

# Critically Evaluating ADHD Barriers and Structured Classroom Support within Inclusive Education

## Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition commonly characterised by inattention, impulsivity and hyperactivity which may affect educational participation and social functioning (American Psychiatric Association, 2022). Within early years and primary educational settings, young children with ADHD may experience barriers relating to concentration, behaviour regulation and peer relationships, which can negatively affect learning experiences and inclusion (DuPaul and Stoner, 2020). However, contemporary research increasingly suggests that some barriers may be intensified by inflexible classroom environments and limited practitioner understanding rather than solely by the condition itself (Wearmouth, 2021). This poster critically evaluates ADHD identification and diagnosis, explores two barriers experienced within educational settings, and analyses structured classroom environments as an inclusive strategy to support children with ADHD.

## Identification and Diagnosis of ADHD

ADHD is commonly identified through persistent patterns of inattention, impulsivity and hyperactivity which significantly affect educational and social functioning (APA, 2022). Diagnosis often involves observations from parents, teachers and health care professionals alongside behavioural assessments and developmental histories (NICE, 2019). Research suggests that early years' practitioners and primary teachers play an important role in identifying ADHD because difficulties are frequently first recognised within early years and primary classroom environments where children may struggle to sustain attention, follow instructions and regulate behaviour (Greenway and Rees Edwards, 2021). Early identification may improve access to educational support, intervention strategies and specialist services which may positively affect academic participation and emotional wellbeing (DuPaul and Stoner, 2020).

However, ADHD diagnosis remains debated within educational and medical research. Some researchers argue that behavioural expectations within schools may contribute towards over-identification, particularly for pupils who struggle within highly structured classroom environments (Wearmouth, 2021). Additionally, girls with ADHD are often underdiagnosed because symptoms may present differently through inattentiveness rather than overt hyperactivity (Young *et al.*, 2020). From a social model perspective, some behaviours associated with ADHD may become barriers primarily because educational systems often prioritise prolonged concentration, stillness and behavioural conformity (Hodkinson, 2019). This suggests that educational environments themselves may influence how ADHD behaviours are perceived within schools.

Furthermore, diagnostic labels may improve access to intervention and educational support (Sayal *et al.*, 2018). However, some researchers argue that ADHD labelling may contribute towards stigma, negative teacher perceptions and lowered academic expectations within schools (Lebowitz, 2016). Consequently, inclusive practice should adopt balanced approaches which recognise both the challenges and strengths associated with ADHD rather than focusing solely upon behavioural deficits (Wearmouth, 2021).



Figure 2. Classroom attention difficulties associated with ADHD (Source: Shutterstock, 2026).

## Barrier 1: Attention and Concentration Difficulties

Young children with ADHD commonly experience difficulties sustaining attention and concentration within early years and primary educational settings, particularly during highly structured or lengthy classroom tasks (DuPaul and Stoner, 2020). These attentional difficulties may negatively affect task completion, listening skills, organisation and academic participation (Blandford, 2017). Research suggests that young children with ADHD may become easily distracted by surrounding classroom stimuli, including noise, movement and busy learning environments, which may further affect concentration and learning outcomes (Wearmouth, 2021). Consequently, some children may struggle to remain engaged during lessons and may experience reduced academic confidence over time.

However, contemporary research increasingly argues that attentional barriers may be intensified by inflexible educational environments rather than solely on the child's diagnosis (Hodkinson, 2019). With early years and primary educational settings traditional classroom expectations often require children to sustain concentration, remain seated for extended periods and follow highly structured routines, which may disadvantage children with ADHD and restrict inclusive participation (DuPaul and Stoner 2020). Furthermore, repeated criticism relating to inattentiveness may negatively affect self-esteem and child-practitioner relationships within early years settings (Lebowitz, 2016). Therefore, inclusive early years practice should consider how learning environments can be adapted to better support attentional regulation and engagement for young children with ADHD.



Figure 1. Visual timetable within an early years classroom (Source: Pinterest, 2026).

## Barrier 2: Impulsivity, Social and Behavioural Difficulties

Young children with ADHD may also experience impulsive, hyperactive and socially challenging behaviours within early years educational settings (APA, 2022). Difficulties with emotional regulation, interrupting others and excessive movement may affect peer relationships, classroom routines and engagement within learning activities (Tannock, 2018). Research suggests that some children with ADHD may experience frustration and low self-esteem when repeatedly corrected for behaviours they may struggle to regulate independently (Young *et al.*, 2020). Consequently, negative practitioner responses and peer misunderstandings may affect children's emotional wellbeing and early educational experiences.

However, some researchers argue that behavioural difficulties associated with ADHD may become intensified within highly restrictive or overstimulating classroom environments (Wearmouth, 2021). Within early years settings, expectations surrounding prolonged sitting, limited movement and behavioural conformity may create additional pressures for young children with ADHD (Hodkinson, 2019). Therefore, supportive early years practice should consider how classroom environments and practitioner approaches may positively influence children's behaviour regulation, confidence and social development.

## Strategy: Structured Classroom Environment

Structured classroom environments may support young children with ADHD through predictable routines, reduced distractions and clear learning expectations within early years settings (DuPaul and Stoner, 2020). Strategies including visual timetables, movement breaks and chunked learning activities may improve concentration, organisation and classroom engagement (NICE, 2019). Research suggests that predictable routines may reduce anxiety and support behaviour regulation during transitions and learning activities (Mathieson, 2015). However, effective implementation often depends upon practitioner consistency, staff understanding and available resources (Hodkinson, 2019). Furthermore, not all children with ADHD respond similarly to environmental adaptations, highlighting the importance of flexible and child-centred early years practice (Young *et al.*, 2020).



Figure 4. Visual timetable support within early years practice (Source: Applied Behaviour Analysis, 2026).

## Conclusion

Overall, young children with ADHD may experience barriers relating to concentration, behaviour regulation and classroom engagement within early years educational settings. Structured classroom environments may positively support learning and emotional wellbeing; however effective support requires flexible, child-centred and well-informed early years practice. Early intervention may further support positive long-term educational and social outcomes for children.



Figure 3. Calm corner within an early years education setting (Source: Progressive Pediatric Therapy, 2024).