

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that can impact a child's inattentiveness, hyperactivity, and inattention (NHS, 2018). These can be displayed individually or as a combination of symptoms that ultimately affects the child's ability to sit still, listen, finish tasks, and fully concentrate, among other things (ADHD Foundation, 2017). These difficulties can reduce the overall attainment in education, social development, and result in poorer outcomes in employment (Daley and Birchwood, 2010). ADHD comes under the umbrella term of Specific Learning Difficulties (SpLD) (Welsh Government, 2015) and is often associated with having other medical conditions, known as co-morbidity (Masi and Gignac, 2015).

ADHD can be treated with medication, however when researching alternative options to reduce the symptoms of ADHD, physical activity was said to have similar effects. Physical activity releases excess energy whilst also increasing the dopamine levels, in turn, maximising the levels of concentration (Siegel and Bryson, 2012). Although this is beneficial, it is also recognised that exercise cannot be used as a standalone alternative to medication (Lara, 2018). Rees (2019) reports that children who partake in sports that increase their confidence, while teaching them discipline, can use what they learn in an education setting.

According to the UNCRC treaty, signed and ratified by the UK in 1992, all children have the right to an Education (Article 28) which encourages and appreciates individuality and different abilities (Article 29) (UNICEF, no date), including children with disabilities, whether physical or mental (Article 23). However, not every child has an equitable experience when progressing through their learning journey (Price, 2018) which in turn can cause indirect discrimination, which is a violation of Article 2 (UNICEF, no date). Children should be asked to participate by giving feedback about their own experiences, especially when determining the best practice for them, this should be paramount when considering it is their right to have an input in decisions that have an effect on their lives (Article 12) (UNICEF, no date).

The Equality Act (2010) ensures that children over the age of six, who are unable to carry out 'normal day to day activities' in accordance with their peers are protected under the Act, however, to enhance the protection and support for children within the education system, The Additional Learning Needs and Education Tribunal (Wales) Act (2018) was introduced. This Act provides further provision for each child and young person (up to the age of twenty-five) with ALN and offers a unified plan, known as an IDP, and encourages the chance to participate in the process, which coincides with UNCRC Article 12.

When creating an Individual Development Plan (IDP) or planning provision for a child with ADHD or any ALN, it is possible that there would be a requirement for input from other professionals, which could include educational psychologists, speech and language therapists, social services as well as the main caregivers (Welsh Government, 2019b). Known as multi-agency working, each department involved

would have a certain role in determining action necessary (Children's Workforce Development Council, 2008), which although is in the best interest of the child, could ultimately cause a delay in the efficiency in which the child properly supported (Atkinson, Jones and Lamont, 2007). Another factor that could impact a child's support is if there is a disagreement between the school and the child or main caregiver, as although there is legislation and policy to assist a child's learning journey, if a child or their caregiver refuses the support, they could request a reassessment, adding delay to support necessary. Caregivers may not want their child to be labelled or being subjected to stigma and therefore postpone diagnosis (NICE, 2019). On the other hand, there may be caregivers that push for diagnosis in order to gain attention, so their child's bad behaviour is justified or to benefit financially (Goldberg, 2011).

Research suggests that the relationship between children with ADHD and their parents or caregivers are more strained than that with children without, this is mainly due to the behavioural issues and hyperactivity of the child and the fact that parents feel as though they are failing (Theule, Cheung and Aberdeen, 2018). However, it is not only at home that caregivers of children with ADHD feel the additional stress, as research also suggests that caregivers feel that they are frowned upon by society as a whole. This is mainly due to a general attitude that children with ADHD is as a result of bad parenting, rather than a neurodevelopmental disorder (Modesto-Lowe, Danforth and Brooks, 2008). The current pandemic is another pressure that a caregiver faces whilst home-schooling, especially if the child is yet to be diagnosed, as the pandemic has caused further delays, resulting in longer periods without support or medication (McGrath, 2020).

While techniques used from caregivers may not be the actual cause of ADHD, it can exasperate the behavioural symptoms, which can also be affected by socioeconomic status, diet and sleep pattern (Thapar, Cooper, Eyre and Langley, 2012). Children who suffer trauma or adverse childhood experiences (ACEs) are also more likely to display symptoms of ADHD and be less equipped to manage the condition due to lower self-esteem and lack of emotional clarity (Crouch, Radcliff, Bennett, Brown and Hung, 2021).

In 2015, Mark Drakeford (on behalf of the Welsh Government), pledged millions to improve outcomes for children with Mental Health conditions, including ADHD. The Together for Children and Young People (T4CYP) Framework (2015) was introduced to increase support and raise awareness of mental health conditions and neurodevelopmental disorders. To improve inclusivity and provide an outline for multiagency working, the Framework detailed important aspects that needed to be addressed, along with detailing support from Child and Adolescent Mental Health Services (CAMHS). Although these additional funds were pledged, the sheer number of children that were waiting diagnosis or ongoing help meant that this still wasn't enough, which is not only the case for children with ADHD but ALN in general, the lack

of funding plays a big part in securing the necessary resources to fully support the children that need it within a school setting (Busby, 2016).

The 'Support for Children and Young People with Attention Deficit Hyperactivity Disorder (ADHD) in Educational Settings' document (Welsh Government, 2019a) highlights various strategies that not only help children with ADHD, but also have a positive effect on the entire class. Whilst these are inclusive practices, it is important to highlight that not all children respond to every activity in the same way, this could be change due to their individual needs or academic ability (Estyn, 2020). Daley and Birchwood (2010) suggest that children with ADHD will react to each strategy differently based on a number of circumstances, including the severity of their diagnosis, which ultimately impacts their overall attainment. Whilst these approaches are more inclusive than traditional teaching styles of the past, Peaston (2011) indicates that regardless of teaching practices, without a positive attitude, the strategies will not be fully effective.

It is not only classroom strategies that need to be described and monitored, but also a consideration of the punishments that are dealt (ADHD Foundation, 2017). If there are consistencies with children who have no diagnosis, educational staff need to be confident enough to recognise the signs that there may be more to just bad behaviour. Professor Amanda Kirby (cited in Owen, 2019) suggests that children who are regularly excluded should be automatically screened for ADHD as this could be a sign that there is an underlying condition.

The new Welsh Curriculum is based on a more holistic approach (Welsh Government 2020), which encourages creativity and inspires children to learn in a more rounded way and because of this, the curriculum seems more inclusive of children who may have additional learning needs (Donaldson, 2015). The 'Successful Futures' vision is to focus on what each child can do, rather than the difficulties they face, all whilst ensuring their wellbeing remains a priority (Power, Newton and Taylor, 2020). The new curriculum recognises the failures of the Education Act (2011) and paves the way towards the social model, reducing the barriers to education that some children face (Welsh Government, 2020).

Although there is legislation, policy, and best practice guides for children with ADHD, it seems that educational staff are not always trained or supported when actually working within a school environment (ComRes, 2017). Many staff are given a brief outline of the condition and then expected to learn as they are doing the job, which can put both the staff and the pupil at a disadvantage, potentially causing further impact with engagement and inclusion (DuPaul, Weyandt and Janusis, 2011). However, Greenaway and Edwards (2020) suggest that it is not on the knowledge that has an impact on the learning journey but also attitude, their research also states that teaching assistants have a better knowledge of ADHD as they work closer with individuals and therefore gain a better understanding. However, it is not only staff that

support children with ADHD that are not being fully supported with sufficient training, but also across the board with children who have an Additional Learning Need (ALN). According to a survey conducted by National Education Union (NEU) Cymru (2021), up to eighty nine percent of educational staff are concerned that have not been given the relevant training to support the new Additional Learning Needs and Education Tribunal (Wales) Act (2018), which proves that staff who are responsible for working with the children whom The Act is for, feel as though they are being left behind.

In previous years, there was a petition to the British Government to introduce an ADHD Act, which would require consideration for people with ADHD in all aspects of life, including education and healthcare (ADHD Action, 2017). However, the Government responded by stating that current legislation, which included the Children and Families Act (2014), already provided sufficient framework to support people with ADHD (UK Government and Parliament, 2017).

Throughout the research conducted, it is clear that although the general idea of an equitable education system is the ideal, the reality of it, is that it has not yet been reached. Through lack of funding, little or no training for staff and delays in diagnosis, especially since the beginning of the pandemic, children with ADHD are struggling to get the support they desperately need. With a higher focus on mental health and wellbeing of our children in the new curriculum, and the support from the ALNET, it is at least a step towards progress, promoting a holistic approach to teaching and encouraging multi-agency working, all in the interest of the child. Continuing with consistent behavioural strategies and a positive attitude can only improve engagement and therefore increase the chances of a higher level of attainment. By using inclusive practices in the classroom, not only benefits children with ADHD but also promotes a greater social awareness of neurodevelopmental disorders and dispels the stigma attached.

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