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Changing Minds

CHILDREN AND ADHD · 6.8

ADHD and Friendships in Childhood: What Parents Can and Cannot Help With

Friendship difficulty is one of the quieter costs of ADHD in childhood. It rarely produces a behaviour report, but it shapes how a child sees themselves and the world.

FOR
Parents of children with ADHD-related friendship difficulty

AUDIENCE AGE
6–17

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IN SUMMARY

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What is going on

- **Around half of children with ADHD experience significant peer rejection during their school years.** The 2007 Hoza review pooled multiple studies and found elevated rates of peer rejection, fewer reciprocal friendships, and more conflictual interactions in children with ADHD. The pattern is detectable from early primary age.
- **The difficulty is not lack of wanting friends.** Most children with ADHD want friendships intensely. The difficulty is in the moment-to-moment social work that friendships depend on.
- **Multiple ADHD features interfere with the social work.** Impulsivity in interaction (interrupting, blurting things out, jumping into games). Difficulty taking turns and waiting. Missing social cues. Emotional reactivity to small disagreements. Difficulty with sustained reciprocity. Hyperactivity in social space.

What helps

- **Reduce the activation energy for friendship.** Arrange playdates rather than expecting the child to manage that themselves. Suggest a planned activity rather than open free time. Make it easy for friends to come over. The execution of friendship is part of where ADHD difficulty shows up.
- **Choose structured activities.** Sports clubs, Scouts, drama, music groups. Structured activities with rules and a focus do some of the work that the child would otherwise have to do themselves.
- **Coach in the moment, not after the moment.** A short, specific reminder before a play interaction ('remember to ask before you take a toy', 'give them a turn at choosing the game') works better than long debriefs afterwards.
- **Be specific about feedback.** Vague feedback ('be nicer to your friends') is hard to act on. Specific feedback ('when X said no, you needed to stop pushing them') is more useful even if it feels harsher.
- **Help with repair after things go wrong.** Children with ADHD often need help with the specifics of repair: what to say, when to say it, how to apologise specifically rather than vaguely.

Where the limits are

- **Some things are not within the parent's gift.** You cannot make other children include yours. You cannot fix social difficulty by lecturing about kindness. You cannot prevent all rejection. Take the difficulty seriously, work with what you can change, and protect the child's sense of self where the social world is cruel.
- **Social skills training has mixed evidence in ADHD.** The 2017 NICE NG87 review notes that the evidence for social skills groups improving long-term peer outcomes is limited. Some children benefit; others do not. The decision is individual.
- **Treating the underlying ADHD usually helps more.** Medication often reduces the impulsivity that drives social difficulty. Therapy for any co-occurring anxiety or low mood, which compounds social difficulty. The current friendship picture is not a permanent state.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if peer difficulty is significantly affecting your child's wellbeing or mental health, or if anxiety or low mood are emerging. Speak to the school SENCo about how social difficulty is being supported in unstructured time. Seek urgent help via 111, 999 or A&E for any acute mental health crisis.

SOURCES

NICE NG87; Faraone et al. 2021 (Neurosci Biobehav Rev); Hoza 2007 (J Pediatr Psychol); McQuade & Hoza 2008 (Dev Disabil Res Rev)