NeuroFX
Changing Minds

FAMILY, PARTNERS AND LIFE ADMIN · 10.2

When Your Child Gets a Diagnosis: What Comes Next for the Family

A diagnosis is the start of a process, not the end of one. Your child is the same child. What changes is what is available to you, what is explained, and what work the whole family now has in front of it.

FOR
Parents and carers of a recently diagnosed child

AUDIENCE AGE
6-17

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PART OF
The NeuroFX resource library

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IN SUMMARY

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What changes when the diagnosis arrives

- **Your child does not change.** Their strengths, quirks and the way you know them are the same on the morning of the appointment and the afternoon after. The diagnosis is information, not a personality transplant.
- **What changes is what is available.** The vocabulary shifts, the school conversation has a clearer route in (SEN Support or EHCP in England), and the medication and post-diagnostic options come into view.
- **The whole family system shifts at once.** Your child, the other parent, siblings and the wider family all register the change in different ways. Each conversation is worth planning, not winging.

What helps in the first few weeks

- **Read the report twice.** Once for relief or shock; once a week later for the detail. Keep a digital and paper copy. You will need it for school and for any future application.
- **Don't try to solve everything at once.** School, family, medication if relevant, longer reading: these are weeks-and-months work, not day-three work. The pressure to act fast comes from anxiety, not from the diagnosis.
- **Get the partners aligned, not agreeing.** A short weekly check-in between the two of you, agreement on what the children are told, and agreement on the school strategy before the school is contacted.
- **Share carefully.** You decide who you tell and when. A short script ("X has been diagnosed with Y, we're working through it with school and the team, the thing that helps most is Z") makes the conversations easier.
- **Look after the parents too.** Parenting stress in families with a newly diagnosed child runs higher than baseline. Sleep, time off and adult conversations that are not about your child are part of the package.

How we can help

- **NHS first; private where useful.** Your GP, the paediatric team and the school SENCo are the default routes. Where you want a quicker private path for further assessment or prescribing, NeuroFX is a CQC-registered option.
- **Patient-facing organisations that know their work.** The National Autistic Society for autism, ADHD UK for ADHD, and IPSEA for SEN legal questions are reasonable first stops in the first three months.
- **Adult assessment for parents, in time.** ADHD and autism run strongly in families. Many parents come to their own assessment after their child's. It is worth considering, not urgently.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if your child's mental health, sleep or behaviour shifts substantially in the weeks after diagnosis. Post-diagnostic adjustment is normal but a marked deterioration is worth a clinical conversation. For SEN legal questions, IPSEA's helpline is the most useful first call. For NHS post-diagnostic support, ask your paediatric team or local NAS branch what is available in your area. NeuroFX offers private paediatric assessment and prescribing, and private adult assessment for parents who want to investigate their own picture.

SOURCES

NICE NG87; NICE CG170; SEND Code of Practice 2015; Hayes & Watson 2013; Theule 2013; NAS; ADHD UK; IPSEA