

Inclusive practice is a way to ensure that all children are included together at a setting. Children are brought together by practitioners who are able to create a learning environment that caters for all children, an environment that gives children equal status and acceptance regardless of their needs (Villines, 2011). When considering children with behavioural difficulties such as ADHD, a common behavioural disorder that results in children presenting as over active, impulsive and inattentive, early intervention is key for these children if they are to have full access to an inclusive education (Tatlow-Golden et al., 2016). The aim of this essay therefore is to discuss the meaning of inclusive practice and what this means for children with ADHD. Arguments for and against mainstream settings to educate these children will be considered, alongside any support strategies that could be used to support children with ADHD in mainstream settings.

Parliament UK (2006) states that inclusion originates from the Warnock Report written in 1978, this introduced the idea that children with learning disabilities could receive education alongside children of their own age in mainstream settings. Following the Warnock Report came the 1981 Education Act, this gave parents new rights for their special educational needs children and it urged the inclusion of these children into mainstream settings (Winter and O'Raw, 2010). However, The Warnock Report is now dated and there are many problems associated with it. One of these is the fact that there are continuous rising numbers of children entering mainstream education with social and emotional behavioural difficulties and the education system is struggling to cope (Winter and O'Raw, 2010). In Wales, it is recognised that this system is out of date and struggling. In 2018, The Additional Learning Needs and Education Tribunal (Wales) Act 2018 came about, it allows provision for a new framework to support children with additional learning needs to be better supported. It places the child at the centre of everything and ensures that children's needs are identified and supported in an inclusive environment (Welsh Government, 2018).

According to Winter and O'Raw (2010) inclusive education is the right that children have to be educated together regardless of disability or special educational need. When inclusion is working well, practitioners can be confident that their setting is adapted and suitable to include all children regardless of their needs, this results in the children feeling part of the community at the setting (Wang, 2009). Children have

the right to be included and to feel part of the community (Thompson, No date). This supports Maslow's Hierarchy of Needs. Jones (2009) states Maslow believed that children need to have a sense of belonging, they need to feel safe and secure in their environment. Only when this is achieved will children make their way to the top of the pyramid, self-actualisation, and this is where learning takes place (Maslow, 2012). Inclusion places the onus on settings to adapt the environment to meet the needs of children, this ensures that all children are able to feel valued and part of the setting (Welsh Government, 2016). However, Department for Education and Skills (2004) states that inclusion is not just about the setting that children attend but is also about the experiences that children have. Children with ADHD often experience difficulties in their ability to participate in all aspects of life at the setting, staff need to be aware of this and put strategies in place to enable these children to fully participate (Department for Education and Skills, 2004).

Inclusion in an unsuitable environment can sometimes lead children with behavioural difficulties to become more disruptive, this can result in children being excluded from a setting (Hornby, 2011). Garrote et al. (2017) state that many studies have shown that when children with additional learning needs, particularly children with behavioural difficulties, are attending mainstream settings, they are often not accepted by their peers. Cordier et al. (2018) states that fifty percent of children with ADHD have faced peer rejection. Malmqvist and Nilholm (2016) state that settings need to be mindful that some children with ADHD could be attending a setting that cannot accommodate special pedagogy that some children need to meet their needs. According to Visser (2003) in order for inclusion to be successful, settings must ensure that all practitioners are fully engaged in the inclusion policy, children with behaviour difficulties need to have a sense of belonging and to feel valued by all, this can have an effect in reducing challenging behaviour (Visser, 2003). Although this is a dated view, it is still relevant to today's practice. Mui Lee et al. (2015) state that if practitioners are disengaged with the inclusion policy and do not hold positive attitudes towards inclusion then inclusion will not work. Children are only inspired by caring practitioners who show respect to all children (Mui Lee et al., 2015).

Research undertaken by Childerhouse (2017) found that many practitioners stated that effective inclusion was hard to achieve, they also stated that children with

behaviour difficulties were the most difficult children to accommodate. Mowat (2015) believes that practitioners do not understand the true meaning of inclusion and how effective it can be with children with behaviour difficulties such as ADHD. However, Peaston (2011) believes that practitioners in general have a good approach to inclusion but have difficulties with their abilities to provide a suitable education for children with the more challenging behaviours associated with ADHD.

As ADHD affects between three and twelve percent of school children with behavioural difficulties, early intervention and diagnosis can improve the quality of life for a child (Monden et al., 2015). Gurevitz et al. (2014) believes that early intervention could reduce some of the more challenging behaviours of ADHD, these behaviours have potential to interfere with and have serious implications on children's educational achievement (Department for Education, 2014). ADHD Foundation (2016) agrees that early intervention when ADHD is suspected is key, the sooner practitioners can support children, the greater the outcome for the child. If left untreated, ADHD can lead to many problems including low self-esteem and maintaining friendships (Thomas, 2018). Schmiedeler and Schneider (2014) state that early intervention in relation to ADHD is essential as ADHD is related with poor academic achievement. ADHD Foundation (2017) agrees, they say that early intervention and identification of children with ADHD can prevent children experiencing future problems that can escalate out of control. This view supports Department for Education and Skills (2004) belief that there are many benefits of early intervention. Early intervention can sometimes allow children a certain degree of catch up as the child's needs have been identified, the support put in place and this allows future settings to put learning strategies in place in readiness for the child (Department for Education and Skills, 2004). However, there can be barriers to early intervention, poor communication between Parents/Carers, the setting and health professionals can result in the child not receiving the interventions they need (Department for Education and Skills, 2004). Successful early intervention occurs when there is good communication between the setting and Parents/Carers (Welsh Government, 2016). The Early Years Foundation Stage (No date) agrees with this statement, they say that there has to be good communication between everyone, this includes the ability to listen and value everyone's concerns, knowing when and how to obtain specialist advice is also an

important part of the early intervention process (The Early Years Foundation Stage, No date). Although early intervention has been discussed and the advantages identified that early identification can bring, Re et al. (2015) argues that there is a lack of research carried out in regard to children under the age of six experiencing ADHD symptoms. This suggests that early intervention of ADHD is not as popular when compared with other special educational needs. However, Nelson (2015) argues that a possible reason for this is that early identification of ADHD in this age group is difficult. Inattentiveness and hyperactivity are present in many children of a certain age and as they grow this disappears, but in a small minority of children this inattentiveness and hyperactivity becomes more apparent and it does not correlate with milestones that children are expected to achieve (Nelson, 2015).

Many authors agree that children presenting with special educational needs should be included in and attend mainstream settings, however, Hornby (2011) believes that over recent years there has been a greater emphasis in mainstream schools on children's academic achievement, with this in mind, he believes that children with special educational needs simply do not have their needs met in mainstream (Hornby, 2011). Farrell (2010) shares this view and states that special educational needs children must be prioritised and have access to a curriculum that is tailored to their specific needs. He believes that mainstream practitioners lack the skill and knowledge to include children with special educational needs effectively (Farrell, 2010). However, Welsh Government (2016) state that inclusion in mainstream means that settings have to address the needs of children and adapt the environment accordingly. Gupta et al. (2014) believe that children with ADHD benefit from good quality inclusion as children need the opportunity to participate in interactions with peers of the same age, it is proven that when children have experienced this, there has been considerable improvement in their social skills. If children attend a setting that is only catered for children with behaviour difficulties such as ADHD then children do not experience those children exhibiting higher functioning positive social behaviour (Gupta et al., 2014).

Warnock believes that mainstream education is fine for children with mild learning difficulties but believes that children with behavioural issues are best educated in special settings that can meet their needs (Warnock and Norwich, 2011). Cordier et

al. (2018) shares this view, they say that children with behaviour issues such as ADHD present with difficulties with cooperative play, this directly impacts on their abilities in maintaining friendships. According to Malmqvist and Nilholm (2016) children attending mainstream settings with ADHD are expected to conform to the settings behaviour policy's, when children are struggling to conform and meet these criteria, they are often taken out and put into smaller groups tailored to meet their needs. However, if inclusion means that children are to feel socially and educationally included, one has to consider if segregating ADHD children in this way meets the demands placed on settings to comply with the inclusion policy (Malmqvist and Nilholm, 2016). Vibert (2018) states that many practitioners lack knowledge and understanding on ADHD. Many practitioners are not aware of signs and symptoms, this is worrying as ADHD is a complex condition and often the symptoms become more apparent in an education setting where practitioners have a role to play, to not only identify the condition but also adapt the environment to suit the needs of the child (Vibert, 2018). Goodman and Burton (2010) found that children with ADHD may experience negativity from practitioners within a school setting as practitioners believe that children's disruptive behaviour may impact on school test results. Syrnyk (2012) shares a similar view and says that school teachers are under a lot of pressure to reach certain targets and maintain consistent levels of progress, regardless of the needs of the children in their class (Syrnyk, 2012).

Wang (2009) believes that a child with ADHD would have an enhanced education at a special setting. Not only are special settings tailored towards their specific needs, but it is here that children would be attending classes with children who have the same needs. This not only gives them confidence and boosts their self-esteem but offers them security and specialist support (Wang, 2009). However, Cordier et al. (2018) believes that children with ADHD benefit from mainstream education, as when children are working in mixed ability groups, the children are learning from one another. This links with Bandura's Social Learning Theory, Gray and MacBlain (2015) state that Bandura believed that children observe, imitate and learn from one another. Children with ADHD would benefit as they would be observing their peers modelling positive behaviour and may imitate them. Gupta et al. (2014) shares this view and they state that when children are educated in mainstream they are able to observe positive social

behaviours that enable children to achieve age appropriate milestones that are linked to the future success of a child's school life (Gupta et al., 2014). According to Peaston (2011) mainstream education not only benefits the child with special educational needs but also benefits all children at the setting. Many children benefit from the interventions put in place for these children and when children with special educational needs are integrated successfully, this enables children to build an awareness and understanding of children who have different needs to their own, many of whom show caring qualities directed at these special educational needs children (Peaston, 2011). According to Welsh Government (2016) mainstream education is not always suitable for every child with ADHD but when practitioners receive appropriate training to use strategies and support for children with ADHD, they can be successfully integrated into mainstream education.

Peaston (2011) states how the best inclusive settings use strategies that allow children some degree of variation throughout the day, this greatly reduces the disruptive behaviour that can be seen in children with ADHD (Peaston, 2011).

According to DeCarlo et al. (2016) some difficulties faced by children with ADHD are the inability to sit still and the struggle to sit for long periods of time, to remain focused on tasks, to listen to and carry out instructions and to control their behaviour for long periods of time (NHS Choices, 2016). Inclusion does not have to mean that children with ADHD have to remain in the classroom. In order that inclusion works, a child can be taken out to a quiet room to concentrate on their work for part of a lesson (Peaston, 2011). U.S Department of Education (2008) synthesises with this, they say how the best practitioners can determine a child's strengths and weaknesses, a weakness of a child with ADHD would be their inattentiveness. Practitioners need to recognise this and in order that they help the child remain as calm as they can throughout the day, children should have access to a quiet room they can go to with a practitioner for part of the day or to complete tasks, this also helps minimise disruption within the classroom (U.S Department of Education, 2008). Within this quiet room U.S Department of Education (2008) suggests that children should have access to furniture of the right size for them, this would help the child to be less fidgety in the seat and enable them to complete any tasks. This idea correlates with the ideas of the Montessori method. EDCHAT (2012) states that Montessori believed in children only

having child sized furniture. However, Montessori would not agree with the approach of taking children to a quiet room to complete tasks, EDCHAT (2012) states how she believed that children should be free to choose what they want to do, there should be no demand on the child to remain focused and complete tasks, children can just move on to another task of their choice (EDCHAT, 2012).

Often children with ADHD have other accompanying additional learning needs that need to be taken into consideration. According to ADHD Foundation (2017) up to thirty percent of children with ADHD have anxiety disorder too. Department for Education (2014) states that problems associated with anxiety can hinder a child's ability to access education. Many children with ADHD and anxiety find getting through the day difficult if they do not know what is coming next, when children are uninformed on events throughout the day this leads to them finding it more difficult to control their ADHD symptoms (ADHD Foundation, 2017). Syson and Langton (No date) state that as anxiety is invisible, it is advisable that staff build up good relationships with children in order that they are able to predict when a child is becoming anxious, they can then step in and help the child before the anxiety develops into disruption. Department for Education (2014) says that it has been proven that to promote positive behaviour, classroom techniques on a one to one basis enables children to build coping strategies. One coping strategy that can be used is a visual timetable. Brereton and Broadbent (2007) say that children with ADHD can become anxious when they do not know what is coming next, when children are informed of all daily events this can lessen the anxiety and reduce the chances of a child losing control of the management of their ADHD. A visual timetable can be used on a daily basis to communicate what is expected from the child. Visual timetables can provide the child with structure and routine and in turn this helps to lessen the chances of the child becoming anxious as it takes away the uncertainty (The National Autistic Society, 2016). A visual timetable can be created between the adult and the child and should include features of the child's interests. Murray (2007) states that many practitioners noted that a visual timetable reduces the anxiety in children as they are prepared in advance for any activities and lessons they are to be included in. A visual timetable can be prepared in school every day for children and can then be sent home with the child, this enables parents to discuss the following day's events with their child and to minimise some of

the anxieties the child may have regarding the following day (Murray, 2007). However, The National Autistic Society (2003) suggest that practitioners need to understand that the visual timetable needs to be correct and to include all activities on the timetable as this can often cause problems in itself. Some children will stick religiously to the timetable and refuse to engage in something that is not included on their timetable (The National Autistic Society, 2003). Syson and Langton (No date) stress that visual timetables could be created with the child drawing their own symbols for the different activities, this would bring real meaning to the child and would help alleviate any confusion over the meaning of the symbol or what is expected of the child. The National Autistic Society (2016) agree, they state that a visual timetable should be personal to the child. Each child is different and what works for one child will not necessarily work for another.

To conclude, inclusive practice works well to ensure that all children regardless of their needs are fully integrated and able to access mainstream education. However, more needs to be done to ensure positive attitudes amongst practitioners towards inclusion. The new legislation coming into practice in Wales should help this. The benefits of early intervention in relation to ADHD are immense, early intervention could enable children to achieve their full academic potential. However, this relies on good communication between Parents/Carers and practitioners in order to make a difference for the outcome of the child. While there are many advantages to children with ADHD accessing mainstream education, there are also disadvantages such as managing children's behaviour in order to minimise disruption at the setting. The strategy of allowing children to go to a quiet room to complete tasks is a good idea as it allows a child to be calm for part of the day and to fully concentrate on their task. Visual timetables work well for children with ADHD, these timetables allow them to feel less anxious and children are always well informed of what is to come next. However, practitioners need to be mindful and ensure that only correct information relating to the child's day is put on the timetable.

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