

The Stigma of Neuro-Diversity: Time to Embrace the Superpower

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DECLARATION FORM



Name of the Programme of Study: BA Advocacy

Name of Student (Capital Letters): Norman Wright

DECLARATION

I certify that the whole of this work is the result of my individual effort, and that all sources have been acknowledged.

Signed Norman Wright. (Student)

Date 15/05/2025

DECLARATION

I am satisfied that this work is the result of the Student's effort.

Signed  **(Lecturer)**

Date 15/05/2025

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ACRONYM

EO Education Otherwise

LA Local Authority

1. INTRODUCTION

This literature review aims to explore outcomes and procedures that can improve current protocols, education, and legislation surrounding the diagnosis and support of children diagnosed with Autism and ADHD in schools across Wales. It will provide clear definitions of Autism, ADHD, and other related neurodiverse conditions, and examine both school and home environments to assess what is currently being done and what further measures can be taken to help improve the educational outcomes for children and young people in Wales. The goal is to create a better learning environment for those with ASD, ADHD, ADD, and similar conditions, ensuring they feel included and engaged with their peers rather than merely present.

The review will also define various job titles and professionals (such as General Practitioners, AENCOS, SENCOS, and others) who work with children and young people in educational settings in Wales. Key concepts related to these roles will be clarified to provide comprehensive information. Additionally, the review will examine the tools and paperwork used in classrooms, aimed at facilitating learning for both teachers and students. It will assess the criteria that need to be met for children and young people to receive a diagnosis, thereby obtaining the necessary support within the educational system.

Furthermore, the review will address the concept of "superpowers," exploring how these unique strengths, when harnessed effectively, can enhance the abilities of children and young people with these conditions. This positive outlook can help transform the stigma surrounding such diagnoses and enable children to use their talents to their advantage, potentially fostering a passion that may lead to future employment opportunities. The legislative framework currently in place in Wales regarding autism and ADHD will also be examined, including relevant laws such as the Equality Act

(2010) and the Social Services and Wellbeing Act Wales (2014). The review will investigate existing protocols for how schools assess children in Wales, facilitating parents in obtaining diagnoses for ADHD.

The review will emphasise that both Autism and ADHD can be viewed as superpowers, which should be embraced by children, parents, and the education system. It will explore evidence-based interventions and effective support strategies for children with these conditions, as well as outline the initiatives that the Welsh government has implemented to aid support services

for children and young people diagnosed with ADHD or autism. Additional focus will be placed on classroom tools and programs designed to assist children in their learning, as well as to support teachers in their instructional methods. The review will investigate how the superpowers of young people with ADHD and autism can be key to their success in school and the educational environment. Moreover, it will examine what support is available for parents, including ways to address their concerns if they feel their child's needs at home are not being acknowledged at school. Strategies for parents to report their observations and concerns will also be explored.

The objective is to provide information on both existing and innovative strategies for supporting young people with these conditions, while also highlighting ongoing research and future developments from the Welsh government and education department aimed at improving current processes. This review will seek to identify ways to simplify existing procedures for all stakeholders—young people, families, teachers, and medical professionals—and to discover what measures can be implemented to enhance support for everyone involved.

Finally, the review will explore various alternative practices that can support children facing these conditions, highlighting therapies such as cognitive behavioural therapy, mindfulness techniques, and sensory integration strategies. Additionally, it will examine any anticipated updates to relevant legislation and discuss potential modifications in forthcoming educational plans that aim to enhance support and inclusivity for these students in the classroom setting.

2. LITERATURE REVIEW

2.1. Theme 1: Definitions and Key Concepts

Definitions:

Autism: 'Autism is a lifelong developmental disability which affects how people communicate and interact with the world' (National Autistic Society, 2025).

Attention deficit hyperactivity disorder (ADHD) is a neuropsychological condition characterised by a lack of attention, impulsivity, and hyperactive behaviour, which starts in childhood and often continues into adulthood. (Castellanos, Sonuga-Barke, Milham, & Tannock, 2006).

Combined Type: intended for people who exhibit impulsivity, hyperactivity, and inattention (ADHD Centre, 2025, p.2 a).

Predominantly Hyperactive: Intended for people who are significantly more impulsive and hyperactive but not inattentive (Adhd Centre, 2025, p.2 b).

Predominantly Inattentive: This was once referred to as ADD for people who are inattentive but not hyperactive-impulsive (ADHD Centre, 2025, p.2 c).

Attention Deficit Disorder (ADD): Attention Deficit Disorder (ADD) is the latest term used for children who exhibit developmentally inappropriate levels of sustained attention difficulties, impulsiveness, hyperactivity, and challenges with following rules and directions (Barkley, 1990).

Additional Learning Needs: Learning difficulties or challenges that hinder a child's ability to learn effectively compared to their peers of the same age are known as "additional learning needs," or "ALN." (Snap Cymru, nd, p.1 a).

Additional Learning Needs Coordinator: With strategic advice, the Additional Learning Needs Co-ordinator (ALNCo) plays a crucial role in the school. They answer to the headteacher and the school's governing body, and the Area ALN and Inclusion

Quality Service provide them with additional direction. This person is generally in charge of each school in their cluster and is accountable for (Adyach.Cymru, 2025, p.1)

Additional Learning Provision (ALP): Educational or training services for individuals aged three or older who either have a disability as per the Equality Act 2010, which limits their access to mainstream educational facilities, or possess a learning disability that is significantly more pronounced than that of their peers. (Swansea Council, 2023, p.1).

Designated Education Clinical Lead Officer (DECLO) The DECLO is responsible for coordinating the health board's activities concerning children and young people with additional learning needs (Swansea Council, 2023, p.1).

Joint Assessment Family Framework Team Around the Family (Jaff Assessment)

THE JAFF is designed to provide a comprehensive assessment of family needs, facilitating early diagnosis and tailored support packages. Its goal is to prevent negative outcomes and enhance family resilience, enabling families to cope better in the future (Families First, 2017).

Key Concepts: When inquiring about your or your child's medical history or conducting direct observations, specialists utilise specific instruments to ensure consistency in the process. A diagnosis should not rely solely on any autism-specific diagnostic tool but should be guided by information from various sources and clinical expertise (National Autistic Society, 2025, a).

Masking: Some autistic people intentionally or unintentionally employ masking as a tactic to seem normal. Their mental health, sense of self, and ability to acquire an autism diagnosis can all suffer greatly from this tactic, even though it can help them get by at work, school, and in social settings (National Autistic Society,

Individual Learning Plan (IDP): Basic details on the student and others assisting them are included in an IDP. It incorporates feedback on four key areas from the student, parents or guardians, and experts: What matters to the young person or child? How may the kid or young person be best supported both now and in the future? What is effective? What isn't thriving (Newport City Council, 2025, p.1).

Neurotypical: The biggest of these neurotypes is referred to as neurotypical. This is the most common neurotype. As neurotypical people are in the majority, they tend to thrive as the environment is often constructed by other neurotypical people, which means that their specific needs are met (Neurodivergence Wales.org, n.d, p.1).

Young People: Adolescence is the period of life that occurs between childhood and adulthood, spanning ages 10 to 19. This distinct phase of human growth is crucial for establishing the groundwork for good health (World Health Organisation, 2025).

Superpower: Numerous people on the autism spectrum exhibit cognitive abilities that can be viewed as unique strengths in their way. These abilities may encompass outstanding skills in recognising patterns, a capacity for deep focus on specific interests, extraordinary memory skills, and distinctive problem-solving methods. By acknowledging and fostering these strengths, individuals with autism can leverage their inherent talents to contribute to different areas (Neurolaunch.com, 2024).

Protocols: A regional strategy group focused on autism should be established, including management, commissioning, and clinical representatives from child health and mental health services, education, and social care, as well as parents, carers, service users, and representatives from the voluntary sector (National Institute for Health and Care Excellence, 2011).

General Practitioner (GPs) A general practitioner is a medical professional who works as a consultant. While managing the complexity, uncertainty, and risk associated

with the ongoing care they give, general practitioners possess unique knowledge and experience in providing comprehensive medical care. At the centre of their communities, general practitioners (GPs) strive to offer everyone complete and equitable care, taking into account their background, stage of life, and health care needs. GPs work with, collaborate with, and oversee multidisciplinary teams that provide care for individuals and their families while honouring their living environment and working to meet all of their physical and emotional health requirements (Royal College of General Practitioners, 2023, p.1).

Key Concepts

(ADHD) It is understood as a single disorder in clinical settings, yet children exhibiting the primary symptoms may possess diverse neuropsychological profiles. The severity of symptoms and accompanying challenges can differ significantly, even within the same diagnostic category. The conceptual framework surrounding (ADHD) has developed throughout the years (Moore, *et al.*, 2018, pp. 209 -263). Foley (n.d.) believes that, in simple terms, individuals diagnosed with ADHD exhibit differences in both brain development and activity when compared to those who do not have ADHD. Consequently, this may imply that your learning process and behaviour can sometimes differ from those of others around you.

ADHD is understood as a single disorder in clinical settings, yet children exhibiting the primary symptoms may possess diverse neuropsychological profiles. The severity of symptoms and accompanying challenges can differ significantly, even within the same diagnostic category. The conceptual framework surrounding ADHD has developed throughout the years (Moore, *et al.*, 2018, pp. 209 -263)

Kids with ADHD are more prone than their classmates to face challenges such as lower educational achievements, substance abuse, traffic accidents, criminal involvement, antisocial behaviour, and socioeconomic hardships (Able *et al.*, 2007; Shaw *et al.*, 2012; Tarver *et al.*, 2014; Faraone *et al.*, 2015). Attention deficit/hyperactivity disorder (ADHD) significantly affects education: elevated levels of ADHD symptoms during early childhood are a strong predictor of unsatisfactory results in the UK General Certificate of Secondary Education (GCSE) (Washbrook *et al.*, 2013).

The school environment poses challenges for children with ADHD, often leading to difficulties that can interfere with the learning of their peers (Moore *et al.*, 2016).

Moore *et al.* (2018) suggest that using daily report cards could be effective in school environments. Our analysis of key intervention elements shows that enhancing emotional regulation and providing one-on-one support, without specifically emphasising the enhancement of social relationships, are the most promising methods for boosting the academic success of children with ADHD.

Criteria

In 2016, the government of Wales transferred ADHD and ASD evaluations from CAMHS to an independent ND service. Since that time, there has been no update to the national guideline that allows anyone to complete and submit a ND referral (Swansea Bay Universal Health Board, n.d). Under NHS Wales and Swansea Bay Health Board, referrals must be submitted electronically to this address SBU.NDReferrals@wales.nh.uk and entered into the patient system within seven days. This process is exclusively for referrals, with an average of eighty-seven referrals received each month. The ND team evaluates the referral to determine whether the children and young people (CYP) require an assessment and then communicates their decision to the referrer and the family. Their decisions to accept or deny referrals must

adhere to specific criteria and guidelines. They need to assess the evidence in relation to overall capability or progress, rather than merely considering age. Additionally, a requirement is that the referral evidence must originate from two distinct environments. In the referral, the evidence from these two settings must demonstrate (Swansea Bay Health Board, n.d, p.2 b).

- Specific examples of differences associated with ASD, ADHD or both.
- Those differences are not consistent with their overall level of ability or with another diagnosis that they already have.
- There is a clear impact on how they function in social and learning environments, as well as at home.
- When symptoms are measured on questionnaires, scores are clinically significant for ADHD, inattention, or hyperactive impulsive scores must be at or above cut-off in both settings’ (Swansea Bay Health Board, n.d, p.2-3).

An autism referral pathway is a set of procedures followed after it is determined that a person may be diagnosed with autism. Based on NICE best practice standards, there are national referral paths available. They are designed to make sure the correct people see the person at the right time. Several methods can be used to refer people to evaluation and diagnostic services (GOV. Wales, 2020, p.11 c)

Diagnosis

Timely diagnosis plays a crucial role in autism spectrum disorder (ASD), but it must lead to intervention and support for the family. Consequently, a diagnosis should be accompanied by evaluations of the child's strengths and needs, as these elements are key in identifying special educational requirements (Jordan, 2007, p.11). Steer (2021) States that the initial step in the evaluation process involves submitting a referral for assessment to the appropriate local services. Typically, a community paediatric service

or a local child and adolescent mental health service (CAMHS) is responsible for conducting the assessment. Referrals are usually initiated by general practitioners (GPs) or educational institutions, often by the special educational needs coordinator (SENCO).

Another debate surrounding the identification of special educational needs (SEN) revolves around whether young individuals should receive specific diagnostic labels. Many believe that labelling a child as having a disability can lead to undue stigma. This is especially true for more contentious conditions, such as ADHD. Additionally, there is concern that a medical diagnosis might lead individuals to focus excessively on a child's impairment, neglecting their other traits, and it is even feared that if a child is diagnosed with autism, they may exhibit more autistic behaviours (Jackson, 2002).

The (NHS) advises parents to speak with one of their child's teachers if they're concerned that ADHD might be affecting them. An older child or adolescent might decide to talk to a teacher directly. The special educational needs coordinator (SENCO) at the school will often get a referral from the instructor (NHS,2025,a).

The (SENCO)can talk about helping students with their schoolwork or in the classroom, as well as fostering friendships and confidence. You might wish to schedule an appointment with a general practitioner if you're still concerned or believe your child needs further help. The doctor will inquire about the child or young person's symptoms and how they impact their lives throughout the visit. They might think about other illnesses, like autism, that could produce these symptoms (NHS, 2025, b).

The National Autistic Society (2025) further suggest that if they want to use the NHS, they should schedule a visit with their child's general practitioner (GP), or if they want to expedite the process by using a private diagnostic service, they should get in touch with them directly. Before issuing a recommendation, some general practitioners

frequently ask schools for observations or feedback. Behaviour diaries are a good source of information to share with the general practitioner.

Hardy (2024) states that, according to the National Autistic Society, 1% of the population in the UK is believed to be autistic. According to ADHD UK, between 3 and 4% of adults and roughly 5% of children in the UK have ADHD. There is currently no comprehensive source of information on the number of people in Wales who suffer from neurodevelopmental disorders. However, statistics are showing how many people are getting help or assistance for neurodevelopmental issues.

Tools and paperwork

This document offers insights to local authorities (LAs) and educational institutions on recognising effective screening, assessment, and intervention techniques currently accessible for students with specific learning difficulties (SpLD). This will assist LAs and educators in achieving greater uniformity in both recognising students with SpLDs and implementing suitable interventions to address their educational needs. The document outlines descriptions for each SpLD; fundamental information on how to identify a learner with a SpLD; the justification for establishing a systematic approach; and guidance on selecting screening, assessment, and intervention methods (Gov.Wales, 2015, p.2).

There are several screening tools specifically designed for ADHD. Local healthcare professionals may have preferred methods to use during the information-gathering process to consider a diagnosis of ADHD. It is essential to obtain information from the parent or caregiver, teacher, and, if possible, the learner when screening for ADHD. Typically, behaviour observations will also be conducted, sometimes by a member of

the CAMHS team when visiting the educational setting. Assessment for ADHD should be carried out by qualified and trained professionals. This role is usually performed by a member of the CAMHS team or a community paediatrician, who will collect information from the educational provider and parents or caregivers (Gov. Wales, 2015, p..17 b)

Superpower

Autism

Autism, frequently perceived through the perspective of its challenges, also grants individuals distinct strengths and capabilities that can be regarded as superpowers. Acknowledging and honouring these strengths not only promotes a more inclusive society but also enables individuals with autism to flourish. Here are a few reasons why autism can be viewed as a superpower (Shrub Oak International School, 2024,a). Here are six superpowers stated by Shrub Oak International School (2024,b) that autistic people may have ‘Unique cognitive abilities, Intense focus and perseverance, creativity and originality, Honesty and directness, passion and enthusiasm, reliability and Consistency’

ADHD

ADHD Naturally (2025) states that these are the ten superpowers people with (ADHD) can have: ‘Creativity that knows no Bounds. Hyperfocus (the rocket fuel of ADHD), Curiosity that never quits, adaptability in the face of chaos, empathy that runs deep, a sense of humour that saves the day, energy that’s contagious, passion that drives success, risk-taking that leads to adventure, problem solving that thinks outside the box’.

2.2. Theme 2: Legislative Framework regarding Neurodiversity

The Welsh Government has a solid history of acknowledging the needs of neurodivergent individuals and driving innovation, which includes our autism strategy initially released in 2008, and the creation of the National Autism Team (autismwales.org). This organisation offers specialised support and training and launched the Integrated Autism Service in all areas of Wales in 2016. In 2021, we released the Statutory Code for the Provision of Autism Services, detailing the duties and roles of public organisations to meet the needs of autistic individuals (Gov.Wales, 2023, p.1a). To ensure that this programme addresses the priorities that matter most to individuals with lived experience of neurodivergence, including parents and caregivers, we have conducted a series of engagement events throughout Wales, outlining priority actions and gathering feedback on our plans. This report highlights the areas where stakeholders indicated that immediate action is necessary and the results they wish to achieve (Gov.Wales, 2023, p.1 b). With the growing awareness and understanding of neurodivergence, it has become clear that current services are not equipped to handle the increasing demand, especially for early support and assessment. We acknowledge that there is a need to fill gaps in support for conditions like attention deficit hyperactivity disorder (ADHD). After reviewing the existing provisions, we have launched a three-year Neurodivergence Services Improvement Programme funded by £12 million to create sustainable and integrated neurodivergence services and support (Gov. Wales, 2023, p.1 c)

Legislation to protect people with Autism and ADHD)

Legislation here in Wales that can aid and protect people with autism and (ADHD) is as follows: *The Mental Health Act (1983)*, *Mental Health Reform Act (2022)*; *Social Services and Well-being Act Wales (2014)*; *Equality Act (2010)*; *Wellbeing of Future Generations Act (2015)*; *Children's Act (1983)*; *Children's Act (2004)*; *Mental Capacity Act (2005)*; *Children's and Family's Act (2014)*

Legislation

Another piece of legislation that exists to aid and protect young people is the *Autism Act 2009*, the *ALNET Act (2018)*, *wg42005*, *The Equality Act of 2010* defines a disability as "a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out routine day-to-day activities," which many children and young people with SEN may have. This definition, which defines "long-term" as "a year or more" and "substantial" as "more than small or inconsequential," offers a comparatively low threshold and encompasses more children than most people realise. Sensory deficits are included in this definition. The SEN definition will also apply when a disabled child or young person needs special educational services (Department for Education and Department of Health, 2015, p.16).

The SSWBW Act (2014) contains built-in procedures for intervention and enforcement at the national level in cases where the Welsh Government has significant doubts about an organisation's capacity to adhere to the Code's provisions. According to Section 150, Welsh Ministers have the authority to step in if local authorities violate a social services role, act irrationally while carrying out a social services function, or conduct a social services function to a sufficient quality. Additionally, Welsh Ministers have the right to issue a warning notice and pursue other enforcement actions against a local authority

to be issued and further steps to be taken by Welsh Ministers by way of enforcement against a local authority (GOV. Wales, 2021, p.3). The NHS states that it is believed that girls are less likely than boys to be diagnosed with ADHD. This could be because inattentive symptoms are more common in girls with ADHD and can be more difficult to identify (NHS.co.uk, 2025, p.1a)

School Legislation

Wales had one special educational need recorded per pupil up to 2015/16, and then recorded all types of needs per pupil. A sharper increase in Wales' autism prevalence was noted after this change in practice, though the rate remained lower than in the other three countries (National Council on Severe Autism, 2020, p.1). It is the duty of every school to establish a secure and nurturing atmosphere that fosters students' happy and self-assured development. Schools are expected to create a welcoming and inclusive learning and social environment to create a setting that is conducive to students with Specific Learning Needs (ALN). Take into account any reasonable expert advice while addressing needs at various levels. Assess students' progress to demonstrate the efficacy of programs. To track development and determine the best kind of support, use directed and standard assessments. Make sure that the specialist service's plans and suggestions are followed (Adyach, Cymru, 2025, p.1 b).

Legislation that is only found in Wales

We have the *Social Services and Well-being Wales Act (2014)*, *Wellbeing of Future Generations Act (2015)*, the *National Health Service (Wales) Act (2006)*, Code of Practice on delivery of Autism Services (2021)

Medical Legislation

The Code of Practice, established under the *SSWBW Act (2014)* and the *NHS (Wales) Act (2006)*, provides guidelines for delivering services to autistic individuals. It outlines how to comply with relevant legislation, including the *Equality Act (2010)*. The Welsh Government can intervene if organisations fail to meet these standards, with mechanisms in place for enforcement under both the *SSWBW (2014) Act* and the *NHS (Wales) Act. (2006)* This includes the ability to issue warning notices and take further action if local authorities or health boards are not fulfilling their obligations adequately. The Additional Learning Needs and Education Tribunal (Wales) Act 2018 (The Act) establishes a new legal framework for the support of children and young people with additional learning needs (ALN). This legislation replaces the previous laws regarding special educational needs (SEN) and the evaluation of children and young people with learning difficulties and/or disabilities (LDD) in post-sixteen education and training. Furthermore, the Act maintains the Special Educational Needs Tribunal for Wales, which allows children, their parents, and young people to challenge decisions made by the local authority concerning their or their child's ALN, but it is now referred to as the Education Tribunal for Wales (GOV. Wales, 2018, p.2).

The existing legislative framework aimed at supporting children and young people with special educational needs (SEN) and learning difficulties and/or disabilities (LDD) is based on a model that was established over three decades ago and is no longer adequate. Numerous inquiries and reviews of SEN services in Wales conducted by Estyn, the Wales Audit Office, and the former Education, Lifelong Learning and Skills Committee of the National Assembly have revealed that the current system is convoluted, confusing, and confrontational. The evidence indicates an assessment process that is

ineffective, overly bureaucratic, and expensive, in addition to being insufficiently focused on the child and difficult to navigate. Needs are occasionally recognised too late, and interventions are not scheduled or executed in a timely or effective manner. Families report feeling as though they must fight at every stage of the process to secure appropriate support for their child, and they often do not know where to seek advice and information (Gov. Wales, 2018, p.5 b).

To enhance collaboration, the Act introduces a new obligation for health boards to designate a Designated Education Clinical Lead Officer (DECLO). DECLOs will be crucial in fostering better collaboration between health, education, and social care in providing services for children and young people with Additional Learning Needs (ALN). Maintained schools, which include maintained nurseries, pupil referral units, and further education institutions (FEIs), must appoint a designated Additional Learning Needs Co-ordinator (ALNCo). Additionally, local authorities are required to designate an Early Years ALN Lead Officer to oversee their responsibilities regarding children below compulsory school age who are not yet in a maintained environment. These positions will assist in promoting effective multi-agency collaboration to enhance services for learners.

2.3. Theme 3. Current Education Protocols and Practice

Zones of Regulation

A curriculum designed to support students labelled as troublemakers focuses on equipping them with the skills needed to change their behaviour. Without effective instruction and plenty of opportunities to practice these skills, students may struggle to succeed in school, at home, and in their communities. A key aspect of this success

depends on their ability to manage unexpected reactions and other maladaptive behaviours.

Zones of regulation and additional support systems that interconnect are as follows.

Self-Regulation

The capability to attain the desired level of awareness for the specific circumstance involves managing both the body's requirements and emotional responses (Kuypers, 2011, p.14).

Self-regulation is a continuous effort for everyone, whether we acknowledge it or not. We all face challenging situations that can push our boundaries. By identifying when we start to lose our self-regulation, we can take measures to manage our emotions and bring ourselves back to a healthy state. For some, this is instinctive, while for others, it requires more focus and practice. This is the aim of The Zones of Regulation (Zones of Regulation.com, 2025, a). Emotions can be intricate. They vary in size, intensity, and energy levels, each unique to our brains and bodies. To simplify discussions about, thoughts on, and management of these emotions, The Zones of Regulation categorises our feelings, alertness states, and energy levels into four colour-coded Zones: Blue, Green, Yellow, and Red. The straightforward, familiar language and visual framework of The Zones of Regulation help clarify the complex skill of emotional regulation for both learners and their supporters. We learn to adjust our Zones to align with our objectives and task requirements while also enhancing our overall well-being (Zones of Regulation.com, 2025 b). A fundamental principle of The Zones of Regulation is that all Zones are valid. Throughout the day, we often go through multiple Zones. It is essential that we do not give the impression that the Green Zone is the only appropriate state to be in. Recognise, validate, and assist with these emotions, and never make anyone feel that the Green Zone is the standard (Zones of Regulation.com, 2025, c).

‘What it is:

An active, skills-oriented method

A straightforward, shared terminology for discussing, understanding, and instructing regulation.

A uniform, metacognitive route to utilise for regulation.

A structured model featuring a progressive series of lessons.

Designed to be tailored for your students and environment (Zones of Regulation.com, 2025, d).

What it is not:

A behavioural strategy

A disciplinary framework that is centred around punishment

A structured curriculum featuring distinct lessons tailored for each age or grade level.

Exclusively focused on educating about the 4 Zones and the emotions linked to them’ (Zones of Regulation.com, 2025, e).

The Zones.

The concept serves to assist students in learning self-regulation. The zones of regulation establish a framework for categorising bodily sensations and emotions into four colour-coded zones that students can readily recognise.

Blue Zone is utilised to indicate a diminished level of alertness. The blue zone refers to a state where someone experiences feelings of sadness, fatigue, illness, or boredom.

Green Zone: The ideal state of alertness is characterised by feelings of happiness, calmness, focus, or contentment. The student experiences a significant sense of internal control when in this optimal state.

Yellow Zone: This describes an increased level of awareness. In the yellow zone, someone might feel stress, frustration, anxiety, excitement, silliness, or fear. The individual's energy is heightened, but they still have a degree of internal control in this state.

Red Zone: The term is utilised to depict an intensely elevated level of awareness. An individual might feel anger, fury, abrupt actions, panic, intense sorrow, fear, or exhilaration in the red zone and may sense a lack of control.

Toolbox: A set of calming and stimulating techniques a student can utilise based on their current requirements.

Tools and strategies are utilised synonymously to describe a method that helps the learner with self-regulation by calming or alerting them.

Trigger: A triggering factor that makes a student more unregulated and raises the chances of entering the yellow or red zones.

Stop, opt, and go: A strategy designed to help students manage their impulses and find more effective solutions to problems. A spotlight accompanies this term to offer extra prompts for students.

Expected Behaviours: Actions that foster positive or reassuring perceptions among those around you.

Unexpected Behaviours: Actions that create uncomfortable feelings in those around you.

Doer: the individual or individuals exhibiting the anticipated behaviour in the context.

What is the size of the problem, and is this a big, medium, or little problem: Inquiries are presented to assist students in assessing the severity of the issue they are facing, categorising it as a significant problem, a moderate problem, or a minor problem.

Big Problems: issues that numerous individuals experience and that lack simple, rapid, or enjoyable resolutions.

Medium Problems: issues that specific individuals experience, which can be addressed within an hour or a few days.

Little Problems: issues that impact just a few individuals and can be overlooked or resolved quickly.

Inner Critic: employed to characterise detrimental, self-sabotaging thoughts.

Inner Coach: employed to refer to favourable thoughts.

Superflex Thinking: A mindset that allows an individual to think dynamically and consider various perspectives or approaches to accomplish a task.

Rock Brain Thinking: A fixed mindset where an individual becomes entrenched in a particular idea and struggles to explore alternative options or methods to accomplish a task (Kuypers, 2011-2019).

The Zones of Regulation is grounded in research. The framework and curriculum of the Zones of Regulation were created based on foundational studies and practices from social emotional learning, neuroscience, curriculum development, and psychological theories. The methodology and teaching strategies of the Zones of Regulation are founded on core research and theoretical principles. We are dedicated to integrating advanced research into our products and services to ensure their effectiveness across diverse learning environments and backgrounds. The creation of the Zones framework and its instructional design draws from a wide array of research and theoretical foundations, including Positive Mental Health, Neuroscience, Social Emotional Learning, and Psychological Theories. Within these areas, we emphasise the use of equity-focused research, recognising that learner experiences are influenced by their

cultural identities, life experiences, and sociopolitical contexts (Zones of Regulation.com, 2025, f).

Currently, it is believed that schools are not adequately addressing the needs of children, with recommendations that education and schools should be more inclusive and responsive to parents' concerns about their children. There is a perception that the support for Additional Learning Needs (ALN) has declined since the introduction of the new ALN Act, which has affected families and caregivers. It was emphasised that there is a need for improved access to more specialised educational settings for neurodivergent children without learning difficulties who cannot receive adequate support in mainstream schools. While this reflects the necessity for schools to be more inclusive, it also recognises that some children and young people may not flourish in an academic environment and might benefit more from a focus on life skills.

alongside appropriate curriculum subjects. Feedback suggested that school staff should undergo proper training on making reasonable adjustments and fostering positive behaviour in neurodivergent children, both during Initial Teacher Training (ITT) and Post Graduate Certificate of Education (PGCE) programs, with a strong recommendation for ongoing mandatory training (GOV.Wales, 2023).

Problems and issues

ADHD ranks among the most frequently diagnosed mental health disorders in children. It is typically identified during the early years of schooling when a child starts experiencing difficulties with attention (Webmd.com, 2024). O'Regan (2002-2007) States that if location is the crucial factor in real estate sales, then structure is equally essential in educating children. Achieving structure requires consistently implementing

systems; for children with ADHD, structure is often one of the most dreaded concepts they will face, as it feels like a form of punishment due to its association with monotony and routine. Nevertheless, even though they may have initial apprehensions, children with ADHD will come to realise that they actually require structure; the challenge lies in how to effectively present this process to them. Kids with ADHD are more prone than their classmates to face challenges such as lower educational achievements, substance abuse, traffic accidents, criminal involvement, antisocial behaviour, and socioeconomic hardships (Able *et al.*, 2007; Shaw *et al.*, 2012; Tarver *et al.*, 2014; Faraone *et al.*, 2015). Attention deficit/hyperactivity disorder (ADHD) significantly affects education: elevated levels of ADHD symptoms during early childhood are a strong predictor of unsatisfactory results in the UK General Certificate of Secondary Education (GCSE) (Washbrook *et al.*, 2013). The school environment poses challenges for children with ADHD, often leading to difficulties that can interfere with the learning of their peers (Moore *et al.*, 2016).

Current Processes

The SEN Code of Practice for Wales offers practical guidance to Local Education Authorities, maintained schools, early years settings, and others regarding their legal responsibilities to recognise, evaluate, and provide for children's special educational needs (Gov. Wales, 2004, p.11).

Tools and Paperwork

Two main pieces of legislation in schools are the Additional Learning Needs (*ALNET Act, 2018*) and the Whole School to Emotional Health and wellbeing (2021).

Identification

Professionals should recognise and understand a pattern of lifelong variations in mutual social interactions and communication abilities, along with distinctive restricted and repetitive behaviours, which may indicate a need for further assessment. Families, caregivers, young people, or adults should receive clear information and explanations concerning the referral, evaluation, and diagnostic procedures, including the need for consent. To ensure comprehension of the process, it should be clarified that a positive autism diagnosis is not guaranteed. Local authorities, health boards, and health trusts must ensure (Gov.UK, 2021, p.8).

Referrals for Autism

The process of assessing autism needs to be conveyed transparently so that everyone comprehends how to obtain an assessment, the steps involved, who the participants are, and what implications it has for them. Sometimes, individuals will need extra assistance due to their specific needs to make sure they grasp what options are available to them and how to obtain support (Gov.UK, 2021, p.8).

Superpower

Having ADHD need not be a barrier to success, and there are times when hyperactivity and hyper focusing result on outstanding performance (Grant, 2017, P.78). When discussing superpowers, it refers to unique gifts such as talent in mathematics, drawing, or exceptional memory. There has been significant attention on the negative effects of ADHD. However, there is less investigation into the advantages of ADHD. Yet, many individuals with the condition believe they possess more incredible energy, creativity, bravery, and resilience compared to those without it (Burch, 2023).

Burch (2023) argues that it is simple to concentrate on the adverse effects of ADHD, but there are advantages to the condition, too. Individuals with ADHD often describe

themselves as energetic, imaginative, bold, and tough. Discovering how to harness these strengths while managing symptoms can assist you in achieving your full potential, even with ADHD, as Further Supported by (Sedgwick, Merwood, and Asherson, 2018).

Milliken (2021) believes that Individuals with ADHD often struggle to recognise their strengths because they faced negative consequences for their traits in childhood. While they may encounter difficulties like impulsivity and distractibility, their unique abilities, such as high energy and effective communication skills, can become significant assets in the right environments. Encouraging reflection can help them see how their ADHD challenges can also function as superpowers.

David Bowie was a world-famous artist; however, it is not well known that he had ADHD, and this appears to have been a key factor in his ability to constantly reinvent himself (Newsnight, 1999). However, Rory Bremner, the comedian, has said that although ADHD is his best friend, but also his worst enemy (BBC News/Health, 2014). Viewing autism as a strength highlights the unique talents and contributions of individuals with autism by shifting the focus away from deficits. Their remarkable cognitive skills, deep concentration, creativity, honesty, commitment, and dependability enhance our communities and promote advancement across various sectors. Acknowledging these strengths not only empowers those with autism but also cultivates a more inclusive and innovative society. By recognising and appreciating these abilities, we can establish environments where everyone has the opportunity to flourish and make meaningful contributions (Shrub Oak International School, 2024, c)

2.4. Theme 4. Current Parental Engagement Protocols and Practice

Superpower

Steer (2021) states that ADHD manifests in a variety of forms, leading to different experiences for individuals, showcasing unique strengths or superpowers alongside areas where additional support may be necessary.

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Living with ADHD doesn't have to hinder one's success, and there are moments when hyperactivity and intense focus lead to exceptional achievements. (Grant, 2017, P.78).

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himself (Newsnight, 1999). However, Rory Bremner, the comedian, has said that although ADHD is his best friend, but also his worst enemy (BBC News/Health, 2014).

Parent engagement

Parentkind (2023) states that a frequent concern expressed by parents in the focus groups was their feeling of not being believed or trusted by teachers and Additional Learning Needs Co-ordinators (ALNCos) when they voiced worries about their children's additional needs. This appeared to be a particularly widespread experience during the initial stages of a child exhibiting neurodivergent characteristics, especially when the child was concealing their behaviour while at school. Several parents recounted how this shift led to a focus on blaming them, treating issues as if they were the parents' responsibility. In some cases, this meant viewing the child's behavioural reactions as 'misbehaviour' and requiring the parent to participate in general parenting courses that did not enhance their understanding of their child's needs. Other instances included the threat of fines for failing to attend these sessions and warning the child that their parent could face imprisonment if they did not go to school. Numerous parents shared that obtaining the necessary support for their children felt like 'a struggle (Parentkind, 2023, p.6 b). In certain instances, parents recounted how teachers and ALNCos questioned the validity of results and suggestions from healthcare professionals related to their child's requirements. This was generally perceived to stem from insufficient resources to carry out the recommendations; however, in one particular case, a parent mentioned that the ALNCo disputed the diagnosis itself (Parentkind, 2023, p.6). However, there are also positives to be had, parents shared their success stories with us as well. A recurring element in these stories was the importance

of teachers listening to them and showing respect to both the parent and the child, which played a significant role in addressing attendance-related challenges (Parent Kind, 2023, p.6 c)

Support

Portwood (1999, a) stated that although there can be a stigma associated with being diagnosed with certain disabilities and having Special Educational Needs, there are also advantages to having a diagnosis. The child receives acknowledgement of their challenges and can obtain the necessary support. The school can focus its assistance on students with similar disabilities. It is argued that a diagnosis should not be perceived as labelling a child, but rather as a guide to understanding their challenges. It can be contended that acknowledgement and assistance for disabilities depend too heavily on obtaining a diagnosis. This is especially true for 'hidden disabilities,' which frequently remain undiagnosed for an extended period (Portwood, 1999, b).

Extra support for families in need of help can be put in touch with various resources and foundations to help manage home life, such as the team around the family (TAF) available in most areas of Wales, especially the Carmarthenshire (Family Information Service, 2025) and Glyneath area (Gwynedd Families, n.d) This is how they can support families. Families occasionally require additional assistance to flourish, be content, healthy, and achieve success. We can assist you in recognising what is working well for your family and what areas you need the most support in (Gwynedd Families First, n.d, p.1 b).

Everyone occasionally requires some additional assistance to lead happy, healthy, and successful lives. Team Around the Family (TAF) is a way to connect individuals who

can provide you and your family with meaningful support. TAF collaborates with you to ensure you receive the necessary assistance and guidance.

TAF Carmarthenshire partners with children, young people, and their families to tackle challenges and foster positive change, recognising that everyone may need some extra help at times. After a referral is submitted, a Joint Assessment Family Framework Assessment (JAFF) Assessment is conducted, focusing on your family's strengths and needs. This assessment aims to clarify your situation and identify any support requirements. A TAF support plan will be developed to incorporate all relevant support services that can potentially assist and make a significant impact. The process allows you to remain engaged and be an integral part of the solution. Team Around the Family is not a statutory service, meaning you won't be working with a Social Worker, and you can opt out at any time. TAF can offer help and support for various issues, including concerns related to education, behaviour, health, housing, and more (Family Information Services Carmarthenshire, 2025, p.1 b).

At the ADHD Centre, we offer a Parenting Programme designed to help you manage behaviours associated with child ADHD. The programme aids parents in implementing adjustments for their children and provides techniques and approaches to enhance self-awareness and self-regulation. After identifying several strategies that are effective for your child, this typically leads to a significant decrease in their symptoms and helps your child to overcome self-doubt and develop a strong sense of self-esteem (The ADHD Centre, 2021, b)

Parenting a child with ADHD is challenging, and it undoubtedly places stress on the family. It's crucial to carve out some personal time now and then. Spending a few hours away from your family can be advantageous and help you rejuvenate, preparing you for your return. It's essential to prioritise your relaxation and not feel remorseful about it.

As a result, you will become a more effective parent (The ADHD Centre, 2025, p.4)
;(Anna Freud.com, 2025).

How to address

ADHD Centre (2025, p.1) argues that raising a child with ADHD presents a distinct parenting experience that introduces unexpected challenges and situations. Parenting a child with ADHD may differ from conventional parenting methods based on the severity and type of the child's symptoms. You will likely find yourself experimenting with various approaches to discover what works best for your family. Although managing certain behaviours associated with ADHD can be quite frustrating, there's no need to feel hopeless. Below are seven tips, strategies, and ideas that can assist in making life simpler for both you and your child.

Numerous schools are now collaborating with charities and agencies that assist families dealing with ADHD and other neurodiverse conditions to provide Parenting programs. These programs can include support groups or online training options. Parents and caregivers want the best outcomes for their kids. However, some may struggle to comprehend why their child is different. As a result, many parents and caregivers may worry about the potential stigma their child could face due to ADHD and will need assistance. Most NHS Trusts offer some type of parenting support. For more details, reach out to your local NHS and inquire about local charities, which are increasingly being hired by schools to provide on-site support groups for parents (Foley, 2021, p.15)

How to report

If you suspect that your child may exhibit symptoms of autism, the first action is to discuss it with someone. You might consider talking to (NHS.co.uk, 2022, p.1a)

- ‘a GP
- a health visitor (for children under 5)
- any other health professional you or your child see, such as another doctor or therapist
- special educational needs co-ordinator (SENCO) staff at your child's school

Ask them about referring you or your child for an autism assessment’ (NHS.co.uk, 2022, p.1 b)

An evaluation is conducted by autism experts. It's the sole method to determine if you or your child has autism (NHS.co.uk, 2022, p.1 c)

2.5. Theme 5: Interventions and Effective strategies for Supporting Young

People with autism

Research and Future Developments

In 2018, the Welsh government issued a report associated with DERA, which aimed to assess the effectiveness of interventions that support children and young people with attention deficit hyperactivity disorder (ADHD) in educational environments. The goal of this assessment is to aid in the planning and implementation of prompt and effective interventions for children and young individuals with ADHD (Welsh.gov, 2018). Numerous interventions have been researched for children and adolescents with ADHD in educational environments. (Gaastra et al., 2016, Richardson et al., 2015, DuPaul et al., 2012; McGoey et al., 2002; Cleveland and Crowe, 2013). In 2015, the Welsh

Government initiated a program called Together for Children & Young People,(TACYF) which is led by the NHS, to examine methods for enhancing and transforming the mental health and emotional well-being services available for children and young people in Wales (Hardy, 2024, p.4). Future care must encompass a broad understanding of moral rights, ensuring that every individual is recognised as a valuable member of society and is not subjected to discrimination due to their differences (Renzaglia, *et al.* 2003).

The national curriculum was initially implemented in 1988, prior to the advent of online shopping, Google, and the Cloud. Nowadays, the workplace has transformed, technology has evolved, and society is in a state of continuous change. Our Curriculum for Wales has been created to help young individuals cultivate the skills necessary for thriving in life (Education Wales, n.d, p.1 a). It will provide them with strong skills in literacy and numeracy and prepare them to be more competent in digital technology and bilingualism, as well as to become confident, skilled, and caring members of society, both in Wales and globally. Our curriculum is developed in Wales by educators, partners, practitioners, and the larger community, influenced by top ideas from across the globe. Assessment is a daily aspect of each child's education, and they will collaborate with their teachers to gauge their progress. The new curriculum is being introduced gradually, ensuring that all learners will be instructed under the Curriculum for Wales by 2026 (Education Wales, n.d, p.1 b).

Room to Simplify Current Processes

The National Autistic Society (2025) states that sometimes, obtaining additional assistance for your child can be difficult, and you might need to advocate for them while collaborating with the school to address any disagreements. The ADHD Foundation (2021) launched the EPIC Strategy Handbook for Teachers, and parents can also use it.

Identification: The techniques can be employed to determine the specific area where a child is experiencing challenges. At times, a child may appear to have attention issues, but the real problem could be related to memory or sensory processing. These strategies can assist in uncovering the root cause of the difficulty (ADHD Foundation, 2021, p.6)

Recognising the child's needs: Educators are currently implementing various strategies. We emphasise these as especially crucial for children facing challenges. Additionally, we encourage their application alongside increased conversation. Employing these strategies allows for discussions about the significance of planning, pausing for reflection, and can help the child understand their challenges and the necessity of taking measures to assist themselves (ADHD Foundation, 2021, p.6 b).

Engaging in these activities helps the child develop thinking skills that may not come naturally to them, like pausing to reflect and figuring out how to concentrate in a distracting setting (ADHD Foundation, 2021, p.6, c).

Personalisation: We urge educators to create their own games tailored to the child, such as games featuring a favourite toy (Adhd Foundation, 2021, p.6, d).

Children and Young People's Mental Health. Collation Department of Education, and the UK Government (2021) State that early intervention to recognise problems and offer effective assistance is essential. The role of the school in fostering and enhancing mental health and well-being can be outlined as follows in four key areas

Prevention: establishing a secure and peaceful environment where mental health issues are less probable, boosting the mental health and wellbeing of the entire school community, and equipping students to be resilient so they can effectively handle normal life stress. This includes educating students about mental wellbeing through the curriculum and reinforcing this education through school events and culture.

Identification: detecting emerging issues as early and accurately as possible.

Early support: aiding students in

accessing evidence-based early assistance and interventions. Access to specialist support: collaborating effectively with external agencies to ensure prompt access or referrals to specialised support and treatment.

Room for improvement

Grant (2017 a) states that in the UK we speak of specific learning difficulties, and in the US, learning disorder is the preferred term both of these have negative connotations, and he prefers the term ‘specific learning difference’ given the right set of circumstances individuals with different ways of learning and thinking can be very successful. However, if they are required to learn and think like neurotypicals, then the result can be underperformance, failure and stress (Grant, 2017 b). There are many key areas which can be improved upon however, from the literature provided, the key ones are Time, Girls. And parents are not feeling listened to. Girls who have autism or ADHD traits are better at masking these than boys recent research emphasises that females with Attention-Deficit/Hyperactivity Disorder (ADHD) are often overlooked and not thoroughly researched, which may result in incorrect or missed diagnoses and impede our comprehension of the unique ways ADHD manifests in females (Attoe and Climie, 2023; Chronis-Tuscano, 2022; Young *et al.*, 2020,). One of the primary concerns with these treatments for ADHD is their generalization that is, when children are in a highly structured, hetero-regulated environment with an adult assisting them in managing their behaviour, like a psychologist's office, they can work effectively, maintain focus, and control their behaviour, leading to positive outcomes (Maria Re, Capodieci, 2020, pp.49-50). Parents who were consulted shared that their children faced significant delays in obtaining an assessment of their learning needs, which greatly affected school attendance. While practitioners indicated that a formal diagnosis is not always necessary to initiate support, many parents expressed that their child's school

did not offer assistance to help them attend classes. In addition to parents and professionals pointing out the lengthy wait times for assessments of additional learning needs, reports of waiting two to three years were fairly common. Parents felt this issue was exacerbated by the fact that teachers, who may lack specialised knowledge of these conditions, made decisions about referrals for assessments and diagnostics. Another concern raised by several parents was that schools and local authorities did not accept some private assessments (Parentkind, 2023, p.9 d). Children with ADHD may mask their symptoms at school to avoid stigma or social difficulties. While this behaviour can help them navigate social and academic settings in the short term, it often requires significant effort and can lead to negative feelings such as anxiety, stress, and exhaustion over time (ADHD Centre, 2025, p.4). Micro-learning proves to be especially beneficial for educating children with ADHD

because of its brief, concentrated, and stimulating structure. Here are some methods through which micro-learning can be applied to meet their educational requirements (Enlightened Minds, 2025, p.5). Young individuals with autism may have difficulty interpreting everyday sensory input, and when this information becomes overwhelming, it can lead to either social withdrawal or disruptive behaviour. It is essential that educational plans are tailored to each individual, allowing children with autism additional time to comprehend assignments, including homework. Using straightforward language and giving clear instructions can also enhance understanding and minimise anxiety. Creating a quiet space and finding ways to lessen background noise in classrooms can be beneficial as well (Ambitionsaboutautisim.org, 2022, p.2). This can be helped by the zones of regulation (Zonesofregulation.com).

Ultimately, the most significant superpower of ADHD is the capacity to accept it. It involves viewing the world and ourselves not as inferior, but as uniquely designed for greatness. While ADHD brains may have their differences, they are also exceptional, dynamic, and brimming with potential (ADHD Naturally. Com, 2025, p.5).

2.6. Theme 6: Alternative Practices.

New Research and Future Plans

The demand for services catering to neurodivergence has surged in recent years, driven by greater awareness of neurodivergent conditions that has prompted thousands to seek assessments and support. The new funding will enhance the efforts of the National Neurodivergence Improvement Programme, aiming to transform services and support the National Neurodivergence Team until March 2027, building upon the £12 million invested over the last three years and an additional £3 million allocated to reduce the longest waiting times for children's assessments announced in November (Gov.Wales, 2025 p.1). It is well recognised that this sector requires substantial transformation, and we are collaborating with the NHS and various services to enhance long-term assistance for neurodivergent children, adults, and their families. In light of an extraordinary demand for both diagnoses and treatments, we have made notable strides in creating integrated services. This additional investment will contribute to decreasing assessment wait times while guaranteeing that sustainable support is accessible for those in need (Murphy, 2025, p.1). Official guidelines indicate that if full-time education is not suitable for a specific child due to factors concerning their physical or mental well-being, Local Authorities should offer alternative educational options that they deem appropriate for the child's needs. Consequently, if needed, reach out to your Local Authority and ask for information (Notfineinschool.co.uk, 2107-2024). Moore *et al*

(2018) suggest that using daily report cards could be effective in school environments. Our analysis of key intervention elements shows that enhancing emotional regulation and providing one-on-one support, without specifically emphasising the enhancement of social relationships, are the most promising methods for boosting the academic success of children with ADHD.

Other legislation that will aid going forward is *The Statutory Code of Practice on the Delivery of Autism Services Delivery Plan 2021-22*, which will link in with SSWBAW (2014)

Mindfulness and meditation

At its fundamental essence, mindfulness assists in honing your attention to be more conscious of the present moment, instead of being preoccupied with past events or future possibilities. We cultivate a deeper curiosity about whatever we encounter. Jon Kabat-Zinn, the pioneer of secular mindfulness, characterised this ability as ‘being alive and aware of it (Mindfulness in school projects.org, 2025, p.1).

Animal-assisted therapy

There is additionally have therapy dogs in schools across Carmarthenshire, offering support for children dealing with behavioural challenges or conditions like autism, ADHD, or anxiety. This service is provided free of charge (Dewis Cymru, 2025, p.1). Animal Assisted Therapy (AAT) and Animal Assisted Activities (AAA) might be just what you need. Individuals who experience loneliness and isolation often form a deep bond with therapy animals and can feel a renewed sense of purpose through caring for them. Additionally, many individuals with learning disabilities find joy in the company of animals and benefit from their presence. Our therapy sessions offer a safe space for them to express their feelings. Engaging with these animals offers numerous

advantages, such as enhancing mental health, reducing symptoms of depression and anxiety, improving overall well-being, providing comfort, fostering trust, and enhancing social skills (Alpacasisters.co.uk, 2021).

Tech-assisted learning

For children diagnosed with autism spectrum disorder (ASD), cutting-edge computer-assisted approaches can offer valuable resources for teaching, learning, and support. Utilising speech, video, storytelling, and a combination of 2D/3D images of virtual objects displayed on screens and mobile devices can enhance the educational experience. Augmented Reality (AR) serves as an effective technology for fulfilling specific educational goals. This research introduces a framework for learning that is based on gestures and voice for children with ASD, providing interactivity, engagement, and visual assistance during therapy sessions focused on school and cognitive development (Amara *et al*, 2022). Support related to technology can aid students with ADHD in managing the difficulties associated with their condition and achieving academic success. Selecting appropriate tools can offer the following advantages (ADHD Centre, 2025, p.2 b).

Physical activity programmes

Fitness is essential for the overall well-being of individuals with autism, providing a range of benefits that go beyond mere physical health. Consistent exercise and physical activity can greatly enhance motor skills, coordination, and balance, which are often challenging for those on the autism spectrum. Additionally, participating in fitness activities can help alleviate anxiety, improve sleeping patterns, and boost cognitive abilities. One of the key benefits of fitness for individuals with autism is its ability to

enhance social skills and create a sense of belonging. The topic "Can Autistic Kids Play Sports? Breaking Barriers and Embracing Inclusion" looks at how engaging in sports and physical activities can create opportunities for social interactions and teamwork, allowing individuals with autism to cultivate important social skills in a nurturing environment. Furthermore, regular physical activity has been found to lessen the intensity of repetitive behaviours and improve overall mood and emotional control. This can lead to greater self-esteem and a heightened sense of independence, enabling individuals with autism to live more fulfilling lives (Neurolaunch.com, 2024).

Customised behavioural interventions

Instructional methods informed by Behaviour Analysis utilise scientific principles related to learning and behaviour, applying them to instruct essential skills tailored to individual needs. This approach can also aid in decreasing challenging behaviours or limiting opportunities by teaching alternative functional behaviours. Behaviour Analysis aids in comprehending the process of learning and how behaviour can be influenced by environmental factors (Beyond Autism.org, 2025, p.1).

School Curriculum

According to the Welsh Government's documentation on the Curriculum for Wales (n.d.), the impending rollout of curricular changes is slated to commence in 2026. A significant component of this initiative will include the development of informational guides for parents, designed to elucidate the expected transformations within the educational framework (Education Wales, n.d, c). The world is constantly evolving, and we require fresh ideas and innovative uses of technology. In order to tackle these issues, the Welsh Government aims to ensure that your child acquires the knowledge,

skills, and educational experiences necessary to thrive in life. Your child's school is helping them become an ambitious and capable learner, prepared to engage in lifelong learning; an enterprising and creative contributor, equipped to participate fully in both life and work and an ethical and informed citizen, poised to be involved in Wales and the global community. In your child's school, the curriculum is being crafted by teachers. They are utilising guidance developed by other educators to assist them in determining what children should learn. The curriculum is tailored for all students. It will provide your child with engaging lessons that hold real-world significance. It will cater to their individual needs and support them in reaching their maximum potential. Today, the world is more interconnected, and consequently, their learning is interconnected as well. Knowledge is crucial, and they will also gain the skills and experiences essential for navigating a rapidly changing world (Education Wales, 2023, a).

2.7. Conclusion

The literature review provided clear definitions of Autism and ADHD, outlining their diagnostic criteria and the available support systems for children and young people. It discussed the roles of various professionals, such as Additional Learning Needs Coordinators (ALNs), Disability and Educational Liaison Coordinators (DELCOs), and Special Educational Needs Coordinators (SENCOS), emphasising the importance of their contributions. The review also defined what constitutes a "superpower" in children and young people with ADHD or Autism.

Additionally, the review highlighted the current protocols within the Welsh educational system for students diagnosed with ADHD and Autism, detailing the classroom support mechanisms in place. It included information about ongoing programs, such as the

Zones of Regulation (2025), designed to assist these students effectively. The literature examined relevant legislation that supports and safeguards children and young people with these conditions, notably the Equality Act (2010), establishing connections between this legislation and the medical aspects of ADHD and Autism.

Furthermore, the review looked at the educational tools and documentation utilised in classroom settings, discussing how these enhance teaching and provide necessary skills for students with ADHD or Autism. It considers the potential "superpowers" that these children and young people may possess, suggesting that recognising and nurturing these strengths could significantly improve their quality of life. The review also addressed the challenges faced by parents, particularly their feelings of being unheard when their children do not exhibit expected behaviours in school. It offered insights into how parents can advocate for their children and provided resources to enhance family life. Regarding future developments, the review explored effective strategies for supporting young people with ADHD and Autism, including proposed changes by the Welsh government or the education department. It identified opportunities to simplify existing processes, making them more manageable for families and educators.

Overall, the review made recommendations for improving current protocols, processes, and practices to enhance the educational experience and support for children and young people affected by these conditions. It examined alternative teaching practices that could create more supportive learning environments and investigated potential changes to the educational curriculum or existing legislation by the Welsh government. Additionally, the review discussed the potential challenges that teachers and schools might face during the diagnosis stage and even before it begins. Despite the evidence presented, there remains significant room for improvement in simplifying the processes surrounding diagnosis and support for children and young people in Wales. However,

the review highlighted positive initiatives currently underway within the Welsh government and the Department for Education, such as the Zones of Regulation program. It also detailed the concepts of inner critics and inner coaches in children and young people with ADHD and Autism (Kuypers, 2011-2019). The review indicated that help is available for parents, which can improve home life for children, young people, and their families. It noted that some well-known figures attribute their success to their diagnosis, emphasising the need to harness and utilise these "superpowers" to help children and young people confront and overcome the stigma they may face. Additionally, it discussed current regulations and legislation, including the *Well-Being and Future Generations Act (2015)*, aimed at driving necessary changes. In conclusion, while we have many effective tools and protocols in place, there is still significant room for improvement. We need to simplify procedures and work collaboratively across all areas, including reducing diagnosis waiting times, enhancing the educational structure, and further implementing new ideas and strategies.

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4. APPENDICES

4.1. Appendix 1: Proposal

Institute of Education and Humanities/
Yr Athrofa Addysg a'r Dyniaethau

Dissertation Approval Form/ Ffurflen Gymeradwyo Traethawd Hir

ECGE6003Q

Student Name/ <i>Enw Myfyriwr</i>	Norman Wright		
Degree Scheme/ <i>Cynllun Gradd</i>	BA Sociology BA Advocacy		
Start date/ <i>Dyddiad cychwyn</i>	29/09/2024	End Date / Dyddiad TBC	15/05/2025

Title of Dissertation/ <i>Teitl eich Traethawd Hir</i>
Research Question/ <i>Cwestiwn Ymchwil</i>
How can the education and developmental outcomes for young people with autism and ADHD in Wales be enhanced?
Aims and Objectives/ <i>Nodau ac Amcanion</i>
- To explore xxxxxx
Outline of your Dissertation/ <i>Amlinelliad o'ch Traethawd Hir</i>
Methodology
Literature Review
Short Introductory Bibliography: <i>Llyfryddiaeth rhagarweiniol byr</i>
Proposed Supervisor/ <i>Goruchwyliwr awgrymedig</i>
Ken Dicks

The above topic, proposal, and supervisor have been agreed:
Cytunwyd ar y pwnc, y cynnig a'r goruchwyliwr uchod:

Signed : Ken Dicks.....Programme
Director/
Llofnod
rhaglen
Cyfarwyddwr y

Date/Dyddiau:.....05/11/2024.....

4.2. Appendix 2: Ethics Form

APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Norman Mckinnon Wright			
2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	☒	Taught Postgraduate Student	☐	Postgraduate Research Student
3	Institute/Academic Discipline/Centre:	Education and Humanities Childhood youth and Education			
4	Campus:	Carmarthen			
5	E-mail address:	2115612@student.uwtsd.ac.uk			
6	Contact Telephone Number:	07587046142			
For students:					
7	Student Number:	2115612			
8	Programme of Study:	BA Advocacy			
9	Director of Studies/Supervisor:	Ken Dicks			

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☒	NO	☐
					Date
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
		Institute Research Committee	☐		
		Other (write in)	☒	Supervisor 23/10/2024	

SECTION C: Internal and External Ethical Guidance Materials

Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.	
1	UWTSD Research Ethics & Integrity Code of Practice ☒
2	UWTSD Research Data Management Policy ☒
3	[List any other relevant documents here] Bera ☒

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

1	Institution	N/A
2	Contact person name	N/A
3	Contact person e-mail address	N/A
4	Is your research externally funded?	YES ☐ NO ☒
5	Are you in receipt of a KESS scholarship?	YES ☐ NO ☒
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary YES ☐ NO ☒
7		Employed YES ☐ NO ☒
8	Is the research being undertaken within an existing UWTSD Athrofa	If YES then the permission question below YES ☐ NO ☒

	Professional Learning Partnership (APLP)?	does not need to be answered.				
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☒

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	YES	☐	NO	☒
	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).				

SECTION E: Details of Research Activity

1	Indicative title:	How can the educational and developmental outcomes for young people with Autism and ADHD in Wales be enhanced?			
2	Proposed start date:	26/09/2024	Proposed end date:	15/05/2025	
	Introduction to the Research (maximum 300 words per section) Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below: <i>Purpose of Research Activity</i> <i>Proposed Research Question</i> <i>Aims of Research Activity</i> <i>Objectives of Research Activity</i> Demonstrate, briefly, how <u>Existing Research</u> has informed the proposed activity and explain <i>What the research activity will add to the body of knowledge</i> <i>How it addresses an area of importance.</i>				
3	Purpose of Research Activity Literature Review To investigate the current processes and means to be diagnosed with ADHD/Autism as a young person in Wales to research the processes and to see if this can be improved (this box should expand as you type)				
4	Research Question				

	How can the educational and developmental outcomes for young people with Autism and ADHD in Wales be enhanced (this box should expand as you type)
5	Aims of Research Activity To explore and establish an overall review of all current processes and procedures involved in getting a young person diagnosed and attention needed with DHD/Autism in Wales and to find out if this can be improved (this box should expand as you type)
6	Objectives of Research Activity Objective 1 to check all legislation, procedures and current educational processes involved for getting young people diagnosed with Autism /ADHD in Wales Objective 2 review the research to identify any challenges, failures and successes to identify ways in which they can be enhanced Objective 3 evaluate all collected data and to establish if the current processes and procedures are fit for purpose and if improvements are required (this box should expand as you type)
	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here, but should instead describe how you intend to collect the data necessary for you to complete your project.
7	Literature Review (this box should expand as you type)
	Location of research activity Identify all locations where research activity will take place.
8	Desk Based, online research and Libraries (this box should expand as you type)
	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities

	or vulnerabilities of participants. If you live in the country where you will do the research then please state this.
9	N/A <i>(this box should expand as you type)</i>

10	Use of documentation not in the public domain: Are any documents NOT publicly available?	NO	☒
		YES	☐
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. <i>(this box should expand as you type)</i>		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☒	☐
13	A resilient Wales	☒	☐
14	A healthier Wales	☒	☐
15	A more equal Wales	☒	☐
16	A Wales of cohesive communities	☒	☐
17	A Wales of vibrant culture and thriving Welsh language	☐	☐
18	A globally responsible Wales	☒	☐
19	If YES to any of the above, please give details:		
	<i>(this box should expand as you type)</i>		

SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	☐	☒
2	Use of interviews?	☐	☒
3	Use of focus groups?	☐	☒
4	Use of participant diaries?	☐	☒
5	Use of video or audio recording?	☐	☒

6	Use of computer-generated log files?	☐	☒
7	Participant observation with their knowledge?	☐	☒
8	Participant observation without their knowledge?	☐	☒
9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒
16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	☒
	Details of any other primary data collection method: (this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	YES	NO
1	Students or staff at the University?	☐	☒
2	Adults (over the age of 18 and competent to give consent)?	☐	☒
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒
6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒

8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.		
	Details of any other participant groups: (this box should expand as you type)	☐	☒

	Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
10	How many participants are expected?	N/A (this box should expand as you type)
11	Who will the participants be?	N/A (this box should expand as you type)
12	How will you identify the participants?	N/A (this box should expand as you type)

	Information for participants:	YES	NO	N/A
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☐	☐	☒
14	Will you tell participants that their participation is voluntary?	☐	☐	☒
15	Will you obtain written consent for participation?	☐	☐	☒
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☐	☐	☒
17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☐	☐	☒
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☐	☐	☒
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☐	☐	☒
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☐	☐	☒
22	If NO to any of above questions, please give an explanation			

	(this box should expand as you type)
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	Information for participants:	YES	NO	N/A
24	Will participants be paid?	☐	☐	☒
25	Is specialist electrical or other equipment to be used with participants?	☐	☐	☒
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☐	☒
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☐	☒
28	If YES to any question, please provide full details			
	(this box should expand as you type)			

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them.		
	If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.		
1	Full risk assessment completed and appended?	Yes	
		No	
2	Risks to participants For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		
	Risk to participants: N/A (this box should expand as you type)	How you will mitigate the risk to participants: N/A (this box should expand as you type)	
3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities		
	N/A (this box should expand as you type)		

4	Risks to the investigator For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest	
	Risk to the investigator: Potential for emotional distress and Accusations of Impropriety <i>(this box should expand as you type)</i>	<i>How you will mitigate the risk to the investigator:</i> Student services Check with supervisor <i>(this box should expand as you type)</i>
5	University/institutional risks For example: adverse publicity, financial loss, data protection	
	Risk to the University: Adverse publicity <i>(this box should expand as you type)</i>	<i>How you will mitigate the risk to the University:</i> Attend supervision <i>(this box should expand as you type)</i>
6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems	
	Risk to the environment: N/A <i>(this box should expand as you type)</i>	<i>How you will mitigate the risk to environment:</i> N/A <i>(this box should expand as you type)</i>

	Disclosure and Barring Service			
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☐	☐	☒
8	If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
	N/A <i>(this box should expand as you type)</i>
2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.

	N/A <i>(this box should expand as you type)</i>
3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	N/A <i>(this box should expand as you type)</i>

SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 “GDPR” and the Data Protection Act 2018 “DPA”)?	YES	NO
1	“Personal data” means any information relating to an identified or identifiable natural person (‘data subject’). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data.	☐	X
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	<i>(this box should expand as you type)</i>		
	Does it involve special category data (as defined by the GDPR)?	YES	NO
3	“Special category data” means sensitive personal data consisting of information as to the data subjects’ – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	☐	X
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	<i>(this box should expand as you type)</i>		
	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	YES	NO

5	Manual files (i.e. in paper form)?	☐	☒
6	University computers?	☐	☒
7	Private company computers?	☐	☒
8	Home or other personal computers?	☒	☐
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
10	"Cloud" storage or websites?	☒	☐
11	Other – specify:	☐	☒
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:		
	All storage will be password protected <i>(this box should expand as you type)</i>		

	Data Protection		
	Will the research activity involve any of the following activities:	YES	NO
13	Electronic transfer of data in any form?	☒	☐
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒
15	Sharing of data with other organisations?	☐	☒
16	Export of data outside the UK or importing of data from outside the UK?	☐	☒
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	☒
18	Publication of data that might allow identification of individuals?	☐	☒
19	Use of data management system?	☒	☐
20	Data archiving?	☐	☒
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	All data will be password protected and sent only to those listed as having direct access <i>(this box should expand as you type)</i>		
22	List all who will have access to the data generated by the research activity:		
	Norman Wright Ken Dicks <i>(this box should expand as you type)</i>		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		

	Norman Wright <i>(this box should expand as you type)</i>		
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
	N/A <i>(this box should expand as you type)</i>		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. <i>(Most relevant to academic staff)</i>		
	N/a <i>(this box should expand as you type)</i>		
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	YES	☒
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒

SECTION K: Declaration

	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
1	Signature of applicant:	Norman wright	Date: 23/10/2024

For STUDENT Submissions:

2	Director of Studies/Supervisor:	Ken Dicks	Date:
3	Signature:	05/11/2024	

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date:
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☐	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

RESEARCH STUDENTS AND STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk, with the title 'Ethical Approval' followed by your name.

You will be informed of the outcome of your claim by email; therefore **it is important that you check your University and personal email accounts regularly.**

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

This form is available electronically from the Academic Office web pages:
<https://www.uwtsd.ac.uk/academic-office/appendices-and-forms/>