

Children with additional support needs: Inclusion, advocacy and equity Portfolio.

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Module code: EAEE6002/C

A) With reference to children's rights, explain, in depth, the importance of early intervention for a child with your chosen ALN.

An individual has ALN if he or she has a learning difficulty or disability which calls for additional learning provision (Gov.Wales, 2019).

When planning provision to support children with ADHD is it important to protect their rights along the way. All children deserve the best start in life, and this is supported by the United convention on the rights of the child Article 6 where governments must do all they can to ensure that children survive and develop to their full potential (Unicef, 2017).

Attention Deficit Hyperactivity Disorder (ADHD) is a condition where an individual has abnormally higher than average levels of inattention, hyperactivity and/or impulsivity as core symptoms. ADHD is one type of additional learning need that children may need diagnosis with.

ADHD is now acknowledged to affect individuals across their lifespan (Barkley et al. 2004) and of course not all children will show all of the same signs, and the severity of each will vary from child to child.

Under the Equality Act (2010) individuals with ADHD are considered as disabled. The Equality Act 2010 defines a disability as 'a physical or mental impairment that has a substantial and long term adverse effect on a person's ability to carry out day to day duties' (ADDISS, 2012). The Equality Act (2010) is the UK law that is in place to prevent any unfair treatment and promote equal opportunities for individuals with disabilities.

There is much research available that provides evidence of the success of early intervention and its importance for individuals with ADHD, and the benefits that early recognition and diagnosis have for children and young people with suspected ADHD. Researchers McGoe, Kara E., Eckert, Tanya L. and DuPaul, George J. argue that children with ADHD are often portrayed as having problematic behaviour and without early intervention in school and at home, many of the behavioural symptoms continue to appear and often escalate through primary school as children get older and more demands are made on them (Journal of Emotional and Behavioural Disorders, 2002).

Dupaul, G. J., & Kern, L. (2011) highlight the importance of early identification of ADHD and putting intervention into action. They highlight the importance of the home based element of intervention as most referrals for ADHD come from primary care physicians and parents, therefore initial treatment strategies will be implemented at home. The importance of implementing strategies at home is a great benefit to children with ADHD as the helpguide.org (2020) states that all parents and the home environment have a significant impact on their children's treatment. The

helpguide.org (2020) states that at home parents can ensure that children are getting a healthy diet, plenty of exercise, and support individuals to make sensible choices that help manage ADHD symptoms. This also means that support for individuals can begin immediately, at home. This is supported by Urie Bronfenbrenner's Ecological systems model. As Bronfenbrenner believed that it was important to view children's development and learning through different environments, and suggested that each of these environments impact children's development differently meaning that the environments with the most intimate relationships to the child, for example their family, school and educational settings, peers, neighbour and local communities has the greatest impact, therefore, intervention and strategies from these most intimate relationships is crucial (Gray and MacBlain, 2015). Although this is a strategy that is used, Parents are never alone in supporting individuals with ADHD as often, the approach of early intervention for children with adhd are combined to give a wider package of support. Within a combined approach in addition to parents or carers are usually GP's, Primary care practitioners which may be physicians assistant or a nurse practitioner and are central to the diagnosis and treatment for children. Before a diagnosis is given primary care professionals can offer advice and support to children with suspected ADHD and their families. This can be information that can aid parents with many parent training programs available, dietary advice, psychological interventions or it could be that getting a specialist assessment may be the best option.

The benefits of all these elements combined can bring about a sense of relief for parents and carers. According to Gov.wales (2018) the aim of early intervention is to improve outcomes for individuals. The planning, implementing and delivering of early intervention and access to the appropriate services and specialist help for ADHD can prevent problems escalating. Often, the approach of early intervention for children with adhd are combined to give a wider package of support. Within a combined approach in addition to parents or carers are usually GP's, Primary care practitioners which may be physicians assistant or a nurse practitioner and are central to the diagnosis and treatment for children. Before a diagnosis is given primary care professionals can offer advice and support to children with suspected ADHD and their families. This can be information to support parents with many parent training programs available, dietary advice, psychological interventions or it could be that getting a specialist assessment may be the best option.

Approaches for children at risk or with suspected ADHD need to be tailored to each child based on their needs, circumstances and their specific educational setting.

Gov. Wales (2018) believe that a co-ordinated approach has a number of advantages as it allows primary care services to ensure that they are giving children and their families the best level of care and support. According to ADDISS (2012) the pursuit of success for individuals with ADHD and co-ordinated and multi agency approaches is that they are only as good as their weakest link, and in order to be successful all the links need to be strong as failure in one link will cause any strategy to fail.

An article written by Carol Coffey (2013) explains the realities of labelling a child with a development delay. In her article Carol Coffey highlights that having a child that is diagnosed with a developmental delay is a life changing matter for both children and their families, and that they each need to come to terms with a new reality. In her article, she mentions how having a diagnosis can catapult families into an unknown, it can be a scary world when they receive a diagnosis and there are no services available for some time or Lengthy waiting lists. Parents and carers are then left to learn about the diagnosis from research and realise Early Intervention is the key, and the hope every child needs to give them a chance to progress and thrive, however, many children have to wait months or years for early intervention and have access to the appropriate services for diagnosis and treatment (Thejournal.ie, 2013).

An article written by the Guardian, (2018) highlights the issues of waiting times for children with suspected ADHD to get a diagnosis in the UK. The article mentions that depending on where children live in the UK, there can be a waiting time of up to Two years to be seen by local mental health services. As ADHD is a recognised health condition (understood.org, no date) therefore needs the correct specialist support so that both the children and their families can have positive outcomes.

The same article states that children living in some parts of the UK could be seen within a month whereas those in other parts of the UK are kept waiting for up to Two years, despite the Care Quality Commissions (2017) guide to waiting times for community child and adolescent mental health services stating, that under the NHS constitution, no patient should wait more than 18 weeks for any treatment.

According to a Quality improvement report by Roughan L A, Stafford J (2019) Nationally, CAMHS have been criticized for long waiting times. The care quality commission (2017) guide highlighted the issue of children in England having to wait up to 18 months for initial assessment. Findings by a recent report from Young minds (2018) found that in 2017-2018 only 30% of children were seen for initial assessment within 4 weeks of referral with the remaining 70% waiting 18 weeks to over a year for initial assessment in CAMHS. In a bid to overcome these issues and work towards reducing waiting times in ADHD pathways (Mind, 2018).

B) Critically analyse One or Two barriers the child with your chosen ALN may experience. Consider the impact the barriers may have on the child.

According to UNICEF (2013) participation is 'an ongoing process of children's expression and active involvement in decision-making at different levels in matters that concern them, requiring dialogue between children, mutual respect, and requiring that full consideration of their views be given, depending on the child's age and maturity' (Take Us Seriously, 2013). In education, children with ADHD there can be many barriers that restrict involvement and participation for learners. All learners with diagnosed ADHD will have different requirements,

this being short term or longer term requirements that are essential for individuals in order to enable them to take part and positively engage in their learning (European-agency.org, 2021), and the level of participation of learners with ADHD can be affected negatively and can create many barriers that can be challenging for individuals.

Having your child diagnosed with a developmental or learning disability is a life-changing decision for parents. But when this happens, some parents feel overwhelmed and have a desire to know exactly what is going on with their child, and will then enter into a lengthy and stressful assessment process. Diagnosis of ADHD can be difficult as the main symptoms differ from person to person and are often linked to other problems. Alongside antisocial behaviour there can be mental health issues which can make diagnosis difficult (Rashit, A. Llanawaren, N. & Lehman, R. (2018).

Usually, the first port of call to gain a diagnosis of ADHD in the United Kingdom is through General Practitioners, and after initial identification will then refer on to secondary specialist care services, such as child mental health services like CAMHS. This is where individuals can get an assessment, diagnosis and access to treatment if needed. It is often the responsibility of the GP's to manage prescriptions if the treatment of medication is decided (French, B., Perez Vallejos, E., Sayal, K. et al. 2020). As all children will have barriers to overcome throughout their journey and an article by French, B., Sayal, K., & Daley, D. (2018) states that children with suspected ADHD seek initial help from primary care practitioners who are responsible for referral to other professionals and services for the diagnosis and treatment of ADHD (European Child Adolesc Psychiatry 2018). However, studies have shown that many barriers are present and exist in primary care, with specific reference to GP's lack of knowledge and lack of resources in the UK. Having these barriers present for children and families experiencing symptoms of ADHD can affect diagnosis rates (Primary Health Care Research & Development UK, 2006).

Within this article

According to one research study carried out by the Primary Health Care Research & Development UK (2006), there is a need for adequate training for GP's and professionals. The study explores GP's understanding of ADHD and their views of its management in order to provide appropriate management in initial assessment and primary care. The study concluded that GPs felt uncomfortable initiating the prescribing of medication and stressed the importance of ongoing specialist involvement in the management of ADHD, and that this was down to the feeling of inadequacy in terms of the training that GPs had received. Unfortunately, a diagnosis of ADHD often comes with its own challenges and barriers, and as expected that children with ADHD have more difficulty with peer relationships (Sheri S, Jaak P, 2012). As many are aware, there is a risk of children with additional learning needs being rejected by their peers and classmates (Garrote et al, 2017) particularly in younger children who do not have the emotional maturity to consider other children's feelings.

During the last decade, there have been many studies investigating the impact of stigma and discriminating behaviour on mental health of individuals at risk of, or already diagnosed with a mental health disorder increased considerably (Brohan et al. 2010). Corrigan and Calabrese (2010) state that the label of a mental health disorder increases an individual's

risk of being set apart from society and can become a victim of stigma. For children and young people with a diagnosis of ADHD can consequently be labeled because of this, and as a result of this may result in self-stigma as described by Fabrega (1990) is an individual's internalization of a "new dreaded identity" that has negative impact on the individuals social behaviours. According to Fabrega (1990) the likely consequence of having stigma attached to an individual is the loss of social status. Eventhough ADHD stigmatization causes social problems and discrimination, according to Sherman, C (no, date) the greatest harm often comes from self-stigmatization, this is when individuals with adhd internalize negative stereotypes. In an article by Sherman, C (no,date) the stigma can have a major impact on children and young people's motivation, and they may give up trying to be successful. However, the flip side of self-stigmatization is denial. Individuals consider the stereotypes of ADHD and think that it is not them, as they want nothing to do with a shameful identity. For children and young people it is important that parents, carers and guardians make sure that they explain what ADHD is and that individuals understand what it means. Parents need to make sure that schools understand that ADHD is a genuine disorder and that they may legally be obliged to provide additional support.

Consideration to the legal and ethical aspects of delivering services to children with ADHD can assist practitioners in supporting individuals with ADHD to gain a positive outlook and create awareness of Attention Deficit Hyperactivity Disorder with will in turn result in a higher general understanding of the disorder and lead to more positive educational learning environments for learners. The UNCRC states in article 23 that all children with a disability have the right to live a full and decent life with dignity and independence and to play an active role in the community. Government must do all they can to support disabled children and their families (Unicef, no date).

C) Critically evaluate one example of how a child with your chosen ALN is supported in an early years setting.

Children with ADHD can often have problems with their behaviour at school, and this can have a negative effect on a child's academic development and progress (NHS.UK, 2018). Parents should talk to practitioners and teachers about any extra support a child may need. Article 6 of the UNCRC states that the government must do all they can to ensure that children survive and develop to their full potential (Unicef, 2017).

The Additional Learning Needs and Education Tribunal (Wales) Act 2018 replaces the two separate systems for supporting children and young people that have an Additional Learning Need of compulsory school age 3-16 and 16-25 years with a new single support system for all children and young people aged 0-25 years (Gov.Wales, 2018). And from September 2020 every child and young person with an Additional Learning Need will now have an Individual Development Plan instead of an Individual Education Plan (IEP) this plan will continue with the child or young person until they reach 25 years (Welsh Government, 2020). Included in the Individual Learning Plan is a description of their Additional Learning Need (ALN) as well as any Additional Learning Provisions that their Additional Learning Need calls

for (Welsh Government, 2020). The Additional Learning Needs and Education Tribunal (Wales) Act 2018 also encourages the views of children and young people and their families to be considered when drawing up an IDP which means that they will be fully involved with all plans and specific learning provisions that need to be put into place (Welsh Government 2020) as stated under article 23 of the UNCRC (UNCRC, 2017).

These plans will set out the support that learners have a legal right to receive, All reasonable steps must be taken to provide the support and provision and if necessary through the medium of welsh. All agencies involved in supporting the learner will work in partnership, the process is intended to be much simpler than the IEP and as mentioned previously all learners, parents and carers will all be involved in the making of their plans. This should prevent disagreements from arising but when they do the new system will make sure that they are resolved quickly. All children with ALN will be able to challenge decisions with the same rights of appeal if they do not agree with decisions that are made. To make sure everyone that is involved understands the new legal process the Welsh government has published a code for the new ALN system which must be followed (Gov.Wales, 2021). IDP's were designed to be a flexible and adaptable document that will vary in content and complexity depending on the need of the child. According to Lancashire grid for learning (2021) IDP's will support pupils with ADHD by improving outcomes for all learners by supporting schools and settings to develop more inclusive practices.

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