Condition Insight Report (CIR)

ADHD

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Overview

Brief overview of the condition.

Attention deficit hyperactivity disorder (ADHD) is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.

Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school.

Most cases are diagnosed when children are under 12 years old, but sometimes it's diagnosed later in childhood.

Sometimes ADHD was not recognised when someone was a child, and they are diagnosed later as an adult.

The symptoms of ADHD usually improve with age, but many adults who were diagnosed with the condition at a young age continue to experience problems.

People with ADHD may also have additional problems, such as sleep and anxiety disorders.

Presenting Symptoms

Adults with ADHD may find they have problems with:

- Organisation and time management
- Following instructions
- Focusing and completing tasks
- Coping with stress
- Feeling restless or impatient
- Impulsiveness and risk taking

Some adults may also have issues with relationships or social interaction.

The symptoms of attention deficit hyperactivity disorder (ADHD) can be categorised into 2 types of behavioural problems:

- •Inattentiveness (difficulty concentrating and focusing)
- Hyperactivity and impulsiveness

Many people with ADHD have problems that fall into both these categories, but this is not always the case.

For example, around 2 to 3 in 10 people with the condition have problems with concentrating and focusing, but not with hyperactivity or impulsiveness.

This form of ADHD is also known as attention deficit disorder (ADD). ADD can sometimes go unnoticed because the symptoms may be less obvious.

ADHD is more often diagnosed in boys than girls. Girls are more likely to have symptoms of inattentiveness only, and are less likely to show disruptive behaviour that makes ADHD symptoms more obvious. This means girls who have ADHD may not always be diagnosed.









Do they have any symptoms which could cause a safety consideration?

For any activities where restriction is reported how long does it take them to complete these activities? Has how long it takes them changed over time?

How have they adapted to completing tasks over time - is this different to what might be considered 'normal'?

Are they able to repeat a task as often as required? Is this the same every day?

You must remember if someone has difficulties with poor attention span and distraction, they may not be safe completing activities such as cooking or following journeys If someone is distracted by their thoughts or specific activities they are focused on, they may lose focus frequently on the activity they should be completing. This will mean they may take more than double the time of a person without a disabling condition to complete the activity.

If someone has grown up with ADHD, they may feel they have adapted to their condition. Just because they say they are completing activities, this does not mean they are completing them to an acceptable standard. It is your role to explore HOW they complete activities.

It may take someone with ADHD a substantial amount of focus and concentration to complete certain tasks which means they may struggle to repeat this later in the day. You must explore if they can complete activities as many times as is to be reasonably expected throughout the day.

Sensitivities

- Remember, many people have been misdiagnosed for many years and may struggle with fears around labelling.
- There is a level of judgement and stigma around ADHD that may make someone reluctant to discuss the severity of their symptoms.
- Everyone's symptoms vary, so avoid making assumptions around the claimant's symptoms and allow them to expand.

Customer Care

- Allow someone time to process what you have asked and respond appropriately
- > Take your time. Do not overload the person with too much information.
- Give them time to answer.
- Involve any companion/appointee and seek to understand if there is anything else you can do to make the person feel calm and in a safe place.
- Ensure understanding to your questions so not to cause misunderstandings. Think about how your questions might be interpreted.
- Avoid using jargon, irony, sarcasm, figurative language, rhetorical questions, idioms or exaggeration. If you do use these, explain what you have said and be clear about what you really mean to say.
- Provide clear information about the consultation in any introduction.
- ➤ People with ADHD often struggle to allow people to finish sentences and will interrupt. Remember this is a symptom of their condition and does not mean they are not complying with the process

ADHD

MYTHS

- ADHD only impacts children.
- ADHD isn't a thing.
 We all get distracted.
- ADHD? They're just being lazy.
- If they tried harder, it wouldn't be a problem.

vs.

Nope! Adults can live with ADHD, too. People with ADHD get distracted more

often and with more consequences.

It's not that they don't

want to do something.

It's that they can't!

REALITY

 People with ADHD are often trying very hard just with less results to show for their efforts.



Watch a video <u>here</u>
called
'Why do some women
wait decades for an
ADHD diagnosis?'





Imperative areas to explore across SOH

- ➤ **Education**-Do they have any 1:1 support? Do they have a statement of educational needs? Are they sitting mainstream exams? Do they have any adaptations such as extra time? If they have support, why is this? Do they have any plans for further education?
- ➤ Work-If they are working age, are they working? What does their job role entail? Have they had any occupational health assessments or adaptations in the workplace? If they have, why is this? How do they manage their condition in the workplace? How do they get to and from work?
- ➤ Hobbies-Do they complete hobbies that require a good attention span? Do they complete any hobbies out of the home? Are they a part of any teams or groups? If so, how do they get here and back? How do they manage with others there? Are these specifically for people with similar needs?

Remember: Evidence of cognition and intellect does not negate a restriction secondary to ADHD. You must consider the nature of the condition and how it may impact functional ability.





A brief summary of the functional impact those living with this condition may experience

Activity 1: Preparing food

Someone with ADHD may have significant difficulties with concentration and struggle with being easily distracted. This may mean they are not safe when preparing a meal.

They may also experience symptoms of impulsivity and hyperactivity which puts them at risk in the kitchen around things such as knives and flames.

Remember in PIP...

Just because someone can physically prepare a meal, this does not mean that they are safe. What can they cook? Have they had any incidents in the kitchen? Can they maintain concentration? Do they require supervision? Could they prepare a simple meal for one?

Activity 2: Taking nutrition

If someone has difficulties with focusing, they may not be prioritising their eating.

They may also have behavioural issues which means they refuse to eat.

Remember in PIP...

Can they take nutrition without prompting throughout the duration of the meal? Are they eating regularly? Is there any reported weight loss? Can they chew, swallow and bring food to their mouth?

Activity 3: Managing therapy and monitoring a health condition

It is common for people with ADHD to be prescribed medication to help manage some of their symptoms.

Someone with ADHD may be forgetful or make mistakes due to their inattentiveness. This may mean they require support to manage their medication

Remember in PIP...

Can they remember to take their own medication? Do they require prompting? Are there any issues with medication compliance?

Do they receive any therapy in the home environment? If so, do they require assistance/support with it?

A brief summary of the functional impact those living with this condition may experience

Activity 4: Washing and Bathing

Someone with ADHD may be too distracted by other things to manage their own person hygiene.

Some people with ADHD may also be diagnosed with Oppositional Defiance Disorder (ODD) and refuse to complete activities when told by authority figures.

Remember in PIP...

Do they wash regularly? Do they require prompting to wash? Can they wash to an acceptable standard? How long does it take? Can they wash their entire body?

Activity 5: Managing toileting needs and incontinence

If distraction is extensive, they may not remember to empty their bladder or bowel without prompting

Remember in PIP...

If there is incontinence reported, is this due to a related condition? Making it to the toilet in time is not considered within the scope of the activity if this is not as a direct result of a condition. Can they sit and stand from the toilet and reliably clean themselves?

Activity 6: Dressing and undressing

Someone with ADHD may be too distracted by other things to manage their own person hygiene.

Some people with ADHD may also be diagnosed with Oppositional Defiance Disorder (ODD) and refuse to complete activities when told by authority figures.

Remember in PIP...

Do they change their clothes regularly? Are they able to select appropriate clothing? Do they require prompting to change their clothes or dress appropriately?

A brief summary of the functional impact those living with this condition may experience

Activity 7: Communicating Verbally

Although ADHD alone should not impact someone's ability to express and understand verbal information, you must consider that a lot of people with ADHD may also have development diagnoses such as dyslexia, learning difficulties or autism.

Activity 8: Reading and understanding signs and symbols

Someone with ADHD may report difficulties with reading and have specific support in their schooling/work due to these difficulties.

Consider that a lot of people with ADHD may also have development diagnoses such as dyslexia, learning difficulties or autism.

Activity 9: Engaging with others face to face

Some people with ADHD will often act without thinking and talk excessively. They may also struggle to wait their turn during a conversation and consequently interrupt others.

They may also act impulsively with little to no understanding of consequences which can put them at risk when engaging.

Remember in PIP...

Not wanting to speak to/engage with people is covered within the scope of Activity 9.

You must explore if they can express and understand verbal information. Who do they speak to? Can they communicate with friends or colleagues? Can they use a mobile phone?

Remember in PIP...

We do not consider someone's ability to concentrate when reading.

ADHD is not a cognitive deficit so restrictions with reading are most likely to be caused by co-morbidities. Within PIP complex written information is more than one sentence. What support did they have in education? Do they drive? How did they manage their theory test? Do they work? Do they read here?

Remember in PIP...

Just because someone reports they are engaging, this does not mean that they are safe doing so. Who do they engage with? Are they vulnerable? Have there been any incidents of risk to themselves or others? Do they require support to engage? Do they have self-awareness?

A brief summary of the functional impact those living with this condition may experience

Activity 10: Budgeting

Someone with ADHD may have difficulties prioritising money and planning for future purchases.

They may also spend impulsively without thinking about the consequences.

Remember in PIP...

Can someone manage basic and complex budgeting. Can they do online banking or shopping? Can they plan for future purchases or manage an unexpected bill? Can they prioritise expenditure? Can they manage change in a shop?

Activity 11: Planning and following a journey

Someone with ADHD may have significant difficulties with concentration and struggle with being easily distracted.

This may mean they are not safe when following journeys.

They may also experience symptoms of impulsivity and hyperactivity which puts them at risk when out of the home around roads and other people.

Remember in PIP...

Can someone plan and follow a journey safely? Are they at risk? Do they have road awareness? Have there been any incidents of harm occurring when out of the home? Could they manage a diversion? How do they travel? Have they had travel training? Could you complete a new journey?

Activity 12: Moving Around

Although ADHD itself will unlikely impact this activity, consider any co-existing conditions that may.

Remember in PIP...

How far can they walk? At what pace? How long does it take? Can they repeat? How do they feel after? Lived examples help such as appointments, around the home and supemarkets

Additional reading or other resources

EXTERNAL

Attention deficit hyperactivity disorder (ADHD) - NHS (www.nhs.uk)

Living With ADHD: Strategies for Well-Being (verywellmind.com)

Attention deficit hyperactivity disorder (ADHD) | NCMH

8 Common Myths About ADHD | Understood

Version	Date	Signed off by	Comments
1.0	17/02/2023	Rebecca Sparks & Dr Shah Faisal	New re-branded document