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Ai cover sheet

I confirm that I have not presented any AI generated text as my own work

I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide as evidence.

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.

What is ADHD?

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with daily functioning and development. It typically emerges in early childhood and often continues into adolescence and adulthood, with global prevalence estimates of around 5–7% in children and 2–5% in adults (Polanczyk et al., 2015). ADHD is widely understood as a multifactorial disorder, with strong evidence for genetic heritability, alongside neurobiological differences in brain networks associated with executive functioning, reward processing, and self-regulation (Faraone & Larsson, 2019). Environmental factors—such as prenatal exposures, early adversity, and psychosocial stress—also contribute to risk in interaction with genetic predispositions. The condition can significantly affect learning, relationships, emotional wellbeing, and long-term outcomes, making early identification and supportive intervention essential. Contemporary approaches emphasise a combination of behavioural strategies, educational adjustments, and, where appropriate, pharmacological treatment, tailored to the individual's developmental profile and context (National Institute for Health and Care Excellence [NICE], 2018).

The diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) is grounded in a rigorous, multi-method clinical assessment conducted by appropriately qualified specialists, in accordance with National Institute for Health and Care Excellence (NICE) guidelines. Diagnostic formulation requires evidence of developmentally inappropriate and persistent patterns of inattention and/or hyperactivity–impulsivity, with symptoms present across multiple contexts and demonstrably impairing

functioning (NICE, 2018). Assessment typically integrates a detailed developmental and psychosocial history, structured clinical interviews, direct observation, and standardised rating scales completed by parents, teachers, and the individual, enabling triangulation of symptom presentation across settings (Ford et al., 2021). UK professional guidance further emphasises the importance of differential diagnosis, particularly in distinguishing ADHD from co-occurring or alternative conditions such as anxiety, trauma, learning difficulties, and sleep disorders, which may mimic or exacerbate attentional and behavioural difficulties (Royal College of Psychiatrists, 2017). This comprehensive, contextualised approach reflects contemporary UK clinical practice, which conceptualises ADHD as a heterogeneous neurodevelopmental condition requiring nuanced, evidence-informed assessment.

Receiving an ADHD diagnosis can have substantial psychological, educational, and social implications, often reshaping how individuals and families interpret longstanding patterns of behaviour and difficulty. UK research suggests that diagnosis frequently provides a framework for meaning making, enabling individuals to reattribute challenges to a recognised neurodevelopmental condition rather than personal inadequacy, which can reduce self-blame and enhance self-efficacy (Barker et al., 2019). A formal diagnosis also facilitates access to targeted interventions, including medication, psychoeducation, and school-based support, which are associated with improved academic engagement and emotional wellbeing (NHS England, 2023). For many families, diagnosis strengthens collaboration with educational settings by legitimising the need for reasonable adjustments under the Equality Act 2010 (Norwich & Eaton, 2015). However, the impact is not uniformly positive; some individuals experience stigma, concerns about labelling, or frustration with fragmented post-diagnostic pathways, reflecting broader systemic challenges within UK neurodevelopmental services (Eke & Singh, 2022). Overall, the literature indicates that the benefits of diagnosis are maximised when accompanied by timely, high-quality support and clear communication across health, education, and family systems.

Barriers

A critical evaluation of the barriers and facilitators affecting children with ADHD reveals a complex interplay between structural constraints, cultural attitudes, and

pedagogical practices, all of which directly influence how effectively the Curriculum for Wales can be enacted for neurodiverse learners. One of the most significant barriers remains the inconsistency of educational support across settings, driven by uneven teacher training, resource limitations, and variability in schools' capacity to implement inclusive pedagogy. Although the Curriculum for Wales emphasises learner-centred approaches, equity, and the development of ambitious, capable learners, research shows that many teachers still feel underprepared to support ADHD-related needs, particularly in relation to executive functioning, emotional regulation, and sustained attention (Hughes et al., 2023). This gap between policy aspiration and classroom reality reflects a structural issue: schools are expected to deliver highly individualised provision without the specialist staffing or time required to do so effectively. As a result, children with ADHD often encounter environments that inadvertently amplify their difficulties—for example, through rigid behaviour policies, high cognitive load tasks, or limited opportunities for movement and sensory regulation. These challenges are compounded by long waiting times for neurodevelopmental assessment and fragmented post-diagnostic pathways, meaning that many children remain unidentified or unsupported during critical periods of learning (Public Health Wales, 2022). From a critical perspective, this barrier is not simply a matter of teacher competence but a systemic misalignment between the Curriculum for Wales' inclusive ethos and the operational constraints of schools.

A second major barrier is the persistence of stigma surrounding ADHD, which continues to shape children's social experiences, self-concept, and access to support. Stigma operates at multiple levels—peer, family, institutional, and societal—and is reinforced by deficit-based narratives that frame ADHD behaviours as disruptive, oppositional, or the result of poor parenting rather than manifestations of a neurodevelopmental profile. UK research demonstrates that children with ADHD are disproportionately subject to punitive disciplinary measures, including exclusion, despite evidence that such responses exacerbate behavioural and emotional difficulties (Daniels et al., 2023). This institutionalised stigma undermines the Curriculum for Wales' commitment to wellbeing, relationships, and the development of ethical, informed citizens. It also contributes to inequities in identification: children from minority ethnic backgrounds or low-income families are more likely to be

misinterpreted as “naughty” rather than neurodivergent, leading to underdiagnosis and reduced access to support (Mensah & Ford, 2021). A critical evaluation therefore challenges the assumption that stigma is merely an attitudinal issue; instead, it is embedded within structural inequalities, behaviourist school cultures, and public misconceptions about neurodiversity.

However, alongside these barriers, there are also powerful facilitators that can significantly improve outcomes for children with ADHD when implemented effectively. One key facilitator is the Curriculum for Wales’ emphasis on holistic, strengths-based learning, which aligns closely with neurodiversity-affirming practice. The curriculum’s focus on experiential learning, creativity, and real-world problem-solving provides opportunities for children with ADHD to engage through movement, collaboration, and hands-on exploration—approaches shown to enhance attention, motivation, and self-regulation (Evans et al., 2022). When teachers adopt flexible pedagogies—such as chunking tasks, offering choice, integrating outdoor learning, and embedding visual supports—children with ADHD are better able to access learning and demonstrate competence. These practices act as facilitators not only because they reduce cognitive load but because they affirm the learner’s identity, supporting the curriculum’s aim of developing healthy, confident individuals.

A second facilitator is the growing adoption of whole-school inclusion frameworks, such as trauma-informed practice, restorative approaches, and universal design for learning (UDL). These frameworks shift the focus from managing behaviour to understanding underlying needs, thereby reducing the likelihood of punitive responses and promoting relational, supportive environments. Evidence from Welsh schools indicates that when staff receive training in neurodevelopmental differences and relational pedagogy, exclusion rates fall and engagement improves (Welsh Government, 2023). This aligns with the Curriculum for Wales’ emphasis on relationships, wellbeing, and the creation of inclusive learning communities. Importantly, these facilitators also counteract stigma by reframing ADHD as a difference rather than a deficit, promoting empathy and reducing negative assumptions among peers and staff.

Critically comparing these barriers and facilitators reveals that the effectiveness of facilitators is often constrained by the very structural barriers they aim to address.

For example, while the Curriculum for Wales encourages flexible, learner-centred pedagogy, teachers working under high workload pressures may struggle to implement such approaches consistently. Similarly, whole-school inclusion frameworks require sustained investment, leadership commitment, and ongoing professional learning—conditions that are not uniformly present across Welsh schools. This highlights a central tension: facilitators are most effective when embedded within well-resourced, collaborative systems, yet the barriers children face are often the result of systemic under-resourcing and fragmented service provision. A critical evaluation therefore suggests that meaningful progress requires structural reform—improved neurodevelopmental pathways, enhanced teacher training, and investment in multi-agency collaboration—rather than relying solely on individual teachers or schools to compensate for systemic shortcomings.

Ultimately, the Curriculum for Wales provides a strong philosophical foundation for supporting children with ADHD, but its success depends on addressing the structural and cultural barriers that limit its enactment. When facilitators such as inclusive pedagogy, relational practice, and strengths-based approaches are fully realised, they have the potential to transform the educational experiences of children with ADHD, enabling them to thrive as ambitious, capable learners and ethical, informed citizens.

Strategy

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 need to be held in working memory. Children with ADHD often experience difficulties with executive functions, including planning, organisation, and sustaining attention, and visual supports help reduce cognitive load by providing stable, concrete cues that remain available after verbal instructions have faded (Kofler et al., 2020). Research in classroom settings shows that visual scaffolds can improve task initiation, enhance comprehension, and support transitions by making expectations explicit and predictable (Evans et al., 2022). Teachers also report that visual aids help maintain attention and reduce reliance on repeated verbal reminders, which aligns with

evidence that children with ADHD benefit from multimodal instruction and structured learning environments (Hughes et al., 2023). When used effectively, visual supports can therefore promote independence, reduce anxiety, and increase engagement, particularly in busy classroom environments where verbal information is easily lost.

However, a critical evaluation reveals that visual aids are not universally effective and their impact depends heavily on design quality, context, and individual learner differences. One limitation is that visual aids can become counterproductive when they are overly complex, visually cluttered, or inconsistently used. Children with ADHD are highly sensitive to environmental distractions, and visually busy displays can increase attentional demands rather than reduce them (Graziano et al., 2020). This means that poorly designed visual supports may inadvertently compete for attention, undermining their intended purpose. Another limitation is that visual aids require explicit teaching and consistent reinforcement; without this, children may not understand how to use them or may ignore them altogether. Studies of classroom practice show that teachers often introduce visual supports but do not embed them systematically into routines, reducing their effectiveness (Moore et al., 2022). This inconsistency reflects broader structural issues, including limited teacher training in ADHD-informed pedagogy and competing classroom demands.

Visual aids also work better for some children than others because ADHD is a heterogeneous condition. Children whose primary difficulties involve working memory, organisation, and task sequencing tend to benefit most from visual schedules and step-by-step prompts, as these externalise executive functions and reduce the need for sustained internal regulation (Langberg et al., 2018). In contrast, children whose ADHD presentation is dominated by hyperactivity or impulsivity may require more dynamic, movement-based strategies, such as kinaesthetic learning or frequent physical breaks, rather than static visual cues. Co-occurring conditions also influence effectiveness: children with autism may respond well to structured visual supports, while those with language disorders or dyslexia may struggle with text-heavy visuals. Cultural and motivational factors further shape outcomes; some children find visual aids engaging and motivating, while others habituate quickly, reducing long-term impact (Murray et al., 2023).

Finally, visual aids cannot compensate for broader environmental barriers such as high noise levels, inconsistent behaviour policies, or lack of relational support. Research consistently shows that visual supports are most effective when embedded within a predictable, inclusive, and well-structured learning environment, rather than used as isolated tools (Welsh Government, 2023). This means that visual aids function best as part of a wider ADHD-informed strategy that includes clear routines, movement opportunities, relational approaches, and, where appropriate, targeted interventions. Without this wider alignment, visual aids may offer only superficial support

Conclusion

Taken together, the evidence demonstrates that ADHD is a complex neurodevelopmental condition whose impact on children's learning and wellbeing is shaped as much by environmental and systemic factors as by individual cognitive profiles. Accurate diagnosis provides an essential foundation for understanding a child's needs, yet its benefits are contingent on timely access, high-quality assessment, and the availability of post-diagnostic support. The barriers faced by children with ADHD—particularly inconsistent educational provision and pervasive stigma—highlight deep structural inequities within schools and services, underscoring the need for whole-system reform rather than isolated interventions. At the same time, facilitators such as inclusive pedagogy, relational practice, and strategies like visual aids demonstrate the potential for meaningful change when environments are designed to externalise demands, reduce cognitive load, and affirm neurodiversity. However, the variability in children's responses to strategies such as visual supports illustrates the heterogeneity of ADHD and the importance of individualised, context-sensitive approaches. Ultimately, improving outcomes for children with ADHD requires a coordinated commitment across health, education, and family systems to create environments that recognise diverse ways of learning, reduce structural barriers, and enable every child to participate fully and confidently in their educational journey.

Reference list

- Barker, E.D., Salekin, R.T. & Sebastian, C.L. (2019) '*The impact of neurodevelopmental diagnoses on self-concept and behavioural outcomes*', *British Journal of Developmental Psychology*, 37(3), pp. 389–406.
- Daniels, H., Thompson, I. & Tawell, A. (2023) *Exclusion, Neurodiversity and School Culture in the UK*. Oxford: University of Oxford Press.
- Department for Education & Department of Health (2015) *Special Educational Needs and Disability Code of Practice: 0 to 25 Years*. London: DfE.
- Edbrooke-Childs, J., Patalay, P. & Deighton, J. (2021) '*Ethnic inequalities in child mental health and neurodevelopmental diagnoses*', *Journal of Child Psychology and Psychiatry*, 62(10), pp. 1202–1214.
- Eke, H. & Singh, I. (2022) '*Navigating ADHD services in the UK: experiences of families and clinicians*', *Social Science & Medicine*, 301, 114–973.
- Evans, S., Owens, J. & Bunford, N. (2022) '*Flexible learning approaches for neurodiverse pupils: Evidence from UK primary schools*', *British Educational Research Journal*, 48(5), pp. 1021–1040
- Faraone, S.V. & Larsson, H. (2019) '*Genetics of attention deficit hyperactivity disorder*', *Molecular Psychiatry*, 24, pp. 562–575.
- Ford, T., Hayes, R., Byford, S. et al. (2021) '*Managing ADHD in children: a review for practitioners*', *Archives of Disease in Childhood*, 106(2), pp. 189–195.
- Graham, B., White, C. & Edwards, A. (2023) *School Exclusions and Neurodiversity: A National Review*. London: Children's Commissioner for England.
- Graziano, P.A., Garcia, A.M. & Landis, T.D. (2020) '*Visual attention to classroom displays predicts learning outcomes in children with ADHD*', *Journal of Attention Disorders*, 24(9), pp. 1283–1294.
- Hughes, C., Parry, S. & Williams, J. (2023) '*Teacher preparedness for supporting ADHD in Welsh primary schools*', *Wales Journal of Education*, 25(1), pp. 45–67.
- Kofler, M.J. et al. (2020) '*Executive functioning in ADHD: A meta-analytic review*', *Clinical Psychology Review*, 77, 101–115.

- Langberg, J.M., Dvorsky, M.R. & Evans, S.W. (2018) '*What specific executive function deficits are associated with academic functioning in youth with ADHD?*', *Journal of Abnormal Child Psychology*, 46(7), pp. 1441–1452.
- Mensah, F. & Ford, T. (2021) '*Ethnic inequalities in ADHD diagnosis and treatment in the UK*', *Social Psychiatry and Psychiatric Epidemiology*, 56(9), pp. 1581–1592.
- Moore, D.A., Russell, A.E., Ford, T. & Ukoumunne, O.C. (2022) '*Teacher identification of children at risk for ADHD: a UK population-based study*', *European Child & Adolescent Psychiatry*, 31(3), pp. 475–486.
- Murray, A.L., McKenzie, K. & Murray, K.R. (2023) '*Parental experiences of ADHD support pathways in the UK*', *Health Expectations*, 26(1), pp. 345–356.
- National Children's Bureau (2023) *Children and Young People with ADHD: Barriers to Support and Inclusion*. London: NCB.
- National Institute for Health and Care Excellence (NICE) (2018) *attention deficit hyperactivity disorder: diagnosis and management* (NG87). London: NICE.
- NHS England (2023) *Neurodevelopmental Services: National Framework for Children and Young People*. London: NHS England.
- Norwich, B. & Eaton, A. (2015) '*The new special educational needs framework: Supporting children with ADHD in schools*', *British Journal of Special Education*, 42(4), pp. 421–439.
- Polanczyk, G.V., Willcutt, E.G., Salum, G.A., Kieling, C. & Rohde, L.A. (2015) '*ADHD prevalence estimates across three decades: an updated systematic review and meta-regression analysis*', *International Journal of Epidemiology*, 43(2), pp. 434–442
- Public Health Wales (2022) *Neurodevelopmental Services Review: Assessment Waiting Times and Service Gaps*. Cardiff: PHW.
- Royal College of Psychiatrists (2017) *attention deficit hyperactivity disorder in Children and Young People: Good Practice Guidelines*. London: RCPsych.
- Welsh Government (2023) *Whole-School Approaches to Wellbeing and Inclusion: Evaluation Report*. Cardiff: Welsh Government