

Attention Deficit Hyperactivity Disorder (ADHD)

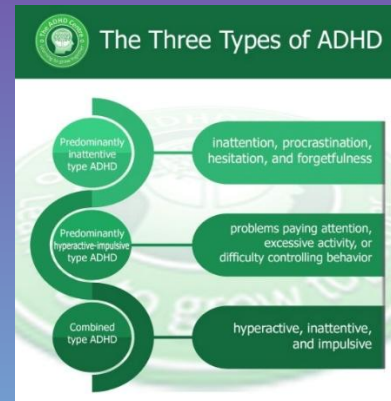
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Introduction

This poster will discuss how to identify and diagnose ADHD along with the barriers that families face and strategies that can help. Welsh government (2019) states that ADHD is a disorder that can effect a child. They suggest that a child presenting with ADHD can be inattentive, hyperactive and/or impulsive to a higher degree than is expected, this can affect their every day lives. The child may or may not present with all three aspects as it is unique to each individual child. It is also stated that not all people that have ADHD are diagnosed and not every child with reduced attention span has ADHD. Furthermore, NHS (2025) suggests that ADHD stands for attention deficit hyperactivity disorder. They also state that when a child has ADHD their brain works differently to their peers. They agree that children with ADHD can struggle with concentration and sitting still.

Identification and diagnosis

According to Cleveland Clinic (2023) there is an ADHD evaluation process that is carried out when a parent, teacher or doctor recognises symptoms of ADHD in a child that affects their daily lives. They also state that although there is no cure for ADHD, having a diagnosis early on is beneficial to ensure that the child's daily life can be improved as it can come hand in hand with other issues such as behavioural and learning difficulties. NHS (2018) states that if there are concerns about a child potentially having ADHD, parents should seek help from their child's teacher, the teacher can then refer the child to the schools SENCO. The SENCO can then provide strategies to support the child within the school, such as providing support for them to build their confidence and self esteem as well as their academic work. ADHD UK (2023) states that in order to get a diagnosis families are able to contact their GP or school so that they can be referred to have a development assessment. They also suggest that children can be referred to the local development paediatrician or to the child and adolescent mental health service (CAHMS). According to NHS (2018) children that suffer from ADHD sometimes have other conditions such as dyslexia or anxiety. Hywel Dda University Health Board (2024) states that once a child has had a referral they are screened and a decision is then made and if they believe there is a need there they place the child on a waiting list. They may then put the child through a Ob test or Connors questionnaire so they are able to accurately assess the child.



(source: Pathways Neuropsychology Associates, 2018)

Barriers

McKenna *et al* (2023) suggests that families face many barriers when going through the process of gaining a diagnosis for ADHD. One of these challenges is the fact that girls mask their symptoms. This is a barrier as it gives a restricted view of the child's needs. This can result in ADHD in girls going undiagnosed or misdiagnosed and can delay them being able to access support they need (Wheaton and Holland, 2026). Furthermore, Young *et al* (2020) suggest that ADHD should no longer be viewed as a behavioural disorder and that support should be provided for females throughout their lives. Wheaton and Holland (2026) suggest that the medical model of disability is seen within the title of ADHD as it is described as a disorder and emphasises certain symptoms such as inattention, impulsivity and hyperactivity. They also suggest that historically, ADHD was viewed as a disability only seen in boys during childhood, therefore girls were often disregarded. According to Thriving wellness centre (2024) another of the barriers are the expectations of children in their academic lives. They suggest that the environment impacts greatly on this and children with ADHD struggle in classrooms where they are expected to sit at a desk and be quiet. Furthermore, Russell *et al* (2023) states that children with ADHD can have negative educational experiences and can become complex for them. They suggest that children with ADHD struggle in mainstream and have a more positive outcome when they are supported adequately and in some cases given an alternative form of education.

Strategies

According to NHS Borders (n.d.) a visual timetable can be very beneficial to a child with ALN. They state that this aid keeps children informed about what is happening now and what will happen next. They state it is important so that children know what to expect and when. It also provides a routine and reminds the children as such. They indicate this can increase independence in children and ensure their day is predictable. They also suggest it can provide support with transitions and help sustain the child's regulation. Flynn (2022) agrees that visual timetables provide practical behaviour management that can be used as a whole class. They also state that this strategy is beneficial to children with ADHD. They suggest that visual timetables play a key role in providing children with support for their executive functions. Currigan and Shackleton (2023) agrees that visual timetables are a great asset and provide children with anxiety regarding transitions, however, they also suggest that visual timetables can also cause anxiety and stress if their timetable is changed from their normative timetable for example if they normally do task time at a certain time but today they need to do something completely different. Furthermore, the ADHD centre (2023) agrees that changes can make a child with ADHD dysregulated and can upset their perception of structure and stability. They suggest in this event care givers should use open communication to explain the changes and give them a sense of security.

Conclusion

To conclude, ADHD is a neurodevelopmental condition that can impact children's lives in many ways, this includes impulsivity, attention and hyperactivity. There is importance in having early identification and diagnosis to enable children to gain access to support. However, there are many barriers that families face during getting the diagnosis particularly in girls. This can lead to delayed or missed diagnosis therefore making support hard to reach. Strategies can enable children to feel supported. Visual timetables can provide support during transitions, structure and routine. This enables them to gain independence and feel more regulated. However, some children get dysregulated and anxious when there is change to their visual timetable. Through understanding and early intervention, children are able to gain personalized support to enable them to achieve both academically and socially.