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**Attention deficit hyperactivity disorder
(ADHD)**

Webinar script & References

Definition of ADHD

Let's begin by understanding what ADHD is....

Hammerness (2008) stated that one of the key functions our brains possess is focusing on specific tasks and following through with them. ADHD often recognised as just “trouble paying attention,” it’s more complicated than that. For example, children with ADHD might struggle with shifting between different environments, like going from the structure of school to the more relaxed atmosphere at home. These shifts can cause confusion and even behavioral challenges. Hammerness (2008) also expands in describing ADHD as it's not just something people grow out of this condition or problem it often continues into adulthood, affecting work, relationships, and daily life.

Hammerness (2008) also points out that ADHD isn't just a U.S. issue. It's seen all over the world, even if it's called something different or understood in different ways depending on the culture (Hammerness, 2008).

Building on that global perspective by Hammerness (2008), Lee, S. et al., (2025) agree that ADHD is a common disorder among young children, affecting approximately 5 to 10% of them. This condition is not limited to specific countries; in fact, it is a widespread issue prevalent among children globally. The central characteristics of ADHD, attention deficit hyperactivity disorder, play a significant role in children's overall neurodevelopment and mental growth, which are essential for their ability to process and differentiate information. Reports on the identification and diagnosis of ADHD show that children with the condition are more likely to experience additional mental health issues, such as mood disorders, as they grow older. This highlights the importance of early diagnosis and intervention to prevent outcomes that may hinder intellectual and emotional development (Lee, S. et al., 2025).

However, to further understand how ADHD has been viewed over time, Posner, Polanczyk and Sonuga-Barke (2020) explain that the understanding of ADHD has significantly developed over the past 50 years. Initially it was viewed as a simple mental disorder in children which is linked to excessive physical activity. Overtime this view has been shifted and ADHD is now recognised as a long-term neurodevelopmental disorder

that can persist throughout a person's life. This updated perspective is reflected in its classification in the DSM –5 (Sonuga-Barke,2020).

Inattention

Selikowitz (2021) describes forms of ADHD in the book ADHD facts. The first form, inattention, is explained as a type of ADHD where children often struggle to follow instructions given by teachers in the classroom. They are unable to complete all the assigned tasks in order. They often get distracted because the part of their brain that helps them pay attention is not functioning at 100%. Which results in the inattentive aspects of ADHD. This type is also observed in children whose parents constantly have to remind them to complete certain tasks, as they are unable to carry out simple tasks independently (Selikowitz, 2021).

Impulsivity

Moving on to second form of ADHD, impulsivity Bierman et al., (2017) emphasise impulsivity as a behaviour pattern where a person with this trait chooses quick solutions that gives them immediate satisfaction rather than waiting for longer period for better outcome. It shows that they also have difficulty organising their actions or struggle to plan. This indicates that children with this trait lack self-control and even if they know what the best outcome is they can't plan to avoid determinant consequences (Beauchaine et al.,2017).

However,Selikowitz (2021) describes impulsivity as, it's a condition in which children are unable to think before starting a task, how to do it, or what the best way to do. This often gets them into trouble, they act recklessly, responding with whatever comes into their mind first as Dennis the Menace character normally says, “that by the time he thinks he's done with it”. These children do not understand the consequences of danger and may put themselves at risk without realising it. Children with impulsiveness are often able to describe how the task should be done but are unable to carry it out. Dr Russel Barclay defines ADHD as “not having the knowledge of certain things, but it's about how to do the task” (Selikowitz, 2021).

Hyperactivity

Finally, the third form of ADHD is hyperactivity, as described by NICE (n.d), hyperactivity refers to a pattern of excessive movement and restlessness that stems from an overactive brain. In children, this often manifests as constant physical activity, such as running or climbing in inappropriate situations, an inability to remain still, and difficulty engaging quietly in activities. These behaviors are not simply high energy but are often impulsive and difficult for the child to control. As a result, their behaviour can be disruptive or exhausting for others, particularly in structured settings like classrooms or group activities. Hyperactivity is commonly associated with conditions like attention deficit hyperactivity disorder (ADHD), where such behavior significantly interferes with daily functioning and development (NICE,n.d).

Identification of ADHD

Now that we have covered ADHD definition let's move on to identifying process practitioners play major roles under the guidance of early years framework section 3.61 where it states that it is professionals' duty to have at least one member of staff who is qualifies in this field to identify any kind of additional need child requires (DFE,2024).

The send code of practice requires all early year practitioners to carry out regular assessment of children's development. As outlined in section 5 of the send code of practice (2014) every setting must have systems in place to identify any additional needs a child may have and to track their developmental progress. It is essential that each setting employs a staff member trained as a special educational needs coordinator (SECNCO). According to the early years foundation stage (DFE,2024) the progress check at age 2 should provide a clear picture of the child's strengths and areas where extra support might be needed. Practitioners are expected to work with families, offering guidance and support when necessary, involving local authorities' services to help meet the child's individual need. After an assessment it is essential to keep parents informed and involved throughout the entire process. Parental observation can provide valuable insights and support a more holistic understanding of the child's needs. Any professional support or intervention strategies must be discussed with and agreed by

the parents to ensure consistency and collaboration between home and educational settings (DFE,2024).

ADHD and early diagnosis matters

With identification in place next step is diagnosing which helps to put support in place According to Ji and Tran (2025) ADHD is a condition that often starts in childhood and can affect a child's ability to stay focused, sit still, or think hard before acting. These challenges can make daily life difficult, especially in school or social settings. Kids with ADHD might struggle with following instructions, staying organised or managing their emotions. Spotting the signs early can make a big difference. With the right support and understanding, children with ADHD can learn to manage their symptoms and avoid more serious issues as they grow. Knowing what ADHD looks like and how it's diagnosed is an important step toward helping these children succeed (Ji,Y., Zhang-Lea,J. And Tran, J.2025).

The role of clinical assessment in childhood ADHD

To build on that According to Gomez Cabezas, J.R., et al (2025) ADHD can significantly affect children's mental health, and while much of the research focuses on its clinical aspects, proper assessment should be broad and detailed. Evaluations typically involve gathering information from parents about the child's behaviour and background, along with structured clinical interviews that explore symptoms and functioning across areas like school and relationships. Rating scales forms completed by parents or teachers are helpful though not sufficient on their own. Including the child's input is also important but their self-assessments may be biased or inaccurate making adult observations more reliable (Gomez Cabezas, J.R et.,2025).

Diagnosis of ADHD

To support diagnosis further According to Algorta, G.P. et al., (2016) the SDQ (strengths and difficulties questionnaire) is a widely recognised tool for identifying emotional and behavioural issues in children. As the research shows, SDQ tool plays an important role for diagnosing conditions such as ADHD. The assessment consists of 25

questions that assess a wide range of emotional, behavioural and social aspects of a child's development, including conduct, hyperactivity, peer relationships and prosocial behaviours. Its nature makes it an effective tool for obtaining a well-rounded understanding of a child's needs and guiding appropriate intervention (Algorta, G.P et al., 2016).

Barrier

Parental and model barrier

Although tools and methods exist but there are still barriers that are there to prevent early diagnosis and effective treatment. According to Armitt, H.A. et al., (2025) research done by Young et al., (2021) different assessments which are there to rule out the conditions aren't always thorough, and the support just isn't there sometimes whether it's because of funding issues or not enough resources. In the end that can lead to people not getting the right diagnosis or treatment plan (Armitt, H.A. et al., 2025).

Many parents often unintentionally act as a barrier to the assessment and diagnosis of children with additional learning needs. This usually stems from feelings of anxiety, fear or confusion. Especially about how society might view their child. Take ADHD as example, it's often misunderstood and unfairly labelled as a mental health issue. Which can cause parents to hesitate about getting the right diagnosis. Because of this some parents avoid medical treatments. Instead, they turn to alternative therapies or non-medical approaches that feel more natural or less stigmatising approach. But the issue appears to be that there isn't much research which approved these types of alternatives to be beneficial for children in the long term. Fibert and Relton (2020) agree that parents often misjudge and favour non-medical options even when there's not enough studies to support how well treatment will work.

Psychosocial interventions strategy

Despite these barriers there are still a number of effective strategies practitioners can use to support children with ADHD.

Practitioners play a key role in managing behaviour for children with ADHD by maintaining a consistent daily routine. This consistency helps reduce stress and support the child's ability to focus and stay calm. To make this work, practitioners not only support the child in the classroom but also work with parents to encourage the same patterns of behaviour at home. A big part of this approach involves creating a calm, low stimulation environment. For example, they might adjust the classroom layout to avoid sensory overload. Something that can easily trigger impulsiveness or hyperactivity in children with ADHD.

While children with ADHD are often given extra time to complete tasks and are supported by another member of staff throughout the day. This level of support presents its own challenges. One of the biggest barriers is the availability of staff and lack of funding. Young et al., (2021) highlights that insufficient resources and funding makes it difficult to allocate additional staff specifically for children with ADHD, limiting the support schools can provide. Despite these challenges, maintaining a predictable environment and routine remains essential. It reduces the cognitive load on the child, helping them stay calm and avoid overstimulation which can lead to impulsivity or restlessness. Dupaul et al., (2020) also support this approach noting that psychosocial strategies like providing structured support for both children and parents are effective in managing ADHD symptoms.

To conclude ADHD is a complicated and often misunderstood neurodevelopmental condition that affects children in many different ways. As we have seen, early identification and diagnosis are important in ensuring the right support is delivered.

Although there are many barriers as mentioned earlier parental hesitation or limited resources but with the right support like consistent routines, parent practitioner collaboration makes a big difference. I would like to end this topic today by noting that there's a need for us to educate ourselves, challenge the stigma and advocate for inclusive practice. Thank you for listening. I'm happy to answer any questions that you may have.

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