

CHARACTERISTICS

Attention Deficit Hyperactivity Disorder (ADHD) is considered a mental condition that affects a person's behaviour (ADHD UK, 2020; NHS, 2021). Galera et al. (2011, p. 1267) states that ADHD is an "etiologically heterogeneous neurodevelopmental condition". NHS (2021) states that the exact cause of ADHD is unknown.

ADHD Aware (2022) lists inattention, impulsivity and hyperactivity as the main traits of childhood ADHD, and from here, three types of ADHD behaviours are observed in children: *the inattentive type, the hyperactive or impulsive type and the combined-type ADHD* which is also the most common and the symptoms are merged between the first two types.

Identification. Diagnosis. Challenges.

NHS (2021) states that parents can voice their concerns about their children showing signs of ADHD with the child's teachers and eventually with the GP which will lead to a specialist referral for ADHD assessment. ADHD is then diagnosed by a licensed clinician with expertise, assessing whether the symptoms of inattention and/or impulsivity or hyperactivity are chronic or long-lasting, if they hinder the child's normal functioning, or causing a delay in development normal for child's age (Jones, 2016). Symptoms of ADHD can appear around three years of age; most children receive a diagnosis in their elementary school years, when they have shown signs of at least six symptoms for at least six months (Greenway and Rees Edwards, 2020). ADHD identification could be under-reported due to poorly trained staff who might interpret a child's behaviour as emotional or disciplinary issues, or over-reported due to external pressure to acquire some sort of medical explanation for a child's behaviour (Jones, 2016; G L Assessment, 2017). Additional Education Needs Coordinators believe ALN is not promptly identified because of limited time for assessments, early age of the child or staff not having enough confidence, whereas childminders think insufficient resources are the most prominent obstacle towards identifying ALN (Curran, 2020).

Understanding ADHD shifts teachers perception about it, improving the relationships with the child - an important part of a child's behavior and their social and academic development (Blotnicki-Gallant et al., 2015). Greenway and Rees Edwards (2020) call attention to the fact that teachers assistants have a higher knowledge of ADHD than actual teachers, which may stem from their extensive work with children who exhibit or already have ADHD.



Source: Bonner, 2017.

The family

Once a clinical diagnosis for a mental condition is made, it increases stigma, as the public perceives such individuals as being unpredictable and interaction is avoided (Timimi, 2016). It has been shown that all parents of children with ALN experience different types of reactions from others, from pity to hostile comments or negativity, called courtesy stigma. Parents of children with ADHD have experienced isolation and avoidance from friends or family because their child's condition is invisible, as such, their unexplained behaviour is perceived as negative or inappropriate by societal standards (Broomhead, 2019).

As ADHD can be an economic burden for the individual and their family, the quality of life may be diminished and adding that to the overall stress on the family, parental relationships can be harmed, leading to separations (ADHD Institute, no date; Holland and Pell, 2018)

The child

Academic and social life of children with ADHD will prove to be difficult, as most of them act in a challenging manner, being difficult to manage, behaviour which in turn hinders their own capacity for the acquisition of academic, social or emotional knowledge (DuPaul and Stoner, 2014). ADHD children are less happy with their families and their lives in general, which can last into adulthood; their quality of life and wellbeing were negatively impacted by their disrupting behaviours; children with ADHD sleep significantly less compared to those without the condition, thus further altering wellbeing (Martin et al., 2017; Peasgood et al, 2016). Daley and Birchwood (2009) point out that childhood hyperactivity is linked with serious adolescent issues such as substance abuse or delinquency, which consequently end up in school abandon.

Support strategies. Challenges.

Studies have shown an association between bodily-kinesthetic movement and effective learning - kinesthetic equipment in the classroom environment was found to improve pupil's attention and behaviour, resulting in better cognitive outcomes (Nazmi and Fleura, 2020; Rollo et al, 2018; Minges et al, 2016). ADHD Foundation (2021) supports the use of standing desks, as it enables children with ADHD to move their upper part of the body, their shoulders, their legs, they can fidget, twist, side-step, all the while allowing the heart rate to go up, more oxygen flowing to the brain and thus, releasing and transmitting dopamine around the brain; standing desks are easy to use, lightweight, flexible and portable so they can be moved around the classroom.

However, research around the use of standing desks is limited and poorly developed, mostly because it is fairly new concept, often times giving mixed results ranging from beneficial to no evidence of benefits (Sherry, Pearson and Clemes, 2016). Other kinesthetic equipments have been studied in single-cases or in small sample sizes, without control groups, which can limit the outcomes (Flippin, Clapham and Tutweiler, 2021). Limited budget can also be an obstacle for schools replacing or enhancing their equipment and furniture. Culp, Oberton and Porter (2020) highlighted that action-based learning could be considered as intrusive in promoting physical activity, or even distracting to non-ALN children; educators could deem the equipment as unfit for their teaching methods, or require in-depth training on how to use it. Limited budget can also be an obstacle for schools replacing or adding supportive equipment and furniture, or to offer suitable training for educators on how to use it.

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