

Supporting children with Attention Deficit Hyperactivity Disorder

Introduction

According to the Welsh Government (2024) there are currently 52,152 children in maintained schools in Wales who have an Additional Learning Need [hereafter ALN] and state that 2,550 of these children have been diagnosed with Attention Deficit Hyperactivity Disorder [hereafter ADHD]. In the same vein, Greenway and Edwards Rees (2020) state that around 7.2% of children worldwide have ADHD. However, according to the Welsh Parliament (2024) and research from the Senedd many more children are waiting to be diagnosed and point out that in December 2023 16,812 children were waiting for an ADHD assessment and state research suggests that undiagnosed cases are not officially tracked meaning the actual number of children with ADHD may be significantly higher. This poster will critically evaluate how ADHD is identified and diagnosed and analyse the barriers that children with ADHD experience. The poster will explore an appropriate support strategy focusing on how targeted interventions can reduce barriers and promote positive learning outcomes for children with this learning need.

Identification and Diagnosis

According to Eiland and Gildon (2024) ADHD is characterised by ongoing patterns of inattention, hyperactivity and impulsivity that can interfere with a child's development and learning including daily functioning. The authors suggest that ADHD is an additional learning need that can significantly impact a learner's concentration and ability to regulate behaviour and point out that these challenges may affect academic progress, social interactions and engagement in learning if not appropriately identified and supported. Greenway and Edwards Rees (2020) would agree and states ADHD is a condition that affects how the brain develops especially in areas that control attention and behaviour. The authors state that this involves ongoing problems with paying attention or being overly active and impulsive and suggest to be diagnosed children must show several symptoms before age 12 for at least six months and in more than one place such as school or home. The NHS (2025) state common signs to look out for include:



Image: PsychCare, 2026.

According to the NHS (2025) advice and support page, parents or carers can speak to a GP or the school's additional learning needs Co-Ordinator [hereafter ALNCO] to request an ADHD assessment. They suggest an ADHD assessment is carried out by specialists such as a paediatrician or child psychiatrist and state the assessment usually involves discussing the child's symptoms, development and family life as well as completing questionnaires and gathering information from school staff. In the same vein, according to Hall *et al.* (2019) the National Institute for Health and Care Excellence guidelines for ADHD state that diagnosis usually relies on clinical observation and reports from parents, teachers and the child and point out that these reports can sometimes be missing or conflicting, causing delays or uncertainty in diagnosis. However, Berkhout *et al.* (2022) argue that clinical observation can cause the Hawthorne effect and make ADHD harder to diagnose because children may behave differently when they know they are being watched. The authors point out that a child who is usually distracted, impulsive or hyperactive may seem calmer and more focused during an assessment or observation. This can make their symptoms appear less severe and may lead to an ADHD diagnosis being missed. The Welsh Government (2018) states the importance of identifying and supporting a child with an ALN as early as possible cannot be overstated and suggest early intervention is often more effective and can reduce the need for more costly and less effective support in the future. They suggest putting suitable early interventions in place can improve outcomes and ensure the need of the children are met promptly and point out that the support provided should be reviewed at least once a year to make sure the interventions continue to be appropriate and effective. According to Greenway and Edwards Rees (2020), teachers and teaching assistants play an important role here as they observe children in the classroom daily. However, claim that limited knowledge and negative attitudes towards ADHD can make symptoms harder to recognise and affect the support children receive. This is supported by ADHD UK (2017), which found that 19% of teachers felt uninformed about ADHD and 78% did not recognise some key symptoms, including difficulties with social interaction.

Barriers

The Welsh Government (2021) states that practitioners supporting learners with ALN should take part in ongoing professional development with schools providing training, resources and guidance to support staff knowledge and skills. However, the National Association of Headteachers (2020) reports that schools face major challenges due to budget pressures and cuts to health and social care services, making it difficult to support vulnerable pupils effectively. Similarly, Greenway and Edwards Rees (2020) found that teaching assistants reported limited training, lack of support and negative attitudes towards ADHD in schools. This is supported by ADHD UK (2017), which found that 63% of teachers had not received adequate ADHD training and 49% believed children with ADHD are often isolated by peers. Research by Akdag (2023) and Armstrong *et al.* (2017) also suggests that ADHD behaviours and peer prejudice can negatively affect friendships, inclusion, self-esteem and wellbeing in school. This perspective links to Zaks (2024) who explains that the medical model of disability views disability as a problem within the individual that should be treated, cured or made to appear normal. The author claims this has led to stigma, segregation and reduced opportunities for disabled people, while reinforcing negative ideas that disabled individuals are inferior or a burden on society. Similarly, Toro *et al.* (2020) suggest the medical model sees disability as a health issue needing treatment, while Guevara (2021) argues it can portray disability as a personal tragedy, reinforcing negative stereotypes and pity rather than recognising strengths and abilities. In response, the social model emerged. According to Toro *et al.* (2020) the social model views disability as being caused not by a child's condition but by barriers within society such as discrimination, exclusion and a lack of support. The authors suggest it makes a clear distinction between impairment which is a biological condition and disability which is a disadvantage created by social factors. From this perspective, the challenges faced by children with ADHD are not only due to their symptoms, but also to how schools respond to their needs. This highlights the importance of creating inclusive school environments where barriers are reduced and understanding and acceptance are actively promoted so that all children feel supported and included.

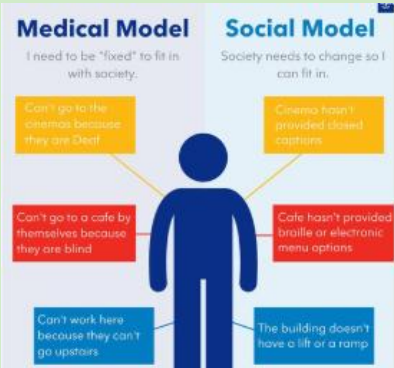


Image: Quizlet, 2026

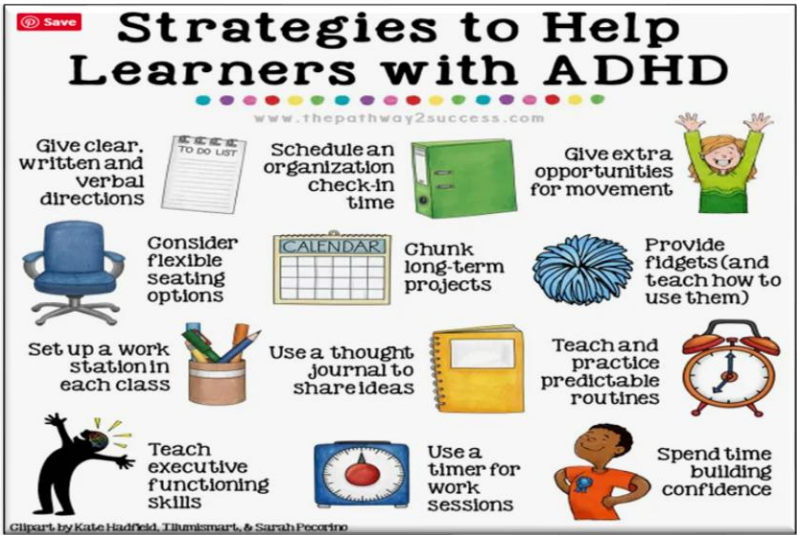


Image: Pathway 2 Success, 2026.

Conclusion

In conclusion, ADHD is a significant additional learning need that affects many children in Wales and can impact attention, behaviour, social interaction and academic progress. This poster has shown the importance of early identification and diagnosis through collaboration between parents, schools and healthcare professionals, as early intervention can improve outcomes for children. However, barriers such as limited staff training stigma and social exclusion can make it difficult for children with ADHD to access appropriate support and fully participate in school life. The discussion of the medical and social models of disability highlights the need to move beyond viewing ADHD only as an individual problem and instead focus on reducing barriers within educational settings. Finally, the poster explored support strategies including behavioural interventions, structured physical activity and medication, showing that a combined approach is often the most effective in managing symptoms and promoting positive learning experiences and wellbeing for children with ADHD.