loses things necessary for activities (e.g. toys, school assignments, pencils or books)				
Often is distracted by extraneous stimuli				
Often is forgetful in daily activities				
Often fidgets with hands or feet or squirms in seat				
Often leaves seat in classroom or in other situations in which remaining seated is expected				
Often runs about or climbs excessively in situations in which it is inappropriate				
Often has difficulty playing or engaging in leisure activities quietly				
Often is "on the go" or often acts as if "driven by a motor"				
Often talks excessively				
Often blurts out answers before questions have been completed				
Often has difficulty awaiting turn				
Often interrupts or intrudes on others (e.g. butts into conversations/games)				
Often loses temper				
Often argues with adults				
Often actively defies or refuses adult request or rules				
Often deliberately does things that annoy other people				
Often blames others for his or her mistakes or misbehaviour				
Often is touchy or easily annoyed by others				
Often is angry and resentful				
Often is spiteful or vindictive				

ADHD Guideline

Please check that this is the most up to date version of this written control document
Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure that the printed version is the most recent

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SNAP-IV 26-Item PARENT Rating Scale

James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Patient/Client Name: _____

Date of birth: _____ Gender: _____

Grade: _____ Type of class: _____ Class size: _____

Completed by: _____ Date: _____

Physician Name: _____

For each item, check the column which best describes this child/adolescent:

	Not at all	Just a little	Quite a bit	Very much
Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
Often has difficulty sustaining attention in tasks or play activities				
Often does not seem to listen when spoken to directly				
Often does not follow through on instructions and fails to finish schoolwork, chores or duties				
Often has difficulty organizing tasks and activities				
Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
Often loses things necessary for activities (e.g. toys, school assignments, pencils or books)				
Often is distracted by extraneous stimuli				
Often is forgetful in daily activities				
Often fidgets with hands or feet or squirms in seat				
Often leaves seat in classroom or in other situations in which remaining seated is expected				
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Often actively defies or refuses adult request or rules				
Often deliberately does things that annoy other people				
Often blames others for his or her mistakes or misbehaviour				
Often is touchy or easily annoyed by others				
Often is angry and resentful				
Often is spiteful or vindictive				

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Additional Information

The following internet links may lead to useful advice and information

Autism

<http://www.carmarthenshire.gov.wales/home/residents/social-care-health/additional-support-needs/autism.aspx>

<http://www.autism.org.uk/>

<http://thecaldwellautismfoundation.org.uk/>

<https://www.asdinfo.wales.co.uk/parents-and-carers>

<https://www.asdinfo.wales.co.uk/advice-sheets>

this series of podcasts may be helpful

<https://www.acamh.org/podcasts/autism-a-parents-guide-with-dr-ann-ozsivadjian-episode-1-identifying-autism-getting-the-right-diagnosis/>

Anxiety

www.anxietycanada.com

<https://www.anxietycanada.com/learn-about-anxiety/anxiety-in-children/>

<https://www.nhs.uk/conditions/anxiety-disorders-in-children/>

<https://www.mind.org.uk/information.../anxiety-and-panic-attacks/>

Sleep

<http://sleepforkids.org/>

<https://cerebra.org.uk/wp-content/uploads/2020/03/sleep-guide-june19-low-res.pdf>

Behaviour

A lot of useful information/advice pamphlets are available from “The Challenging Behaviour Foundation” www.challengingbehaviour.org.uk

ADHD

<http://www.addiss.co.uk/>

www.chadd.org

www.livingwithadhd.co.uk

General

<http://haipac.org.uk/transition-14-25/leisure-transition/>

<http://fis.carmarthenshire.gov.wales/team-around-family/parents-carers/>

<https://www.carmarthenshire.gov.wales/home/council-services/children-family-services/>

<https://childmind.org/>

<https://fis.carmarthenshire.gov.wales/family-support/>

<https://cycaonline.org/>

There is also a new advice website at:

<https://parents.actionforchildren.org.uk/parent-talk-cymru>