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Intro

After Lucy W-C:

Hello everyone, I'm Lucie, during this webinar, I am going to be focusing on Attention Deficit Hyperactivity Disorder also known as ADHD.

After Lucy W-C:

Thank you Lucy, I am going to be focusing on Attention Deficit Hyperactivity Disorder also known as ADHD. I am just going to share my poster with you, please bare with me whilst I do this.

ADHD is identified as an additional learning need also known as ALN. Snap Cymru (no date) states that around one in five children in the UK alone experience additional learning needs, this highlights the importance of effective and consistent support from the child's key adults and professionals.
Whilst focusing closely on ADHD, I will explain what ADHD is, explore the barriers the child may face in a classroom, discuss how adults may identify ADHD in children, the process of diagnosis and finally a strategy that could support the child and their needs.

What is ADHD?

ADHD is a neurodevelopmental disorder that is identified by patterns of inattention, hyperactivity and impulsivity (NHS, 2023). These behaviours are persistent and can affect the child's ability to focus and engage in their learning opportunities and follow basic classroom expectations.
It is important that children with ADHD are not labelled with "bad behaviour", these behaviours are traits of ADHD that the child struggles with daily, including attention and emotional regulation, organisation, transitions and self-control (Proactive Psychology, no date). As a result, children with ADHD may have the ability to make achievements and progress academically but may find it challenging within a structured classroom environment.

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Barriers in the classroom

One of the main barriers for children with ADHD is difficulty with their attention and concentration. This can be identified in the classroom as the child may become withdrawn, easily distracted by their surroundings, struggle to follow simple instructions or leaving tasks incomplete. This could cause significant impact to the child's development and academic progress.

In addition, impulsivity and hyperactivity may be identified by continuous disruptions, interrupting others, shouting out and inability to stay seated (DuPaul and Stoner, 2014). These types of behaviours could affect the relationships with the child's peers, research suggests that this could happen due to the lack of promotion on having a positive attitude towards disabilities in pupils (Armstrong *et al*., 2017, p. 12).

Unfortunately, these behaviours are commonly misunderstood and are labelled as "bad behaviour". However, when professionals identify a child with possible needs and the diagnosis process has begun, these behaviours are then understood by most as an additional learning need (ALN). Furthermore, without the understanding of the additional learning need, the child may be punished for their behaviours rather than supported. From the social model of disability perspective, this highlights how barriers within schools, such as negative labelling and staff perceptions and lack of support strategies, can cause significant disadvantage to the child. This means schools should adapt the learning environment to reduce barriers and create a supportive environment for all children ensuring no child is excluded from reaching their full potential or accessing learning opportunities (Shape Arts, no date).

Personal experience

During my experience working within a primary school in Wales, I worked with a child who displayed many traits associated with ADHD, including difficulties with attention, impulsivity, and emotional regulation. I identified these traits through observing behaviours such as struggling to remain seated and focused during learning activities, swinging on their chair, walking around the classroom, shouting out to teachers or peers, and making noises during lessons. However, the most significant

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difficulty observed by both myself and other staff members was the child's inability to regulate their emotions.

For example, if the child was asked to stop a behaviour or if something did not go as they expected, they would often become distressed and act out negatively. This sometimes included throwing items, using inappropriate language, showing disrespect towards staff, or disengaging completely. Initially, some staff members viewed these behaviours as "bad behaviour" or deliberate disruption. As a result, this limited opportunities for the child to access appropriate regulation strategies and support. This experience highlighted how easily a child's additional needs can be misunderstood when behaviours are viewed only negatively rather than explored in depth.

Over time, we developed a stronger relationship with both the child and their family, which helped us gain a better understanding of the child's needs. Through regular communication with the family, we identified that these behaviours were happening both at school and at home. Building a trusting relationship with the child also enabled them to express what they found challenging throughout the school day. This allowed us to consider how we could better support them and what strategies could be implemented to reduce these challenges.

To support the child more effectively, we researched ADHD and communicated with professionals regarding suitable strategies. We then trialled a range of approaches to identify what worked best for the child. One successful strategy was the introduction of a personalised timetable alongside a now and next board, which was created collaboratively with the child so they could have a voice in shaping their school day while still accessing the curriculum. We then also implemented sensory circuits as regular brain breaks throughout the day, which proved highly effective in supporting the child's regulation and engagement.

Alongside these interventions, the Additional Learning Needs Coordinator (ALNCo) and external agencies became involved to begin the referral and diagnostic process for ADHD. This experience reinforced for me the importance of early identification, strong partnerships with families, and adopting an inclusive, needs-based approach rather than viewing behaviour simply as "bad behaviour."

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Identification & diagnosis

The identification and diagnosis of ADHD is a complex process, it involves the support of multiple agencies and professionals to gather all information and evidence to support the diagnosis. The initial concerns are usually raised by teachers from traits that may have been observed in the classroom, or the family from the traits that may seem concerning to them at home.

However, the official diagnosis requires specialists, such as paediatricians or psychologists, using information gathered from teachers, parents and the child (NHS, 2023). As stated on the poster there is no single test to diagnose a child with ADHD, for the diagnosis there must be evidence of the traits appearing across various environments and significantly impact the child daily (NICE, 2018).

Although there are many professionals involved to support the process, the process can come with challenges. In Wales, there is a increasing demand for neurodevelopmental services, which has significantly impacted the waiting times for assessment, this can cause families some frustration and distress and prolongs the child's daily challenges due to delay of access to support, especially for the families that are unable to access private assessments due to costs (Welsh Government, 2025).

Furthermore, this promotes the importance of schools identifying the traits early on and provide support for the child before the diagnosis is confirmed.

Strategies

There are many strategies that could support children with ADHD, however, some may benefit one child and not another, so it is important to trail a variety of strategies and see what one works best for the child.

As you can see in the poster, a commonly used and effective strategy that may be used to support children with ADHD is the use of structured routines, such as visual personalised timetable alongside now and next boards, the reason these timetables are personalised is because the child may have certain interventions throughout their

school day to support their needs. These are used to provide clear structure and help the child to understand expectations and transition times.

Conclude

To conclude, the key information to take away from this focus is that ADHD can have a significant impact on the child's learning, behaviour and overall experience in school and social settings. However, with early identification and effective support strategies and inclusive practice, children with ADHD have a better opportunity to engage and reach their full potential academically. Finally, this focus highlights the importance of understanding the child's behaviours as communication and ensuring that support is available for them to access in line with their needs.

Would anyone like to ask any questions?

Thank you for listening, I will now pass you onto Kelly.

Ask me:

Q.1 What external agencies attend a school to support a child with ADHD?

Q.2 From your personal experience, did parents approach you with their concerns of the child's needs or did you need to approach them? How did they engage?

Answer to question

Q.1 Thank you for your question. Interestingly, supporting a child with ADHD does require a multiagency approach, so I will focus on two key professionals that are involved. Firstly, schools usually put a referral through to Child and Adolescent Mental Health Services also known as CAMHS, this service plays an important role to support the assessment and diagnosis of ADHD. They work closely with the child

and their family to understand and observe how ADHD effects the child in school and at home. CAMHS can provide formal diagnosis and recommend treatment options for the child where appropriate, they can also offer support and strategies to manage the traits of ADHD such as impulsivity, emotional regulation and attention challenges.

Secondly, school put a referral through to the Education Psychologist to support the child from an education perspective. The Educational Psychologists attend a school setting where they are able to observe the child and how ADHD impacts them within a classroom and social environment. This enables them to assess their behaviours, learning and social interactions. When they have observed and analysed their findings, they are then able to share tailored strategies and interventions, such as structured routines or classroom adaptations to support the child's needs. They work collaboratively with the ALNCo, teachers and the family to ensure the support is consistent across all the environments the child accesses daily.

Both of these agencies are essential to ensure that the child is accessing the right support for their needs and help them access learning opportunities and build positive relationships in the school environment.

Q.2

Thank you for your question. From my personal experience, the child's family engaged positively throughout the process. They approached us in school regarding behaviours they were seeing at home, which were raised during parents evenings.

Following the conversations, it was identified that the behaviours were seen over the two environments. The parents questioned on what they should do moving forward due to their concerns. This is when the our school took parental confirmation from the parents to involve external agencies such as the Educational psychologist and CAHMS.

The family were very consistent with communication and engaged with school and agencies throughout the process of diagnosis. The collaborative engagement of school, family and external agencies ensured the process was smooth and the supportive approach was consistent across all settings, ensuring the child's needs were met.

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