

Supporting Children with Attention Deficit Hyperactivity Disorder (ADHD)

Introduction

The chosen Additional Learning Need (ALN) that will be explored is Attention Deficit Hyperactivity Disorder (ADHD). According to Centers for Disease Control and Prevention (2023) ADHD is a neurodevelopmental condition that causes a delay in the area of the brain responsible for regulatory behaviour. NHS (2016) suggests there are three subtypes of ADHD:

- Inattentive – Difficulty paying attention, staying focused, following instructions and get distracted easily.
- Hyperactive and Impulsive – Difficulty sitting still for long, fidgety and fiddling with items. Interrupting others, acting without thinking, experience difficulty waiting their turn and listening to directions.
- Combined – Children will present with a combination of the above two types equally.

Children with ADHD may present with one or more of these core symptoms (NHS, 2016). However, National Institute for Health and Care Excellence (NICE) (2023) suggests that children who only present with inattentiveness are typically harder to diagnose as their symptoms are not as obvious as those who present as being hyperactive and impulsive.

According to NHS (2018) in the UK ADHD affects around 3-5% of children, with research suggesting it is more common in males than females with a ratio of 4:1.



(Source: Verywell Health, 2023)

Impact of barriers on children with ADHD

Haeghele and Hodge (2016) suggest the medical model of disability can help to explain some barriers a child may face. A child with hyperactive and impulsive ADHD may find it difficult to focus on tasks in school (Sayal *et al.*, 2018). McDougal *et al.* (2023) believes this can impact a child's well-being and academic performance, as it will be challenging for a child to absorb and retain information presented by the teacher, leading to gaps in their understanding. Similarly, NHS (2018) believe this can result in a child developing a sense of frustration or inadequacy compared to their peers.

According to Anderson, Watt and Shanley (2017) the attitude's teachers display towards children with ADHD can have an impact on whether the child has a positive or negative school experience. Similarly, Armstrong *et al.* (2017) suggests that children with disabilities are often the target of discrimination from their peers, which can lead to lowered self-esteem and loneliness.

Another barrier a child with ADHD may face can be explained by the social model of disability (Connors and Stalker, 2014). Galloway (2018) suggests that some schools may be better equipped to cater for children with an ALN than others. Similarly, Foreman and Arthur-Kelly (2017) suggest that schools who invest in specialized staff and prioritize inclusive education will be able to cater to ALN better. However, Welsh Government (2014) believes it is down to the discretion of the head teacher on which areas to prioritize with their budget.

According to Moore *et al.* (2017) if the school does not have appropriate resources or trained staff to help support children with ADHD then this could have a negative impact on the child and their well-being. Similarly, Silverman, Iseman and Jeweler (2021) believe this could lead to the child feeling isolated and misunderstood and cause a decline in their self-esteem. Furthermore, Mason-Williams *et al.* (2019) considers it crucial that schools provide the necessary resources and accommodations to ensure every child has an equal opportunity to thrive.

Identification and Diagnosis

According to Meerman *et al.* (2017) it is often teachers who are the first to suspect signs of ADHD in children. Similarly, Barry *et al.* (2016) believes that since teachers spend many hours a day with the children, the symptoms may be more easily identified. However, Poznanski, Hart and Cramer (2018) suggest that due to some teachers lacking experience or training with ALN, they may not understand that the child who is acting out, or disrupting the class may have ADHD.

According to Efron *et al.* (2016) teachers who have a good understanding of ADHD should be able to pick up on a child who may be displaying symptoms, therefore, they could seek guidance from the school's additional learning needs coordinator (ALNCo). Following this, the teacher could arrange a meeting with the child's parents (Mullet and Rinn, 2019). During the meeting, the teachers' observations and concerns could be discussed (Metzger and Hamilton, 2020). According to Narad *et al.* (2015) the teacher could suggest the parents consider having a professional assessment from a specialist. However, Dodangi, Vameghi and Habibi (2017) suggest there may be barriers to this such as, the parents lack of awareness of ADHD. Similarly, Nguyen and Hinshaw (2020) suggest that some parents may worry about the stigma around mental health conditions like ADHD, not wanting their child to be judged or labelled if they received a diagnosis.

Research by the NHS (2021) suggests that the symptoms of hyperactive and impulsive ADHD can lead to problems in a child's life, such as poor social interaction with their peers, underachievement academically and problems with discipline. However, Hamed, Kauer and Stevens (2015) suggest having a correct diagnosis is considered important for the child to receive appropriate support.

Support strategies for children with ADHD

A trusted support strategy that can be implemented is to establish a structured routine and a schedule in the form of a visual timetable for the child (Rutherford *et al.*, no date). Foster-Cohen and Mirfin-Veitch (2017) believe this can help provide a sense of stability and predictability for the child. Similarly, Cirelli *et al.* (2016) believes this can help the child feel more in control and organised, which can improve their ability to focus on tasks. In addition, McDougal *et al.* (2023) suggest that having a consistent routine can help children with ADHD transition between activities more smoothly.

Buli-Holmberg and Jeyaprabhan (2016) and Cirelli *et al.* (2016) suggest that having a visual timetable of their school day can help the child develop a sense of independence and let them know what to expect in their day. However, Fletcher *et al.* (2019) suggests that teachers must consider the unique child when planning their support strategies. A strategy may work for one child with ADHD, however, that does not mean it will work for all children with ADHD (Snowling, 2013). Similarly, DuPaul and Langberg (2015) suggest that a child with ADHD may find it difficult to adhere to a rigid schedule. Transitions may be challenging for them, or they may struggle following a set routine (NHS, 2018). Furthermore, a structured schedule does not always address the individual needs of every child, therefore, Radford *et al.* (2015) considers it important that teachers are flexible and make adjustments to reflect the unique strengths and challenges of each child with ADHD.

Another issue that may arise according to ADHD Foundation (2015) is unexpected change happening without warning. This could look like the child's teacher or 1-to-1 being off sick that day, or a surprise fire alarm that would mean all children have to stop what they're doing and evacuate the school. ADHD Foundation (2015) suggests that children who are used to their set routines may struggle with this unexpected change, causing them to become upset and feel they have a loss of control.



(Source: Amazon, no date)

Conclusion

In conclusion, ADHD can pose many unique challenges for each individual, with the diagnosis process being a challenge in itself (NHS, 2018). However, French, Sayal and Daley (2019) suggest that with the right strategies, the barriers previously mentioned can be managed effectively. Rutherford *et al.* (no date) suggests by providing personalized support and implementing structured routines, teachers can empower children with ADHD, by fostering their strengths and supporting them to reach their full potential.