

Introduction

According to Dauncey (2016) the Education Act 1996 states a child that is experiencing difficulties while learning usually:

- find learning considerably more difficult than many children in the same age group;
- suffer from a disability that either makes it impossible for them to access educational resources of the sort that are typically available to children of similar ages in local authority-run schools;

Welsh Government (2020) believe children with additional learning needs require more assistance in their education. This may be due to the fact that they struggle more than other children their age with education, or that they have disabilities that make it difficult for them to use the learning resources available at nursery, school, secondary school or college.

Attention Deficit Hyperactivity Disorder (ADHD)

Identifying and Diagnosing ADHD

Crowley (2014) states how attention deficit hyperactivity disorder (ADHD) is characterised by delays in the brain regions in charge of controlling behaviour, therefore it is known as a neurodevelopment disorder. In young children, possibly one of the most significant long-term mental health issues is ADHD. It is thought to impact between 3 and 7% of children overall (Dalsgaard, Nielsen and Simonsen, 2014). According to Macintyre (2014) Children who suffer from such problems as ADHD discover that the three main obstacles that restrict learning block their potential. The main examples of these are:

- Inattention;
- Impulsivity;
- Hyperactivity;

Approximately 5% of children in school globally are affected by this condition. About 60% of young adults experience symptoms that last into adulthood (Chen, Song and Li, 2019). According to Tucha and Fuermaier (2021) prior to this, it was thought that ADHD existed as an condition that disappeared as people aged. Based on the findings of observational and further research, about one-third of children diagnosed with ADHD go on to develop the condition all through life.

Conclusion

In summary, it is evident that many children have ADHD, which is a neurodevelopmental condition, although the way they act is often misunderstood as being mischievous and restless. Identifying children with ADHD can be challenging because it is associated with behavioural problems, but these children have a cause behind their disruptive behaviour (Macintyre, 2014). Teachers may not know how to recognise ADHD in their students, which can lead to misinterpretations and inadequate support for the child which then can lead to the child not reaching their full potential.

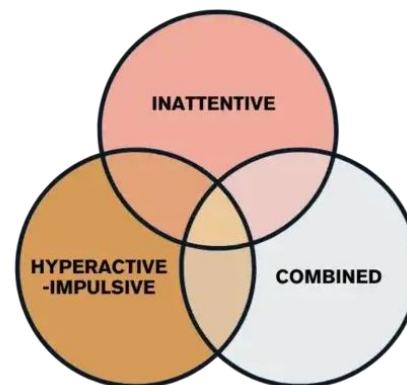
Barriers for ADHD

Medication

Charach and Fernandez (2013) emphasis that a secure and efficient medicine is the main treatment for the fundamental signs of ADHD. Compared to male children, female children experiencing ADHD are usually administered less medication for the disease. However, in adult individuals with ADHD, this difference is decreasing and rates of prescriptions are starting to resemble those of children (Kok, Groen, Anselm, Fuermaier and Tucha, 2020).

Lack of Teacher Knowledge

Topkin and Roman (2015) explain how educators are a valuable source of information. They also play a critical role in creating an environment that supports the academic, social, and emotional development of children experiencing ADHD. Teachers must complete thorough training that is directly relevant to the symptoms and signs of ADHD in order to implement customised teaching strategies (Guerra *et al*, 2017).



Launch Centers (2023)

Support Strategies for ADHD

It is mentioned by Choudhury (2021) that enhancing advanced cognitive skills, especially memory, is a critical starting point in helping children with ADHD. There is evidence that concentration exercises may be beneficial in this regard. Practicing mindfulness is an additional effective way for improving focus. Focus and concentration are the most important components of mindfulness exercises.

Modesto *et al.* (2015) explains how additionally, it might be a useful addition to traditional ADHD treatments, assisting those with ongoing ADHD symptoms in decreasing their weaknesses.

ADHD

Introduction

Good evening my name is Rhiannon Williams and today I will be providing a brief description on what Additional Learning Needs is but mainly focusing on attention deficit hyperactivity disorder which is also known as ADHD including identifying ADHD, barriers and challenges of ADHD and support strategies for ADHD. According to Dewis Wales (2023) children and young people with physical or sensory needs that interfere with their ability to learn are referred to as having additional learning needs (ALN) as stated by legal definitions. The Education Act 1996, as mentioned by Dauncey (2016) specifies that a child who is having trouble learning will typically find learning significantly more difficult than many other children of similar ages. Similarly, children with additional learning needs require support in their education, agreed by Welsh Government (2020).

Furthermore, a new legislative framework for assisting children and young people who have additional learning needs (ALN) has been established by the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (Welsh Government, 2018). The Additional Learning Needs Code, which is the basis of the Additional Learning Needs and Education Tribunal (Wales) Act 2018, establishes the legal framework in Wales for addressing children and young individuals with additional learning needs. The goal of the Additional Learning Needs Code is to guarantee that the additional learning needs of children and young individuals are recognised earlier on and immediately met, allowing them to reach their maximum potential (Welsh Government, 2021). It is important to remember, in accordance to article 23 of the UNCRC a child who is disabled has a legal entitlement to a life that is fair and respectable, and one that promotes independence and allows them to participate fully in society (Unicef, 2019).

Identifying and Diagnosing

Firstly, to be discussed is identifying and diagnosing ADHD. Individuals with attention deficit hyperactivity disorder, also known as ADHD, are known to develop behavioural issues. Individuals with ADHD may behave impulsively, become restless and have difficulty focusing (NHS, 2021).

ADHD, also referred to as a neurodevelopment disease, is marked by abnormalities in the brain structures responsible for managing behaviour, according to Crowley (2014). Similarly, Drechsler *et al.* (2020) defines ADHD as a neurodevelopmental disorder. The medical category is predicted on behavioural symptoms that are seen in a child or young adult. However, Quinn and Lynch (2016) tell us that international professionals and communities agree that, according to scientific evidence, ADHD is a genuine neurodevelopmental condition. Although numerous people have questioned if ADHD is actually real.

Education and everyday life are both impacted by ADHD in children. The three primary characteristics are:

- inattention, which is the inability to maintain concentration,
- Hyperactivity: extreme fidgeting, tapping, or speaking; excessive activity that is inappropriate for the situation,
- impulsivity, which is the tendency to act impulsively and in a manner that could be potentially harmful.
- WHO (2019)

Greenway and Rees Edwards (no date) state when children show six or more signs of hyperactivity-impulsivity and inattention until reaching the age of twelve for at least six months in two or more environments such as home and school or nursery, a diagnosis is established.

Furthermore, Macintyre (2014) argues children with ADHD are not simply misbehaving; there is a medical and psychological reason for this, but they frequently do not receive the help and understanding they require immediately. Children with ADHD are frequently punished for not following rules because they are perceived as disruptive students in the learning environment. They consequently fail to love learning or reach their full potential in the classroom.

Quinn and Madhoo (2014) tell us ADHD is underdiagnosed and undertreated in this population due to several factors, including differences in ADHD diagnoses across the genders, discrimination in treatment referrals, and lower medication use in female patients. Similarly, it is mentioned by Sayal et al. (2017) that in most countries, ADHD continues to be mostly underdiagnosed and underrecognized, specifically among older children and girls. ADHD frequently lasts through to adulthood and is linked to a number of other mental health conditions as well as negative consequences, such as poor academic performance, trouble in working environments and with interactions. Additionally, Tucha and Fuermaier (2021) state it was previously believed that ADHD is a disorder that fades away as a person matures and is not present in adults. According to the results of epidemiologic and continuation research, approximately one-third of children with ADHD diagnoses continue to have the disorder throughout adulthood.

Barriers

Next to be discussed is the barriers for children with ADHD. One barrier associated with ADHD is the use of medication. As mentioned by Charach and Fernandez (2013) the primary treatment for the key symptoms of attention deficit hyperactivity disorder is a safe and successful medication. Additionally, Russell, Ford, and Russell (2019) mention it is possible that males are more likely to receive medication for ADHD because teachers perceive them as having behavioural issues, which makes them less cooperative in the learning environment. However, most adults might be concerned about stopping their medicine if the intended advantages are not fulfilled or if negative effects are occurring more frequently or intensely and are exceeding the potential advantages (MPhil and Aslani, 2020).

Another barrier for children with ADHD is the lack of knowledge from teachers. Topkin and Roman (2015) explain in terms of referral and disorder diagnosis, teachers are a crucial resource for information. Additionally, they are crucial in establishing an atmosphere that helps children with ADHD succeed academically, socially, and emotionally. However, it is common knowledge that educators feel unprepared to deal with difficulties such as ADHD. One of the main causes of teacher turnover is a lack of preparation for classroom management, particularly

with regard to children who have mental health issues (Poznanski, Hart and Cramer, 2018). Therefore, in order to apply targeted teaching methods, teachers need to attend comprehensive training specifically relevant to the indications and symptoms of ADHD (Guerra *et al*, 2017).

Attention enhancement strategies

Finally, to be discussed is support strategies for ADHD. The first crucial step in treating children with attention deficit hyperactivity disorder is to improve advanced cognitive skills, particularly memory, since evidence suggests that attention exercises may be quite helpful.

Sharon: Can you give us an example of what you mean by attention strategy?

Of course, one example of an attention strategy is mindfulness. Developing mindfulness is another advanced method to improve attention. It all comes down to focus and attention when doing mindfulness exercises. Cognitive control skills are said to be enhanced by doing this (Choudhury, 2021).

According to the ADHD Foundation (2022) to support and get people to concentrate on attention, teachers and professionals should:

- At the start of the class, provide the students with a brief summary of the material.
- Try to incorporate a range of exercises throughout the class.
- Divide everything up into manageable portions.
- Sometimes listening to background music or using a headset with no vocals can be beneficial.
- Lower the standards for written work and capture information in diverse ways.
- Examine the worksheet to evaluate designs.
- Display no more than a single task per page.

- Keep clear of pointless images or visual stimulants.
- Offer substitute settings for examinations and assessments.

Modesto et al. (2015) mentions how the Eastern meditation techniques that provided the development of mindfulness training may enhance attentional self-regulation. It could also serve as an effective way to supplement conventional ADHD therapies and a way to help people with persistent ADHD symptoms decrease their deficits. However, before suggestions are offered for children and young people with ADHD and their parents, more carefully thought-out research is required to determine the effectiveness of meditation-based therapies, including widely used techniques like mindfulness (Evans, Ling, Hill, Rinehart, Austin and Sciberras, 2017).

As stated by Meppelink et al. (2016) there is growing evidence that mindfulness training can be beneficial for treating ADHD in children and young people. The usefulness of training in mindfulness in psychiatry for children and young people is a relatively new field of study, despite the well-established benefits of this practice in adult psychiatry. Although leading practicing organisations prioritise medicine, Becker (2019) believes an analysis of young people treatment reveals that behavioural therapies may be more beneficial than medication at improving ADHD deficits for young people. However, Cairncross and Miller (2016) state that it has been demonstrated that mindfulness-based therapies are effective in treating psychiatric diseases that have an internal focus such as depression, moreover, it is currently unknown, if mindfulness-based therapies help people with externalising disorders, including ADHD, function better and experience symptom relief.

Conclusion

In conclusion to this, it is clear to say that ADHD is a neurodevelopmental disorder that many children develop but their behaviour is often overseen as disruptive and misbehaving. ADHD is becoming more recognised in specific countries; however, evidence has shown us that it can often be underdiagnosed and underrecognized. Research has told us that identifying children with ADHD may be difficult to do as it is linked to

behavioural issues, however, the children who are struggling with ADHD are not just misbehaving (Macintyre, 2014), teachers lack the knowledge of identifying ADHD and results the child in being misunderstood and potentially not receiving correct support.

If there are any questions about this discussion today, please ask, thank you.

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