Attention deficit hyperactivity Disorder

ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a neuro developmental condition that causes delays in specific parts of the brain that is responsible for regulatory behaviours (Parker,2005 and Crowley, 2014). Children affected by this Additional learning need have problems with regulating their behaviour (Parker, 2005)

Identification and diagnoses

A disability is a condition that needs to be identified, diagnosed and treated (Toro et al, 2020). ADHD is known as a common type of psychiatric disorder, children with ADHD tend to show characteristics such as having problems with impulsivity, hyperactivity, executive function and attention span (Parker, 2005). Mohr-Jensen *et al* (2019) states that Inattention symptoms consist of children being easily distracted, Symptoms of hyperactivity include issues with sitting still and Impulsivity results in children interrupting other individuals.

Greenway and Rees Edwards (2020) state that early year's practitioners work closely with children every day and are likely to be the first to identify traits of ADHD behaviours. Parker (2005) agrees with this and believes that early year's workers are known to have first-hand experiences of the challenges children with ADHD face on a day-to-day basis. However, Curran (2020) argues that there is a concern that identification and diagnoses can take longer in early years settings where children only attend part time resulting in missed opportunities for early intervention strategies.

Research has shown that educators in early years do little to educate other children on Additional learning needs, teachers need support in developing strategies to promote inclusion for all (Armstrong *et al*, 2017). Early years educators that have been in the role for a lengthy period of time sometimes miss out on newer training on things like identifying Additional learning needs and ADHD (Greenway and Rees Edwards, 2020). Inconsistencies in practice regarding knowledge and understanding towards ADHD can negatively impact on the child's overall development. (Curran *et al,* 2018).

Barriers

Children with disabilities are more likely to experience discrimination and prejudice due to stigma and lack of awareness, this can lead to individuals feeling lonely and isolated (Armstrong *et al*, 2017). Guevera (2021) believes that the medical model towards disabilities is based on the belief that a disability is a tragedy and focusses on the issue with the individual, this model results in stereotypes and stigmas being formed due to the perception that a person with a disability is damaged and needs to be fixed. This model limits the values of individuals experiencing ALN (Guevera, 2021).

Practitioners' knowledge and attitudes towards ADHD are important when decision making on interventions for the child (Blotnicky-Gallant *et al*, 2015). children that access education should have their basic rights met, schools should accommodate all children and ensure children with disabilities have the same rights and be treated equally (Centre for Studies on Inclusive Education, 2018 and the United Nations, no date). United Nations (no date) states that Disabled individuals have a right to an education and should not be excluded from any part of their education. However, Barkley (2018), Nguyen & Hinshaw (2020) and Greenway and Rees Edwards (2021) discuss the stigmas and lack of understanding that early year's workers have and believe that teachers often view children with ADHD as the most challenging pupils in their class and this results in exclusion and low performance levels.

When practitioners show a lack of understanding, Labelling children as ADHD can lead to stigmatisation due to practitioners believing that children use their diagnoses as an excuse when refusing to engage with activities in class, this creates a barrier to build meaningful relationships and positive experiences for the child (Gwernan-Jones *et al*, 2016). Consequently, a lack of knowledge towards ADHD risks the chances of identifying the traits that go alongside ADHD leading to long term negative impacts on the child (Mulholland, Cumming, & Jung, 2015).

Strategies

A one to one's job is to understand and advocate the needs of the child they care for and adapt and implement strategies to raise children's self-esteem, independence and social inclusion (Cockroft & Atkinson, 2015, Moore *et al*, 2017) Greenway and Rees Edwards (2021) mention that one to one support in the early years understand the importance of building relationships, communicating and being patient with children experiencing ADHD, teaching assistants acknowledge that children with ADHD have different needs to other individuals. However, Greenway and Rees Edwards (2021) argue that children who access one to one support can sometimes face barriers such as exclusion to their surroundings and lack independence due to relying on the one to one regularly.

Blatchford and Russell (2020) believe that teachers struggle to provide support to the unique child, A strategy to improve this is one to one support with individual children that experience ADHD. In order for this to work effectively, teaching assistants need to show a sufficient level of knowledge on additional learning needs and the interventions in place to scaffold the unique child's learning (Cockroft and Atkinson, 2015). However, Unison Cymru (2019), Greenway and Rees Edwards (2020) and Groom (2006) states that although teaching assistants spend a significant amount of time working one to one with children experiencing ADHD, they are usually not offered inductions or training resulting in one to ones only having adequate knowledge on how to effectively support the unique child. Knowledge below excellent when considering ADHD, results in the wrong implementation of interventions (Cockroft and Atkinson 2015).

Source: Freepik (2023)

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