

Section A

According to the Young Mind's Organisation (no date), Attention Deficit Hyperactive Disorder (ADHD) is described as a condition where a child or adult has a large amount of energy and has difficulty concentrating and controlling their emotions. Signs and symptoms are commonly first noticed in young children. According to the National Health Service (NHS) (2018) children under the age of six often show indications of ADHD at home and at school by displaying elements of inattentiveness, hyperactivity and impulsiveness which are the two categories children often fall in to.

According to clinical partners (2015), ADHD is thought to effect one in ten children with boys being three times more likely to be diagnosed than girls. Diagnosing ADHD in children can often be complicated as symptoms can be similar to other conditions such as Attention Deficit Disorder (ADD). According to the NHS (2018) discussing the condition with a child's teacher or visiting a GP or a mental health professional can instigate early intervention and begin the diagnosis journey by making recommendations for further assessments and treatments.

However, Hamed, Kauer and Stevens, (2015) emphasise the obstacles that occur when diagnosing ADHD. Due to many factors of assessing children who may be showing signs and symptoms of ADHD, many cases are under- diagnosed, misdiagnosed and even go undertreated. Upon reviewing the consequences of lack of diagnoses, it was found that it could have a negative impact on children's lives. Cohen (2003) discovered that ADHD was being underdiagnosed and interventions were infrequent. By not receiving an ADHD diagnosis, a child could go without the appropriate school support, find difficulty in controlling their emotions and may find it challenging to socialise and make friends.

Sonuga- Barke et al., (2011) consider the benefits of early intervention. Early intervention can prevent further development of ADHD and can allow parents, teachers and other authorities to create a plan or programme to cater for the child's needs. The article suggests that a strategy must be put in place when a child first begins to show signs in order to reduce long term impairment. However in a previous article, Sonuga- Barke and Halperin (2010) outline that early interventions are rarely implemented for children with ADHD. The article explores the possible benefits early interventions could have on children with ADHD and how interventions can target children who require support for their underlying needs. It was found that further knowledge and understanding was required to gain developmental pathways and recognition approaches for teachers to target children with ADHD.

The NICE organisation (2018) discusses the guidelines and management of ADHD and how certain factors may effect intervention and diagnosis in children. One factor that has an impact on early intervention is the willingness of children and their families to request and accept

support. According to the publication, the stigma related to ALN can have a negative effect on diagnosing ADHD. Mueller et al, (2012) also discusses the stigma regarding ADHD and how it can be considered a risk factor to the child. Delaying assessments and treatment to avoid labelling a child delays the support that a child needs and deserves. Kellison et al, (2010) also discusses the stigma associated with ADHD and diagnosing children with an ALN. The article outlines how parents often effect the process of early intervention as it is thought that some parents are uneducated and lack an understanding of ADHD. In a survey, it was also discovered that parents feared labelling their child and how it would affect their school and social life.

In order to obtain early intervention, teachers and early years practitioners must have an accurate understanding and appropriate training in recognising signs of ADHD in children. Whilst discussing practitioner understanding, Arcia et al, (2000) discovered that teachers were not confident and lacked ADHD knowledge. In a survey, they found that teachers did not have enough information on behavioural profiles and were not confident in creating structured classroom management to support children with ADHD. It was found that more teacher training was needed to benefit general classroom function and to support children with ALN. In addition, the ADHD foundation (2017) found that one in five teachers felt uninformed about ADHD with 25% feeling unconfident in being able to support children who show signs of ADHD correctly. The study found that many teachers are uneducated and have not received training in order to assist children with ADHD. Teacher knowledge, understanding and training is extremely important and can have a beneficial impact on early intervention.

Diagnosing ADHD in children is determined by a strict criteria. Feil et al., (2016) outlines that to be diagnosed with ADHD, a child must show six or more symptoms of inattentiveness or hyperactivity and impulsiveness. It was later suggested that there needs to be more focus on early intervention in order to target children with possible ADHD to improve educational and social function. Disord discusses the importance of early intervention by highlighting there needs to be more emphasis on school involvement. Having school support can not only assist a child's needs and behaviour within the classroom but can also have a beneficial influence on a diagnosis referral.

Fattal (2018) discussed the importance of identifying ADHD early. It is thought that regardless of age, a child should be provided appropriate structure, routine and behavioural techniques in order to avoid developing further learning needs. Furthermore, The United Nations Convention on the Rights of the Child (UNCRC) cited in Unicef (2010) draws attention to the needs of children and how their voice must be heard. Article 23 of the UNCRC states that "If I have a disability, I have the right to special care and education." All children have the right to

be safe and happy regardless of any needs or disabilities. Children should be taught in a way that recognises their disability with their needs being cared for and supported at all times. An early intervention could support a child's rights by having specific guidance and assistance in place. This would allow a child with ADHD to feel included in school activities and to have a say in choices regarding their daily routine.

For children who may show signs of ADHD, early intervention is extremely important. Marczak (2017) states that children who are often distracted, fidgety and are unable to control their emotions are displaying symptoms and should be referred to a specialist for an assessment. Byrne and Rosen (2014) highlight that for young children, the road to an ADHD diagnosis may be uncertain, however early intervention is still key to provide support. Teachers and parents should establish a positive relationship with the child through play based and child centred activities. It is stated that early intervention can moderate symptoms and can support children in various aspects of their life from their education to socialising with other children.

Section B

According to French et al., (2018) Attention Deficit Hyperactivity Disorder (ADHD) affects 5% of children and adults but often goes undiagnosed or mistreated. The article outlines previous study findings and how schools and other primary care settings had lack of knowledge, understanding and resources to support children who have been diagnosed or show signs of ADHD. These barriers prevent access to care which can affect the diagnosis rate.

Kim et al., (2019) discussed education for children with ADHD. The article suggests that teachers must receive appropriate training to strengthen their knowledge and understanding to assist children with ADHD. This would allow teaching staff to provide a more inclusive education and reduce the obstacles that may stand in the way of children. Arcia et al., (2000) explore how teachers had a variety of methods to confront disruptive behaviours within the classroom, however they lacked knowledge on how to support children with ADHD. The journal outlines that for children with ADHD, it is vital that they feel equal and included in every aspect of their life, from their education to their social life. However, due to funding, change of structure and pressures, teachers are not receiving the appropriate training to recognise, refer and support children with ADHD.

Schools have a responsibility to ensure all children have suitable education for their needs. Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) (no date) outlines that adults must do what is best for the children in their care. Children's interests must be the top priority in all decisions and actions which may affect them. This statement shows how schools have a duty to support children with ALN and shape their education to achieve success in every aspect. According to the Welsh Government (2018) children with Additional Learning Needs (ALN) should be provided with support from a Special Educational Needs Coordinator (SENCO) and have an Individual Development Plan (IDPs) in place. This should ensure that teaches and teaching staff deliver the correct provision for children with ALN such as ADHD. SENCO's should work closely with the head teacher and teaching staff and be closely involved in the development and provision of children with ADHD by also leading, developing and supporting colleagues.

However, many SENCO's are also working as full time teachers and must find the balance between teaching and ensuring the coordination of provision for children with ADHD within the school is undertaken and supported. Curren et al, (2020) conducted a survey exploring the workload of SENCO's and received over 1900 responses. They discovered SENCOs do not receive appropriate allocated time to facilitate their role. 22% of responses stated that in 2019/2020, they received less time than previous years to support children with ALN. Changes in school funding and structures were also found to have an impact on SENCOs with many

taking on additional roles and responsibilities to meet the needs of the school and classroom. Due to this, it was thought that children with ALN were affected due to a highly demanding timetable. These findings show that more training is needed for teaching staff to assist SENCOs in supporting children with ADHD as these issues are becoming barriers for referrals and diagnosis. Education Wales (2018) state that more supervision and training is crucial for teachers in order to support and meet the needs of children with ADHD. The tribunal states that schools need advanced training to identify children's signs and symptoms and have procedures in place to meet their requirements. It was also stated that teachers should promote inclusion in order to make children with ADHD feel equal and involved.

Feldman and Reiff (2014) discuss how school support and teacher knowledge can have a positive impact on a child's behaviour. Having a long term strategy which targets the child's needs was thought to provide a positive structure. Behavioural classroom management was seen to have improved a child performance whilst being in a positive academic environment. However, NASUWT (2018), a teachers union conducted independent research to discover teachers' experiences, concerns and issues regarding their knowledge and teaching children with ALN. It was indicated that some participants had more than one role which affected their ability to perform their responsibilities to a high standard. The research outlined how lack of training had a significant impact on their ability to support children with ALN.

Teachers who lack knowledge and understanding of children who show signs of ADHD or are diagnosed with the ALN cannot fully support these children. This can result in negative impacts on a child's life opportunities. Shire (2017) also outlines the effects lack of teacher training have on children with ADHD. It was found that 65% of teachers were concerned that children with ADHD would be excluded from school. It was later confirmed that research had found that 39% of children with ADHD had experienced exclusion from school. The publication highlighted how without appropriate school support, children with ADHD's education, mental health and social life can suffer with 58% of teachers worrying that children with ADHD could be bullied and lack social interaction with other children. Reid and Johnson (2011) also express how lack of training is seen as a significant barrier of meeting the needs of children with ADHD. It is mentioned that training is critical to implement an education to effectively support children.

Due to the strenuous process of diagnosing ADHD in young children, schools must be fully supportive of the child in question and their family. It has become clear that some schools lack an understanding of ADHD alongside other ALN but Boingboing (2018) publication explains how a whole school approach is an extremely beneficial way to promote inclusion and encourage an education that is valuable for all children. Involving children, their parents and

community services in decisions regarding the school and the education they provide can have a positive impact on a child's health, safety and wellbeing. However, as significant as a whole school approach is, there must be more importance placed on further teacher training. Greenway and Edwards- Rees (2020) state that ADHD training appeared essential for teaching staff. In order to meet the diverse needs of children with ADHD and other ALN, it is extremely important for teachers and teaching assistants to gain sufficient training. Having specific training for ADHD will allow teachers to gain appropriate knowledge and reduce the barriers that may face children who are diagnosed or who show signs of ADHD.

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Section C

For children who have ADHD, their ALN may not allow them to focus on a task or activity for longer than five minutes. According to William and Mary (2017) supporting a child with ADHD should be based upon their personal assessment data and individual needs. Support must include strategy adjustments and progress monitoring in order to provide the child with the appropriate care and education.

Due to the high demands of being a teacher, having a classroom teaching assistant (TA) allows the child with ADHD to have closer support. Webster, Russel and Blatchford (2015) discussed the benefits of having a TA. It was stated that upon changing the way TA's were being used in the classroom, more academic progress was made due to the additional support the TA's offered. It was found that by allowing TA's to work closely with children with ADHD and other ALN's a consistent delivery of education was being made. It was suggested that having brief sessions outside of the classroom with the TA gave the child the opportunity to focus their attention without classroom distractions. However, TA's who are given the responsibility to support children with ADHD should receive a form of training. O'Regan (2014) discusses how with appropriate training, TA's can provide a child with support to recognise their emotions and develop their concentration. Whether having continuous meetings with the school SENCO or participating in a specific ADHD course, a TA who is supporting a child must ensure that they are knowledgeable and are able to cater to the child's needs.

However, regardless of the importance of teacher and teaching staff support, Baric et al., (2015) explore the theories that provision for children with ADHD is beyond academic support. Within the article, research was found that children with ADHD often obtain low grades and poor test and examination results. It was later suggested that no amount of school support could improve these findings and children may need further assistance such as behavioural therapy programmes or individual counselling to meet their educational needs.

Bentham (2003) discusses the support needed for children with ADHD. It is highlighted that it is beneficial for children with ADHD to have a structured environment with clear boundaries. Having an open classroom with the room for distractions can divert their attention and affect their concentration. Having an area outside of the classroom to have one to one attention from a TA can offer a supportive way of teaching. Spooner (2010) explains that a TA's support allows a child to have a positive learner partnership. Having specific support catered for the individual child enables them to meet targets at their own pace and level. Providing a lesson plan and delivery strategy which takes into account the child's needs can be a positive learning environment which facilitates the teaching that will be delivered.

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