



Managing “The Talk”

When and how to discuss a diagnosis of neurodiversity with your child

Receiving an autism or an ADHD diagnosis is a significant moment for parents. Even if it confirms long-entertained suspicions, obtaining the final black-on-white confirmation is another step in realising that your child is different to other children and that life is taking you on a different path than the one you had planned.

Having struggled with accepting, understanding and adjusting to the reality of their child’s neurodiversity, parents may find it difficult to discuss the diagnosis with them, often citing fears of “labelling the child”, “overwhelming them”, or – if the child seems happy at home and in school – “creating a problem where there isn’t one”. Thus, children often hear the words “autism” or “ADHD” spoken over their heads in consultation rooms, or whispered between parents, long before they are made aware of their diagnosis.

When is the right time to tell a child they are neurodivergent?

Lea Ibell, freelance writer and mother of three, argues we should talk to children, even very young children, as soon as they

notice they are different: “My eldest son was strongly affected by ADHD and sensory-motor difficulties. He couldn’t assess his strength, control his movements, or manage his impulses and moods, so he often hurt other children. He would then cry because kids at nursery ran away from him, and playdates often went terribly wrong. It was obvious to me that I had to explain to him why this was happening, so he doesn’t blame himself and develop low self-esteem; so he doesn’t internalise others’ view of him. If your child constantly hears children saying he’s mean, he’ll eventually believe it.”

“ I accentuated the positive ”

Lea started the conversation with her three-year-old son using simple language:

“We didn’t use the term ADHD but invented our own word: ‘super-active’”

I accentuated the positive: that he’s super-strong and super-fast, that he’s full of energy and wants to do a million great things at once, but I also explained why this could cause problems. We used the car metaphor. I’d tell him: ‘your car has such a powerful engine,

but the brakes need some work, and brakes are important, so you don’t run people over.”

Lea’s instinctive approach to discussing her son’s ADHD with him goes hand in hand with expert recommendations for introducing an autism diagnosis to children: “if they’re asking questions – it’s time to chat”, and “avoid technical terms,” are two tips offered by the National Autistic Society, along with emphasising the child’s strengths during the conversation.

Lea warns however, against idealising ADHD and playing down the challenges. “There’s no use repeating clichés such as ‘I love you just the way you are’. Obviously, reality is more complex if you’re protecting their siblings from them or giving them pills to change their behaviour. Children see through that. I’m honest about what’s wonderful about ADHD, but also about how it makes our life difficult as a family, and difficult for him.”

When she introduced medication, Lea again used a child-friendly approach. “I didn’t want him to think we were giving him pills to control him. Luckily, ADHD medication is a stimulant. I explained that the pills help his body stay awake so that he doesn’t have to keep waking it up by running around in class, and that would help him learn and play with friends, which is basically how the pills work.” Now they’re part of the family’s morning routine: he takes his pill, like his dad has his coffee and Lea her vitamins: “We all need to take something to work better.”

“ I’ll leave it to him to decide ”

When he was seven, Lea’s son replaced “super-active” with “the grown-up word” – ADHD. Lea told him that with the big word comes responsibility: “He can choose who he shares this information with. Of course, all his teachers are aware of his diagnosis, but

in social situations, I leave it to him to decide who to tell and when.”

For Jack Birkinshaw, the word “autism” was never a secret. “I was diagnosed so young, it’s always been a normality for me. I kind of just grew up knowing. There wasn’t a specific time when I was told.”

However, Jack struggled to reconcile the diagnosis with his sense of self: “I didn’t really notice I was different,” explains the 25-year-old university graduate, “but whenever I was taken out of class to do an activity related to autism, that’s when I felt different. There’d be a support worker sitting with me at maths and I’d think: ‘why is he sitting next to me and not next to other kids?’. Even though they were trying to support me, it made me feel excluded and I didn’t understand why.”

“ I needed them to be clear ”

Looking back on his schooldays, Jack wishes teachers had been more upfront with him about the connection between his diagnosis and the interventions he was receiving:

“I can’t ever remember the word autism being used. Instead they’d say: ‘we noticed you are struggling with...’”

I don’t think they were beating about the bush on purpose, but it was almost like they were afraid to explain the diagnosis to me, and I needed them to be clear – to be on my level.”

Jack describes his journey from knowing the term to understanding the condition: “My mum was always honest with me about my autism, but until I was about 18, I just didn’t get it. Only later was I able to sit and think: ‘that’s when I’ve done this’, or ‘that’s why I do that’.” He now reflects on how he struggled with social situations and friendships: “I used to mask a lot. I’d try and act like other people. Now I know it was my autism.”

FEATURE: *continued*

Despite the difficulty with comprehending the diagnosis, Jack doesn't think he was told too soon: "The fact that I knew from the start was a good thing. It wasn't this big revelation, and that helped. Another advantage was that I always felt free to discuss it, if it ever came up in a conversation. I never felt any shame. Never felt I had to keep quiet about it. All my friends know I'm autistic."


Growing up with his autistic identity has helped Jack relate to other people on the spectrum. Today he works as a personal

assistant to a younger autistic person: "He's more severely affected than me, but I notice certain things that he does that I either do or have done, like how he depends on a routine, or beats his chest a lot, like I used to do as a kid."

To parents who hesitate about speaking with their children, Jack says: "I don't think there's any point in waiting. If you think your child is autistic, you should get them diagnosed and tell them. It's important not only for them but for you as a parent as well."

More information

 Washington Post article about explaining autism to your child: www.washingtonpost.com/news/parenting/wp/2014/05/27/your-child-has-autism-how-and-when-do-you-tell-him/


 Podcast about explaining ADHD to your child, family and friends: <https://podcasts.apple.com/de/podcast/adhd-experts-podcast/id668174671?i=1000454344296>

Videos to watch with children:

 Amazing things happen: www.youtube.com/watch?v=Ezv85LMFx2E

 Float (Disney+ subscription required): www.disneyplus.com/en-gb/movies/float/7dIYGyfvHWEJ

Let's Learn about autism - activity packs by the Autism Education Trust:

 Early Years: <https://bit.ly/eys-lets-learn-about-autism>

 Primary (4-7 years): <https://bit.ly/primary-4-7-lets-learn-about-autism>

 Primary (8-11 years): <https://bit.ly/primary-8-11-lets-learn-about-autism>

 Secondary: <https://bit.ly/secondary--lets-learn-about-autism>

 Post 16: <https://bit.ly/post-16-lets-learn-about-autism>



Help for children who struggle to access dental care



If your child's regular dentist is unable to treat them, they may need a referral to the Community and Special Care Dentistry Service. This service provides dental care in community settings for children and adults who find it difficult to receive treatment in a regular general dental practice, due to their additional needs.

They look after people with severe learning and/or physical disabilities or mental illness, patients who are elderly or housebound, and those who have a medical condition which affects their dental care. There is more information about the service for patients here: <https://publicdocuments.sth.nhs.uk/pil2784.pdf>

How can my child access the service?

Patients must be referred into the service by a health or social care professional. There are criteria for referrals to be accepted. For children the service will usually accept:

- Children with additional needs that significantly affects provision of dental care

(for example, learning difficulties, autistic spectrum disorders)

- Children with severe dental anxiety or other behavioural management difficulty where treatment has already been attempted and preventive care provided. Children will normally be accepted for a single course of treatment but may be offered continuing care if difficulties are ongoing.

The service recommends that parents take their children to the general dental practice the rest of the family go to in the first instance. If your child finds it difficult to attend the family dentist, then they can be referred to the Community Dental Service.

Don't have an NHS dentist? To find a regular dentist you can search www.nhs.uk/nhs-services/dentists/how-to-find-an-nhs-dentist/ Not all dental practices will have capacity to take on new NHS patients. You may have to join a waiting list or look for a different dentist who is taking on new NHS patients.