

Attention Deficit Hyperactivity Disorder (ADHD)

(Ky, L. 2026)



Introduction

This poster is going to explore attention deficit/ hyperactivity disorder (ADHD) exploring how the additional learning need is identified and how it is diagnosed. Also, the barriers and the impact of the need on the child. An appropriate strategy will be explored to see whether this will help the child or hinder their development through critical evaluation and exploration.

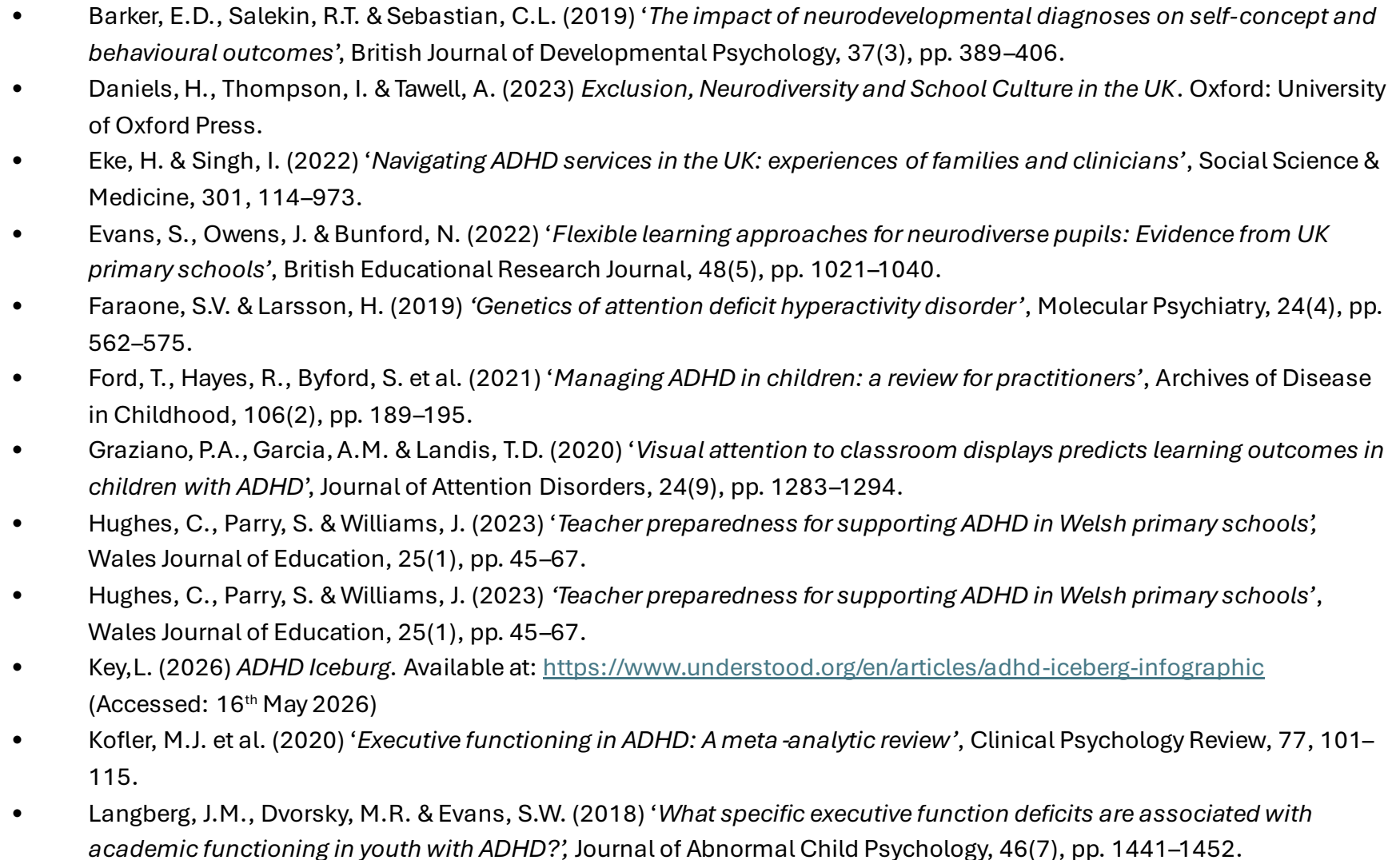
A critical evaluation of the barriers and facilitators affecting children with ADHD reveals a complex interplay between structural constraints, cultural attitudes, and pedagogical practices that directly influence how effectively the Curriculum for Wales can be enacted for neurodiverse learners. One of the most significant barriers is the inconsistency of educational support across settings, driven by uneven teacher training, resource limitations, and variability in schools' capacity to implement inclusive pedagogy; despite the curriculum's emphasis on learner-centred approaches and equity, many teachers report feeling underprepared to support ADHD-related needs, particularly around executive functioning, emotional regulation, and sustained attention (Hughes et al., 2023). This gap between policy aspiration and classroom reality reflects a systemic misalignment between the curriculum's inclusive ethos and the operational constraints of schools, further compounded by long waiting times for neurodevelopmental assessment and fragmented post-diagnostic pathways that leave many children unidentified or unsupported during critical learning periods (Public Health Wales, 2022). A second major barrier is the persistence of stigma, reinforced by deficit-based narratives that frame ADHD behaviours as disruptive or oppositional; such stigma contributes to punitive disciplinary responses, inequities in identification, and reduced access to support, particularly for children from minority ethnic or low-income backgrounds (Daniels et al., 2023; Mensah & Ford, 2021). In contrast, key facilitators include the Curriculum for Wales' emphasis on holistic, strengths-based learning, which aligns with neurodiversity-affirming practice by promoting experiential, creative, and real-world learning that supports attention, motivation, and self-regulation (Evans et al., 2022), as well as whole-school inclusion frameworks such as trauma-informed practice, restorative approaches, and universal design for learning, which reduce punitive responses and foster relational, supportive environments (Welsh Government, 2023). However, the effectiveness of these facilitators is often constrained by the very structural barriers they aim to address, as flexible pedagogy and inclusive frameworks require sustained investment, leadership commitment, and ongoing professional learning—conditions not consistently present across Welsh schools. Overall, while the Curriculum for Wales provides a strong philosophical foundation for supporting children with ADHD, meaningful progress depends on addressing the structural and cultural barriers that limit its enactment so that inclusive pedagogy, relational practice, and strengths-based approaches can fully transform the educational experiences of neurodiverse learners.

Overall, the evidence shows that the educational experiences of children with ADHD are shaped by a dynamic interplay of structural barriers and enabling facilitators. Inconsistent teacher training, limited resources, long diagnostic waits, and persistent stigma continue to restrict equitable access to support, creating a mismatch between the inclusive aspirations of the Curriculum for Wales and the realities of school practice. At the same time, facilitators such as strengths-based pedagogy, relational approaches, whole-school inclusion frameworks, and well-designed visual aids demonstrate the potential for meaningful improvement when environments are intentionally structured to reduce cognitive load and affirm neurodiversity. The variability in children's responses—driven by the heterogeneity of ADHD, co-occurring needs, and contextual factors—highlights the importance of flexible, individualised strategies rather than one-size-fits-all solutions. Ultimately, progress depends on addressing systemic constraints while embedding evidence-informed, inclusive practices across classrooms and whole-school cultures, enabling children with ADHD to engage, participate, and thrive as confident, capable learners.

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by persistent patterns of inattention, hyperactivity, and impulsivity that impair daily functioning and development, typically emerging in early childhood and often continuing into adulthood, with prevalence estimates of 5–7% in children and 2–5% in adults (Polanczyk et al., 2015). It is understood as a multifactorial disorder involving strong genetic heritability and neurobiological differences in executive functioning, reward processing, and self-regulation (Faraone & Larsson, 2019), alongside environmental influences such as prenatal exposures and early adversity. Diagnosis in the UK follows a rigorous, multi-method assessment by qualified specialists, integrating developmental history, clinical interviews, observation, and standardised rating scales across settings, in line with NICE guidance (NICE, 2018; Ford et al., 2021). Differential diagnosis is essential to distinguish ADHD from conditions such as anxiety, trauma, learning difficulties, and sleep disorders, which may mimic or exacerbate attentional challenges (Royal College of Psychiatrists, 2017). Receiving a diagnosis can reshape how individuals and families understand longstanding difficulties, reducing self-blame and enhancing self-efficacy (Barker et al., 2019), while enabling access to targeted interventions, psychoeducation, medication, and school-based support that improve academic engagement and wellbeing (NHS England, 2023). Diagnosis also strengthens collaboration with educational settings by legitimising the need for reasonable adjustments under the Equality Act 2010 (Norwich & Eaton, 2015). However, some individual's experience stigma, concerns about labelling, or frustration with fragmented post-diagnostic pathways, reflecting wider systemic challenges in UK neurodevelopmental services (Eke & Singh, 2022). Overall, early identification, high-quality assessment, and coordinated support across health, education, and family systems are essential to optimise outcomes for individuals with ADHD.

Visual aids—such as visual timetables, pictorial prompts, colour-coded organisers, diagrams, and multimedia materials—are widely used to support children with ADHD because they externalise information that would otherwise rely on working memory, helping to reduce cognitive load and clarify expectations (Kofler et al., 2020). Research shows that visual scaffolds can improve task initiation, comprehension, and transitions by making routines predictable and reducing the need for repeated verbal instructions (Evans et al., 2022), and teachers report that such supports help sustain attention within busy classroom environments (Hughes et al., 2023). However, their effectiveness varies considerably depending on design quality, consistency of use, and individual learner profiles. Overly complex or visually cluttered materials can increase distraction, as children with ADHD are highly sensitive to environmental stimuli (Graziano et al., 2020), and visual aids lose impact when not explicitly taught or embedded into daily routines (Moore et al., 2022). ADHD's heterogeneity also means that visual supports benefit children with working-memory and organisational difficulties more than those whose needs centre on hyperactivity or impulsivity, while co-occurring conditions and motivational differences further influence outcomes (Langberg et al., 2018; Murray et al., 2023). Overall, visual aids are most effective when used within predictable, inclusive, and well-structured learning environments as part of a broader ADHD-informed approach (Welsh Government, 2023).

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