

Attention deficit/ hyperactivity disorder

(ADHD):

Good morning, everyone, and welcome to our webinar on supporting children with additional learning needs. Today, we will explore the best strategies, resources and practices that can assist educators, parents and early years practitioners in providing sufficient and appropriate support to children with ALN. Our goal is to equip you with the foundations and tools that are necessary to foster inclusive and nurturing environments in which all children can thrive. We are going to be discussing a variety of additional needs and potential strategies that will hopefully help you to feel more confident in being able to identify and support children with ALN. The we will explore are ADHD, Autism and Cerebral palsy .To begin with I am Bethany and I shall be discussing attention deficit hyperactivity disorder also known as ADHD. The topics I will explore are identification and diagnosis, barriers to support and a possible support strategy for ADHD.

Introduction

The National institute of mental health (2025) and the World Health Organization (2019) define attention deficit hyperactivity disorder (ADHD) as a neurological disorder which is characterized by persistent patterns of hyperactivity, inattention, and/or impulsivity. Miller (2024) highlights the importance of early diagnosis and intervention of ADHD. Suggesting that identifying and supporting signs of ADHD early on allows children to form healthy coping strategies before they develop into unhealthy coping mechanisms. Miller (2024) also suggests that early identification can better support the child in their social and academic skills.

Feil *et al.* (2016) further supports this suggesting most children with ADHD often display signs at preschool age, and that early intervention can improve educational and social development. It is important that practitioners and health care professionals are as accurate as they can be in identifying and diagnosing ADHD. To ensure that the child can receive the right support ensuring that they have the best outcomes for their holistic development.

A significant barrier to the early identification and diagnosis of ADHD, is that it often coexists with other mental disorders such as anxiety and depression, therefore it is important that health care professionals have a comprehensive approach to the prognosis and deciding the best course treatment for the child. Katzman *et al.* (2017)

suggests that 80% of adults with ADHD have at least one coexisting mental health condition, the overlapping of symptoms can lead to complications with misdiagnosis.

Therefore, making misdiagnosis common and leading to not getting the right treatment. However, Sadek (2023) suggests that thorough medical evaluation should be carried out before diagnosing the child with ADHD. As many symptoms of physical illnesses can have symptoms that also present in children with ADHD. Furthermore, Sadek (2023) highlights that misdiagnosis of ADHD can have a negative impact on the child's quality of life. ADHD is a neurodevelopmental disorder which affects children and adults nationwide. According to Ayona et al (2023) the prevalence of ADHD globally among children and adolescents is 10.5%, with 7.6% of those affected are children ages 3-12 years old with 5% of these children living in the United Kingdom.

How attention deficit hyperactivity disorder (ADHD) is identified and diagnosed

Identifying ADHD in a child as an early year's practitioner can be done through observations as well as the practitioners having a good understanding of child development and different additional learning needs. So that they can notice patterns or inconsistencies within the child's behavior or development that can help them identify that the child may have an additional learning need such as ADHD.

This can be complicated as there are settings where this is a lack of training to be able to recognize additional learning needs such as ADHD in the early years. Jacobs (2020) highlighted that the lack of training for practitioners working with children with special educational needs were concerning SEN coordinators as a sufficient understanding of additional learning needs (ALN) is important in the early identification of them.

Duggan *et al.* (2023) highlighted the importance of workplace development, suggesting that developing practitioners understanding and continuous skill development across the workplace, is a key factor in the transformation of the additional learning needs

system in Wales. Estyn (2022) supports this further, suggesting that employers should ensure that their practitioners have access to the appropriate training and development around ALN for them to feel confident in being able to identify and support ALN of the children in their care.

According to Fisher (2025) early years practitioners can identify a child potentially having ADHD by keeping an eye out for early warning signs. These early warning signs typically manifest in a child having difficulty concentrating and struggling with social skills. As well as having difficulties and delays in speech and language development. Early years practitioners can help in the identification of ADHD through observing the child's behavior in class and to monitor this to see what the child may struggle with.

Macintyre (2014) suggests that children displaying typical signs of ADHD are often labelled as misbehaved or disruptive, so it is important that practitioners change their thought processes and think past the initial behaviors to see if it persists and if the child's attention levels differ in different times of the day and different tasks. The NHS (2024) suggests that tell-tale signs of ADHD consist of being unable to sit still or fidgeting, lack of concentration, excessive talking as well as finding it difficult to follow instructions. These are all traits that early year's practitioners could notice during their observations.

According to NHS (2024) ADHD cannot be diagnosed via a simple test but instead can be diagnosed through a combination of a physical examinations, discussion's with the child or the child's parent's as well as obtaining an insight into the child's behavior through interviews with people that know the child well such as teachers, parents and other significant people. Getting a better understanding of a child's behaviors and characteristics can help the professional in diagnosing them. Marshall *et al.* (2019) supports this further suggesting that clinical interviews form the basis for ADHD assessment.

However, this method of assessment lacks specificity in helping to diagnose ADHD. Bressler (2022) supports this further suggesting that clinical interviews on their own are an insufficient method of assessment. Which can result in issues regarding the validity of the assessment as well as room for potential biases from the individual being interviewed. It is important that practitioners aim to identify and intervene as early as possible. Sonuga-Barke *et al.* (2011) supports this further suggesting that early intervention can help to reduce the long-term impacts of ADHD. Therefore, giving children a better chance at reaching their full potential reduces their difficulties in

participating in certain activities. As well as helping to improve their social skills and allow them to understand themselves and how to regulate their emotions.

Impacts and barriers

ADHD can affect a child's life in a variety of ways and cause many barriers to reviewing the best quality of life. Mckenna *et al.* (2023) suggests that one of the most prevalent barriers that can be faced can come from parents being very hesitant in wanting to accept that their child has an additional learning need. This is usually due to the stigma surrounding children with ALN, and parents coming to terms with the fact that their child is not perfect. This is supported by Holland *et al* (2018) who suggests that parents experience emotional barriers when their child starts to display characteristics of a special educational need, due to feelings of guilt and isolation. As well as feelings of stress and anxiety during the stages of diagnosis and seeking further support, suggesting that many parents feel unsupported and unempowered.

Smith *et al* (2014) further supports this suggesting that parents often feel embarrassment about attending support groups or seeking help for their child behaviors due to fear of judgement and being perceived by others as bad parents. Furthermore, Broomhead (2019) carried out a study to understand the societal response of a child's disability to the child's parents. The results found that parents of children with special educational needs that were viewed as behavioral received very negative responses whereas parents with children with biological disabilities received much more empathetic and supportive responses from society.

Broomhead (2019) suggests that these reactions can lead to isolation of the child's parents which affect their engagement with the community and can affect their ability to sustain friendships. Therefore, if the parents are having negative responses and are not able to socialize it is likely that the child's opportunities for social interaction are slim and therefore can hinder the child's social development.

This not only affects the parents but impacts the child's self-esteem and the child being able to obtain the right support and intervention that they need. Broomhead (2019) supports this suggestion that the child is more than likely to acknowledge their parents fear or embarrassment in social settings. Which could potentially negatively impact the child's self-esteem and wellbeing. Holland *et al* (2018) also highlights that parents can

feel societal and familial pressures such as negative reactions to their child's behavior's as well as dealing with family members who may be in denial that there is anything wrong with their child. However,

Sayal *et al.* (2017) suggests that another barrier of the child's parents may view their child's ADHD behaviors as normal development behavior's, therefore resulting in delays in seeking help in managing the child's behavior. Hasan (2022) also highlights that parents often misread symptoms as their child misbehaving. According to Greenway & Rees-Edwards (2020) suggest that teachers often have conflicting attitudes to children with ADHD, stating that 64% of teachers found working with children with ADHD rewarding and 70% of teachers found this rewarding but also quite challenging.

However, Greenway & Rees-Edwards (2020) discuss how teaching assistants not only had a much more positive attitude to children with ADHD but also had a more in-depth understanding of the additional learning need.

According to a study carried out by Colak et al (2020) which aimed to understand the relationships between parents and children diagnosed with ADHD. And whether the levels of ADHD influenced their relationships. Colak et al (2020) found that parents with children with elevated levels of ADHD exhibited permissive parental attitudes versus parents with children with low levels of ADHD. However, Setyanisa et al (2022) suggests that the reasonings for parents to have a more permissive approach to children with elevated levels of ADHD could be related to burn out or guilt. As well as difficulty enforcing rules to avoid meltdowns and even due to lack of an understanding of how to manage their child's ADHD.

Furthermore, Sanvictores & Mendez (2022) highlights how this parental attitude can lead to issues with their child becoming dependent and selfish as they grow up, because they have never had boundaries put in place. Therefore, as practitioners it is important that they work with a child's parents to ensure that they have the best support in helping them come to terms with their child's diagnosis. So, they feel confident in managing their child's ALN as well as helping to reduce the stigma surrounding the child's ALN. Pembrokeshire county council (2023) highlights how open communication between practitioners and the child's parents is important as it can help with early identification and intervention. Furthermore, Swansea Council (2021) suggests that building strong partnerships with the parents can enable practitioners to provide emotional support as well as helping to navigate the ALN.

Russell *et al.* (2023) highlights how a lack of understanding from both the child's parents and teachers is a significant barrier to the ability for the child to receive the best support. Furthermore, Dekkers (2020) suggests that parents play a vital role in the early identification of ADHD by being aware of the symptoms of ADHD and recognizing them

in their child. Dekkers (2020) also highlights that once the parents recognize the symptoms it is important that they seek right help for their children. Hasan (2022) highlights that parental awareness in their child's ADHD treatment can lead to better outcomes for their children in academic and social settings as well as into adulthood.

A Strategy used to support ADHD

According to Jacobson (2024), physical movement has been seen to significantly reduce the severity of ADHD and help to improve cognitive function for children. A potential strategy to support children who have ADHD would be to incorporate movement breaks into their daily routine at the setting or school to help to support them in improving their concentration and attention levels during tasks. Graham (2024) suggests that physical activity increases oxygen flow to the brain which then enhances a child's concentration levels. Hartanto (2016) suggests that physical activity can stimulate the release of dopamine and adrenaline which play a big part in the ability to focus and be alert. Chan et al (2021) supports this further suggesting that movement can help to improve executive function. According to the attention deficit disorder association (2024) individuals with ADHD suffer with executive dysfunction which means that the individual struggles to retain information, stay organized or stay on track.

The Cambridgeshire community services NHS trust (2021) suggests that movement breaks are intended to allow children the opportunity to maintain a level of alertness that can help them to concentrate. Children with ADHD often struggle with excess energy, movement breaks could provide children with the opportunity to manage the excess energy in a structured way. This is supported further by Hartanto (2016) who suggests that movement provides children with a natural outlet which reduces feelings of boredom and restlessness. Therefore, helping to improve their emotional regulation and wellbeing. The attention deficit disorder association (2023) also highlights how repetitive movements such as jumping and spinning can provide children with the opportunity to self-regulate and to cope with feelings of sensory overload. The ADHD center (2023) suggests that movement can reduce ADHD symptoms by reducing stress. West (2024) supports this further suggesting that movement breaks help a child to reduce stress and anxiety. Enabling them to regulate their emotions and be in a more focused mindset for tasks.

However, while there are clearly benefits to movement breaks in reducing symptoms of ADHD for children and helping them to improve their concentration levels. Ford (2024) highlights that studies carried out to address the implementation of movement breaks did not show significant improvement of the children's behavior or show improvements in their academic performance either. This could be due to the individual needs of each child and the levels of ADHD differing from one child to the next. Hartanto (2016) suggests that while movement breaks are beneficial to children with ADHD, the effectiveness of them will vary based on the individual needs of the child. Therefore, it is a possibility that movement breaks could be a successful intervention method if the practitioners tailor the movement breaks to suit the individual needs of the children within their care.

An obstacle to the implementation of movement breaks as an intervention method could be the teachers' unwillingness or lack of knowledge on how to implement the strategy effectively. According to Pass (2022) teachers can have conflicting views on ADHD, therefore the implementation of intervention strategies can depend on the teachers attitudes towards the ALN and their enthusiasm in wanting to implement changes to support children with ALN.

However, according to Ward et al (2021) teachers said they felt unequipped to support children with ALN, due to insufficient training. Therefore, the effectiveness of the implementation of movement breaks would depend on the teacher's approach and knowledge. Charlton et al (2022) suggests that teachers and other professionals displayed an enthusiasm for movement breaks so long as they were short and performed at the discretion of the teacher. Whereas Lander et al (2024) argue that teachers felt that active breaks were disruptive to learning. As well as highlighting that teachers felt that movement breaks would be difficult to implement due to lack of time and lack of confidence in how to effectively plan them, suggesting they had limited resources to do so.

This could be solved by ensuring educational policies are revised to support children with ALN as well as providing further training and resources for teachers to feel more confident about how to best support children with ALN. According to the GOV.UK (2022) The UK's chief medical officers first issued guidance on incorporating physical activity for children with disabilities and ALN. So, schools should ensure policies are inclusive to children of ALN even with something as small as incorporating movement breaks.

While there is a lot of worry that movement breaks could be considered disruptive to learning, there are ways to implement movement breaks without it being disruptive and allowing for a more inclusive approach rather than singling out a child or making them feel alienated from the rest of the class. According to Mana education (2024) movement breaks can be easily integrated to a school day routine by using movement breaks in the transitions between lessons or activities as a time to use a simple movement activity such as head, shoulders, knees and toes or a game of Simon says Which is engaging and fun for children and could be particularly engaging for children with ADHD with the use of movement. Staff (2023) supports this further suggesting that movement breaks that are structured during transitions can help children with ADHD use their excess energy, therefore reducing hyperactivity in the classroom. Hartano (2016) and NHS (2024) support this suggesting that movement breaks can help children to focus and be more alert and ready for the next task.

In conclusion, incorporating movement breaks into the daily routine for children with ADHD can provide significant positive impacts in the management and reduction of their symptoms. To improve their focus and performance in class. However, the successful implementation of movement breaks requires early years settings to ensure that their staff are sufficiently trained and are open-minded about adopting the strategy into practice. With sufficient preparation and mindset movement breaks can be easily integrated into practice. Therefore, resulting in a more inclusive and appropriate class structure that supports children with ADHD, ensuring they have the best possible chance at achieving their full potential.

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

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