

A.D.H.D

Supporting Children with Additional Learning Needs.

What is A.D.H.D

Luo et al (2019), CDC (2021) and NHS (2018) states A.D.H.D is a neurodevelopmental disorder which stands for Attention-deficit hyperactivity disorder. Luo et al (2019) explains ADHD affects 8-12% of children worldwide. ADHD affects 3-9% of children attending school in the UK and in Swansea there are currently 230 children who have been diagnosed with A.D.H.D (Greenway and Rees-Edwards, 2021 and Stats Wales 2021).

How is A.D.H.D Identified?

McCarthy and Engler (2021) and Welsh Government (2015) state if you suspect your child has ADHD, the first point of contact would be to discuss with the child's school. NHS Wales (2021) supports this stating a parent should discuss with the child's school, or the special educational needs co-ordinator otherwise known as the school S.E.N.C.O. Welsh Government (2017) defines the role of a SENCO as an individual within the school, who is responsible for ensuring the provision for all learners is undertaken. For children in the Swansea area parents should voice their concerns and discuss with their child's teacher (NHS Wales 2021 and Welsh Government 2021). By gathering information in a collaborative way, a referral can then be made to the NDD team. NHS Wales (2021) explains the NDD team which stands Neuro Developmental Delay Team will then decide if the quality of the information provided is appropriate before sending a behaviour support teacher into school to support the child and the teacher.

How is A.D.H.D Diagnosed?

ADHD Aware (2021) states a diagnosis of ADHD can only be made by a specialist psychiatrist or paediatrician. The diagnoses must include a full developmental and psychiatric history and assessment reports. NHS Wales 111 (2021) explains certain requirements are needed before the child can be diagnosed. NHS Wales 111 (2021) states some of the expectations include. The child.

- * Must display symptoms for at least six months.

- * Symptoms must have started before the age of 12.

- * Symptoms must be making the child's life more difficult.

Hamed et al (2015) suggests there are negatives which could occur if a child is not diagnosed early enough for ADHD. Hamed et al (2015) explains if children are not diagnosed or treated for A.D.H.D this can result in children having a poorer outcome compared to those that have been treated quickly. Hamed et al (2015) explain if children do not receive treatment young enough, they are more likely to also develop comorbid disorders like anxiety, personality disorders or depression as well as ADHD.

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What Strategies are there to support Children with A.D.H.D?

Welsh Government (2019), Learning Assessment Neurocare centre (2018) and Du Paul and Stoner (2021) discuss using a reward behaviour strategy can have a positive effect on children with ADHD. Du Paul et al (2021), Gabinni- Buffalo (2015) and Fosco et al (2015) explain by using this reward strategy children with A.D.H.D has displayed more improvement, due to the motivational gain. Fosco et al (2015) discusses a study which focused on 58 children, 25 of which had ADHD and 33 did not. The results displayed the children with ADHD gained a greater response to the reinforcement of rewards than the children without ADHD. This strategy is based on good or bad behaviour, which is viewed as acceptable within the school system. To reiterate, Luo et al (2019) and CDC (2021) state A.D.H.D is a neurodevelopmental disorder, therefore children with ADHD are behaving in this way, due to their own impulse- not because they are choosing to behave in a good or bad manner. This strategy could be discriminating the child based on their additional learning need. Bunbary (2019) discusses how people's attitudes towards additional learning needs should be altered and become more positive, to reduce discrimination. This strategy could be discriminating the child, while highlighting how it is 'acceptable' to behave or not- especially if the child appears to not behave often and receives punishment of a toy being taken away and single the child out from the others in class. Bunbary (2019) states individuals with additional learning needs in the past have been associated with negative stereotypes, which single out children instead of including them.

What Barriers do children with A.D.H.D encounter?

Barrier 1: Jones et al (2015) and Anderson (2012) states the attitude of teachers could be a barrier towards children with A.D.H.D. Robinson (2010) explains children in school with A.D.H.D are often perceived as distributive and not engaged. This is due to the symptoms of A.D.H.D being associated with misbehaving. Take for example: shouting out in class, not wanting to keep still in class or interrupting others. Anderson et al (2012) agrees stating a study was undertaken to gain an idea of teacher's perspectives of teaching children with ADHD. The findings suggest some teachers believe teaching children with ADHD takes up their time, can often be distracting in class and they can become negative towards the child. Howard (2019) discusses how an eight-year-old boy has been expelled from primary school in Hull based on his behaviour. Howard (2019) explains his Mum believes he has ADHD; however, the school have described the boy as having 'dangerous behaviour and explained he cannot settle in class'. This case highlights the effects of how the attitudes of teachers can be a barrier for children with A.D.H.D. Harrison (2021) agrees and discusses if a child's behaviour is not managed appropriately, this can be a barrier.

Barrier 2: Parents attitude towards their child with A.D.H.D can also be a barrier. Holland et al (2018) and Broomhead (2013) state parents' attitude can affect how children with an additional learning need are supported. Holland et al (2018) discusses a study which researched parents' attitudes of children with Additional Learning Needs. The results displayed parents' attitudes can differ immensely, however they are all barriers. Some parents can consider having a child with and ALN, such as A.D.H.D as being 'different' to others and therefore, do feel they can fit in. Some parents could feel their family and friends are not supportive and even become in denial that the child has an ALN. Broomhead (2013) states parents can also feel guilty that their child has an additional learning need and blame themselves. Furthermore, Broomhead (2013) states parents could also blame practitioners and believe they are making assumptions that their child has an additional learning need. Carr (2021) explains as a parent he has suspected his child needed has A.D.H.D however ignored the clues as he didn't want to see them- this became a barrier for his son to receive any correct support until the age of 15.

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