

Introduction

Welsh Government (2018) define an additional learning need as a child who needs additional learning support due to a learning difficulty or disability. Further stating that a child may need behaviour, emotional and social support where they demonstrate behavioural difficulties in the form of being withdrawn, disruptive, hyperactive or lacking concentration, presenting itself as challenging behaviour. NHS (2020) state that it is common that early years children are 'hyperactive' which is generally part of normal development. However, for some children there is an underlying difficulty such as Attention Deficit Hyperactivity Disorder (ADHD) and children will need treatment and support to ensure positive outcomes.

Identification and Diagnosis

ADHD is explained as a behaviour and emotional mental health condition, demonstrating itself through patterns of inattention and or hyperactivity-impulsivity, which affects daily life and development, which can continue into adulthood affecting life outcomes (ADHD UK, no date; Dunne and Moore, 2011). Furthermore, NHS (2021) describe ADHD as a behaviour affecting condition, causing such behaviours as restlessness, lack of concentration and impulsivity. ADHD is a neurodevelopmental condition which causes delays in part of the brain responsible for regulating behaviours (Bussing and Mehta, 2013; Crowley *et al.*, 2014).

Greenway and Rees (2020) suggest that rates of ADHD have considerably increased over recent years, whether this be through higher cases of ADHD or an improvement in diagnosis.

NHS (2021) state that the cause of ADHD is unknown. However, suggest that factors such as premature births, low birth weight and alcohol or drug abuse during pregnancy can contribute to the diagnosis of ADHD.

NICE (2018) state that ADHD can only be diagnosed by a specialist healthcare professional after a detailed assessment which could include a physical exam and interviews with the child, parents and practitioners. This would follow children meeting a criteria to determine whether children display 6 signs of inattentiveness or hyperactivity for six months in two different settings.

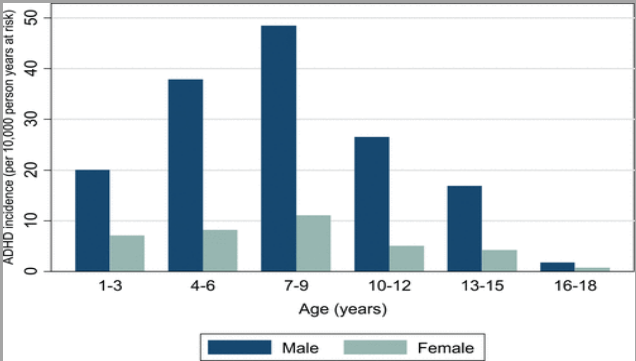
Toro *et al.* (2020) state that a disability is something to be diagnosed, treated and cured. However, NHS (2021) state that there is no cure for ADHD although a combination of medicine, educational support and therapy is used to combat symptoms and is often the first step to effective management of the condition. The most common licensed medicine for treatment in the UK is methylphenidate and although not a cure for ADHD will help with ease symptoms such as concentration and anxiety. However, this medicine can cause side effects such as an increase in blood pressure and heart rate, headaches, stomach aches, insomnia, depression and anxiety. Toomey *et al.* (2012) research found that 21% of parents questioned had discontinued their children taking the ADHD medicine because of side effects (62%) and minimal medication effect on children (34%).

Barriers and Challenges

Hire *et al.* (2015) research found that male cases of children with ADHD were significantly higher than female cases of children with ADHD. See diagram below which demonstrates how the most prevalent age of children being diagnosed with ADHD is between age seven and nine years of age. This image demonstrates the differences between males and females diagnoses with 4.4 times higher prevalence in males than females. However, Kooij *et al.* (2010) suggest this difference in gender diagnosis might be due to symptoms presenting themselves differently in girls and boys, being more visible in boys. Ortega (2020) agrees that the symptoms in girls display themselves as internalizing symptoms such as being introverted and distracted as opposed to disruptive and impulsive.

Parents can be a barrier if they do not realise or do not want to see that their child might have an additional learning need. Therefore, practitioners must communicate any thoughts or concerns sensitively to parents or carers. Campbell (2014) states that emotions for parents can range from ignoring signs and feelings of injustice and isolation to mourning the ideas of the child you thought you'd have.

A lack of knowledge and understanding of ADHD could lead to stigma, discrimination and stereotyping of a child. Armstrong *et al.* (2017) state that children with disabilities such as ADHD, are more prone to be the target of prejudice from their peers, which can affect Childrens self-esteem and increase anxiety, suggesting practitioners must promote positive attitudes to children with disabilities to minimise this issue.



Hire *et al.*, (2015)

Support Strategy

Welsh Government (2018) state that early intervention is key particularly in young children, and the earlier any diagnosis and support strategies are put into place the more effective that support will be. However, this relies on early years practitioners having the knowledge, up to date training and resources to understand and support children and families, as agreed by Bell *et al.* (2011) who state that practitioner's knowledge and understanding of how to recognise and react to children with ADHD is pivotal in limiting the impact to Childrens lives.

Practitioners are usually first to recognise ADHD behaviours. Effective observations and a strong knowledge base of Childrens development is key to practitioners supporting identification of ADHD, as discussed by National Association of Special Educational Needs (2020) who state that practitioners must be knowledgeable and confident in their practice to support children and parents. Observations and assessments are pivotal in early years to ensure every individual child is supported as discussed by PACEY (2016) especially looking at the individual needs of children with additional learning needs. These observations can assist practitioners in looking at Childrens routines to assess what times or activities children find challenging, then resources can be added, and activities can be altered to reduce frustration for the child. Practitioners must be calm, positive and consistent in their approach as routine, consistency and predictability can support children with ADHD as discussed by National Association of Special Educational Needs (2020).

Russell, More and Ford (2016) suggest that practitioners beliefs on ADHD will affect the outcomes of children with ADHD as practitioners are pivotal in diagnosing and supporting children with ADHD. Practitioners need full knowledge and understanding of ADHD and have belief in the support strategies they offer.

Conclusion

In summary ADHD is a behavioural and emotional health condition which has life long outcomes for children, especially those who are of disadvantaged backgrounds and girls. Practitioners can play a significant role in supporting and diagnosing children with ADHD through knowledge, assessment and observation, although an official diagnosis must be made through a medical professional.

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