

ATTENTION DEFICIT HYPERACTIVITY DISORDER

WHAT IS ADHD?

Attention deficit hyperactivity disorder, also known as ADHD, is a condition that affects people's behaviour, typically in the way of showing lack of concentration, restlessness and impulsive decision making (NHS, 2021). It is commonly recognised early on in childhood as the condition continues into adulthood, although it is more common for girls to be diagnosed with the condition later on in life. This can be due to the difference in symptoms shown between the genders where boys typically appear to be physically disorganised and show erratic behaviour where girls typically mask their lack of attention which is perceived as them being confused or not interested (Skogli, et al.) Symptoms of ADHD include short attention span, dysregulated behaviour, struggling to sleep and impulsiveness (NHS, 2021). ADHD can be discussed in 3 different forms, inattentive, hyper-active impulsive and combined. Inattentive type of ADHD displays the behaviour of struggling to focus on a single thing, appears to not be listening or not receiving information accurately, and seems very disengaged. Hyperactive- impulsive type of ADHD appears in the form of extreme busy behaviour, constantly moving or fidgeting, being impatient and talking a lot, combined ADHD portrays the behaviours of both inattentive and hyperactive- impulsive (Roth and Weiss, 2021).

DIAGNOSIS

As discussed, ADHD is typically diagnosed in childhood, although there is no specific test to accurately determine if somebody has the condition, instead a trained specialist can make a judgment based on observations of that person's behaviour, mannerisms and physical evaluation. The process of diagnosing children with ADHD can be complex as it relies on observations from others to conclude the proper diagnoses. The NHS states that children need to have at least 6 symptoms of inattentiveness or hyperactivity to be given the diagnosis, this can be symptoms starting before the age of 12, lasting more than six months, effects on social skills and repetitive symptoms that cannot be excused as poor behaviour yet can be explained as the condition (NHS, 2021). Teachers and other early years practitioners can be crucial within the diagnosing process and they witness the first-hand experiences of behaviours that suggest a child has ADHD (Curran, 2020). Despite this, early years practitioners feel that over half the number of children with additional learning needs are actually misdiagnosed due to the pressure given by parents (Boyes Turner, 2017).

When diagnosing a child, this usually happens during the first years of school as the symptoms and behaviours are often picked up and brought forward by early years practitioners. It is important early years practitioners can provide early intervention for children with ADHD as often these children progress slower than a child without the condition. Children with ADHD are described as having a limited attention span particularly in the education setting and struggles to focus on a singular thing. Schools can be an overwhelming environment for children with the variety of senses like noises and colours as well as the distraction of other children which again hinders that child's ability to focus and learn. However, NASEN suggests that early identification of additional learning needs like ADHD are being missed due to the lack of communication between parents and outside agencies. Therefore, it is crucial practitioners hold good relationships with the parents and families of the children to enable early identification to implement the correct early intervention for that child (Curran, 2020).

THE BARRIERS

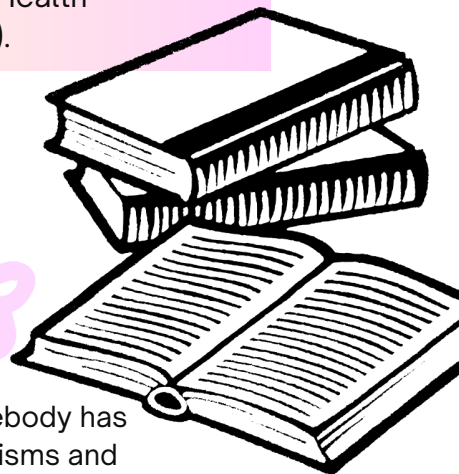
Unfortunately, due to the consequences of ADHD, children with the condition can be subject to social exclusion, prejudice and discrimination from not only their peers but their teachers too. Having an additional learning need and the stigma around these conditions ultimately increases poor mental health amongst adults and children due to the scrutiny they receive. Schools are failing to provide inclusive environments for children with disabilities and must make changes to impact positive thinking and inclusion of those with additional learning needs, of the mindsets of both the children and teachers (Armstrong, et al, 2017, p.12). A study conducted in Wales by Greenway and Edwards (2021) highlighted the demand for drastic change towards perceptions of ADHD within schools, likewise to Armstrong (et al, 2017). Both suggest that the school environment is lacking the knowledge behind to condition to effectively provide adequate education and care for these children. Greenway and Edwards (2021) state that there is an evident difference in the level of care towards children with ADHD from teachers and teaching assistants and that teaching assistants are providing the best care of their ability, despite the lack of support and knowledge from teachers and management. Ultimately, there is a need for change within the education system to change the perceptions amongst early years practitioners around additional learning needs but also provide them with the best support and resources to better the children. Whilst there are clear implications for children with ADHD from practitioners as discussed by Greenway, Edwards and Armstrong, it is Leonard and Smyth (no date) that suggest the problem is not a product of the teachers, instead the lack of knowledge and understanding around the condition itself. Early years practitioners should be offered the relevant training to prepare and equip both themselves and the classroom for purposeful learning that supports the needs of every child. Teachers feel they are disadvantaged in their role because they are not given the resources to adapt mainstream learning for the needs of children with additional learning needs.

IS THERE A STRATEGY?

LEGO therapy is a research-based approach that is being used with children with additional learning needs by encouraging them to construct and play with LEGO which in theory supports their social and communication skills. Children are provided with LEGO and asked to build while the role of the practitioner is to aid effective construction and engage in discussion while giving instruction. This strategy is particularly beneficial to children with ADHD as it enables them to use their fine motor skills which counteracts the need to fidget. Additionally, this tool builds strong relationships between adult and child which has positive impacts on that child's ability to listen, engage and express their emotions which in turn supports their learning and development (LeGoff et al, 2014). Lindsay, Counsell and Cassiani (2017) emphasise the importance of positive teacher-child relationships for the development, in correlation to Curran (2020). Positive interactions build the foundation for improved and positive learning for children ALN.

THE CAUSES

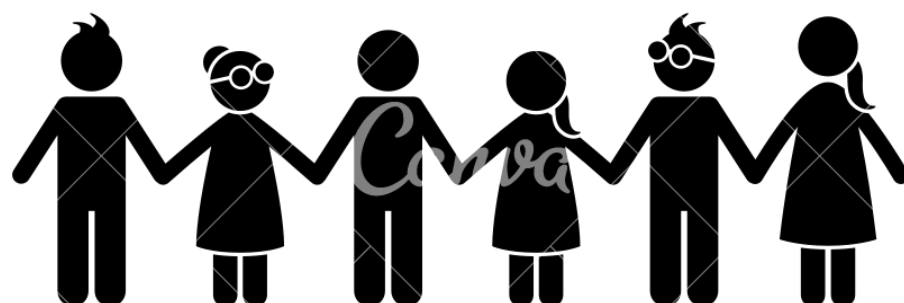
Although it is not known what is the exact causes of ADHD, there are many factors which may influence the condition, such as: premature birth, foetal developmental trauma, family genetics, childhood trauma and brain injury (World Health Organization, 2019).



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SUPPORTING CHILDREN WITH ADDITIONAL LEARNING NEEDS



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