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Section A

Attention Deficit Hyperactive Disorder (ADHD) is described as a condition wherein a child or adult finds difficulty in regulating their emotions and often have large amounts of energy (Young Minds, 2019). ADHD is typically spotted and diagnosed in children at an early age. Symptoms that lead medical professionals to conclude on a diagnosis of ADHD typically begin when a child under six years of age starts to display traits of hyperactivity, impulsiveness, and inattentiveness (National Health Service, 2020a; 2020b).

ADHD is estimated to affect one in every ten children. Boys are three times more likely to be diagnosed with ADHD, though this does not necessarily translate to males being more susceptible to the condition (Mental Health Foundation, 2021). Reaching an ADHD diagnosis in children has the potential to be complicated as many symptoms of ADHD can be similar to other conditions like Attention Deficit Disorder (ADD). Early intervention for ADHD can be achieved by clear and open communication between parents and a child's teacher, parents and a GP or between parents and a mental health specialist. Likely outcomes for early interventions can be recommendations of further assessments and/or treatments. It is important to remember, however, that certain obstacles can present themselves when attempting to diagnose ADHD. Due to the complex nature of diagnosing children who may be displaying signs and symptoms of ADHD, many cases go undiagnosed, misdiagnosed and in especially significant cases can go untreated (Hamed, Kauer and Stevens, 2015). A misdiagnosis or a completely missed diagnosis can have significantly negative implications on a child's life. These implications include children not receiving appropriate academic support, finding great difficulty in regulating their emotions and will see stunted social development, making it challenging to make friends (Cohen, 2005).

The benefits of early intervention of ADHD are invaluable. Early intervention, by way of a correct diagnosis, can potentially halt further development of the condition and will afford parents, practitioners and collaborating agencies the opportunity to design a plan to cater to the needs of the child (Sonuga-Barke et al., 2011). Adverse long term effects caused by ADHD can be reduced when an effective strategy is installed in a timely manner following diagnosis. Despite the benefits of early intervention being clearly identified, a study conducted by Sonuga-Barke and Halperin (2010) found that

early interventions for children diagnosed with ADHD were rare. However, effective early diagnoses can target children who have been diagnosed with ADHD and offer effective aid for the condition itself and any other underlying needs. Teachers can be equipped with the skills necessary to target children who have been diagnosed with ADHD, though this takes additional training, knowledge and understanding.

The National Institute for Health and Care Excellence (2018) points out that a common stumbling block for early intervention can be children and families not accepting support. Whether due to social stigma related to additional learning needs or parents being unaware of the gravity of a potentially undiagnosed ADHD case, many families simply reject support offered to them in attempted early interventions. Considering the social stigma surrounding ADHD and other additional learning needs, it carries the potential to be a considerable risk to the child (Mueller et al., 2012). Incurring any delay to assessment or treatment, simply for the unwillingness to establish a label, will only serve to strip the child of support they may deserve and potentially be in need of. Parents can often have a significant effect on the diagnosing of children with any additional learning need. Parents are often undereducated on ADHD specifically, and they fear that their child attaining a label of having an additional learning need will affect their scholastic and social life.

Teachers and early years practitioners are able to aid in early interventions, though do need adequate training to be able to identify early signs and symptoms of additional learning needs. In a survey conducted by the ADHD Foundation (2017), it was found that teachers and early years practitioners felt like they did not have an adequate understanding or even enough information on facets such as behavioural profiles and thus did not feel confident in preparing a classroom to accommodate and sufficiently support children with additional learning needs. As many as one teacher in every five remarked that they believed they were either uninformed or underinformed on the topic of ADHD with twenty-five per having low confidence in their ability to adequately support a child with ADHD.

A very strict set of criteria dictates how ADHD is to be diagnosed within children. Feil et al. (2016) highlights that, in order to be diagnosed with ADHD, children must show six or more instances or symptoms of either hyperactivity, impulsiveness or inattentiveness. Later suggestions outline the need for a greater focus early

interventions so as to target children who potentially have ADHD to improve the way they function in both an educational and social sense. There must be a greater emphasis placed on school's involvement in early interventions. Schools can support a child, not just their behaviour and needs in the classroom, but can influence a referral for diagnosis.

Hamed, Kauer and Stevens (2015) place a great emphasis on the importance of early ADHD diagnosis. Regardless of a child's age, they should be afforded appropriate structure and routine and be taught behavioural techniques with which they can avoid the development of further learning needs. Article 23 of the United Nations Convention on the Rights of the Child (UNCRC) has its roots embedded in the philosophy that all children, regardless of additional learning need or disability, are to have their voices heard (Unicef, 2019). Under the UNCRC, all children are afforded the right to be safe and to be happy in spite of any potential disabilities or additional needs. Children should be educated to not see that their additional needs or disabilities are hindrances and that they should be encouraged that they can be just as successful as children who are able bodied or children without additional learning needs. Having guidance in place via early interventions can aid in the supporting of a child's rights.

Children who show traits of being fidgety or being often distracted are typically displaying symptoms that need to be assessed by a specialist before assuming that it is ADHD (Mueller et al., 2012). Practitioners and parents are encouraged to build positive relationships with children with additional learning needs and should do so by utilising play based activities that are child led and child centred. Early interventions have been noted to moderate symptoms of ADHD in various children and can aid in the development of their social skills.

Section B

French, Sayal and Daley (2019) note that ADHD affects roughly 5% of children and adults but, sadly, cases often remain either undiagnosed or mistreated. Previous studies have found that schools and similar early years settings had in their employ staff that had a lack of knowledge regarding ADHD and also lacked resources to adequately support children with official diagnoses of ADHD. Kim, King and Jennings (2019) discussed education regarding children with official ADHD diagnoses, suggesting that practitioners must be in receipt of appropriate training in order to strengthen their knowledge and deepen their understanding so as to assist children with ADHD. This would enable early years staff to provide a more rounded and inclusive education and limit the number of obstacles that children may encounter. Some early years practitioners have a variety of ways with which to confront disruptive behaviours brought on by children with ADHD, however they lack the understanding of how to sufficiently support these children. Adequately supporting these children and making them feel included and equal to their neurotypical counterparts is vital in aiding them with living with ADHD.

Schools are charged with ensuring all children are delivered a suitable education to meet their individual needs – a right of children which is upheld in Article 3 of the UNCRC. The interests of the child must be of utmost importance in each decision made that will directly affect them, and often times children have the right to share their own opinions. Welsh Government (2018c) state that children with additional learning needs should be afforded additional support from a Special Educational Needs Coordinator (SENCO) and should have in place an Individual Development Plan (IDP). Having these IDPs in place ensures that teachers and practitioners are delivering a developmentally suitable learning experience to children with additional learning needs such as ADHD.

Unfortunately, many schools' designated SENCOs are employed as full-time teachers and find difficulty in achieving a balance between delivering their own lessons and teachings whilst also bearing the responsibility of coordinating provisions for children with additional learning needs such as ADHD. Curran et al. (2020) received over one thousand and nine hundred responses to a survey sent out to explore the workload of various SENCOs. Most responses from SENCOs indicated that they feel they are not

afforded sufficient time with which to facilitate their role. Twenty two per cent of all responses highlighted that they had received fewer time in the academic year 2019/2020 with which to support children with ALN than they had in previous years. This can be due to alterations made in school funding, with many SENCOs reporting that, due to being short staffed, they had taken on even more responsibilities and had been afforded far less time again with which to support children with additional learning needs. This limited time-frame with which SENCOs must divide between each child with additional learning needs causes significantly diminished support for these children and often lead to becoming barriers to referrals and, in some cases, even diagnosis. Additional supervision and training is crucial for practitioners in order to boost their support of children with ADHD. Schools should receive advanced training for its staff, practitioners specifically, in order to aid in the identification of the signs and symptoms children exhibit when afflicted with ADHD.

Feldman and Reiff (2014) explore how the support that schools offer, supplemented with adequate practitioner knowledge, can result in a significantly positive impact on a child's behaviour. Having in place a long term strategy which sets out to target a child's needs provides pedagogues with a positive structure from which to deliver their teaching. However, practitioners who lacked adequate knowledge regarding ADHD were found to be unable to provide these children with developmentally appropriate support. Shire (2017) found that thirty nine per cent of children who had an official ADHD diagnosis had experienced some form of scholastic exclusion. Absent the appropriate school support, children who suffer from ADHD can see detrimental effects to their education, their mental health, and their social lives. Furthermore, a worrying fifty eight per cent of teachers worry that children with ADHD are susceptible to being the victims of bullying and can experience a lack of social interaction with other children.

Achieving an accurate diagnosis of ADHD has proven to be a difficult task in children, with schools being required to utilise a degree of sensitivity when speaking to a child with potential ADHD and their family. By approaching the matter delicately, practitioners can involve children and their families in decisions regarding the education the school can provide and can often help to gain referrals which lead to diagnosis.

To adequately support children with ADHD and other additional learning needs, it is vital that teachers and practitioners are afforded sufficient training. Specific, focussed training on ADHD will allow pedagogues to gain appropriate knowledge in how best to support children with additional learning needs and can aid in the removal of barriers from children's paths.

Section C

For children that have received an official ADHD diagnosis, they may be unable to focus on a task or activity for longer than periods lasting a few minutes. William and Mary (2017) state that, in order to sufficiently support a child diagnosed with ADHD, there should be an emphasis on an approach centred on the child's personal assessment data and individual educational needs. Effective support must include strategy adjustments and monitoring of progress to facilitate the ability to provide these children with developmentally appropriate care and education.

Due to the demanding nature of a primary school teacher's job, having a teaching assistant present in the class can help to provide a child with an ADHD diagnosis with a one to one, allowing for more personal support. By allowing teaching assistants to work closely with children with ADHD, and children with other additional learning needs, delivery of consistent and developmentally suitable education can occur. However, it is vital to note that when providing a teaching assistant to work closely with a child with ADHD, the teaching assistant should be appropriately trained to support children with ADHD in order to facilitate the best possible support (O'Regan, 2015). Teaching assistants in these cases must also be vigilant to ensure they have the necessary skills to sufficiently support children with ADHD and be able to provide a tailored delivery of education to these children. This can be achieved by liaising with the school's designated SENCO or asking to undertake a course on ADHD training.

However, Arcia et al. (2000) found that children with officially diagnosed ADHD routinely obtain low grades and poor examination results. This can be due to a poorly enforced support system in the school which is why it is vital that the school provide practitioners who are competent and capable in working with children with ADHD to be able to support them to reach their full potential. It is widely accepted that children with ADHD find it beneficial to have a structured learning environment with clear and distinct boundaries. Lesson plans serve as effective delivery strategies as it allows the child with ADHD to know what the day's learning will concern.

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