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Module: Supporting Children with Additional Learning Needs

ECEY6006

Part 1: Academic Poster

Part 2: Webinar and script

AI Cover Sheet

I acknowledge my use of Grammarly to help with grammar and spelling.

I acknowledge that I used Canva to create the academic poster.

I acknowledge my use of Co-pilot to check for repetition and rephrase work to help reduce the word count.

I acknowledge my use of Co-Pilot to help with research to support my work, using prompts such as find me Welsh policies, journals and information that support ADHD.

Find me information that I can use to explain what ADHD is, how it is recognised?

Find me websites, policies and any information on the referral process for ALN in Wales and the UK.

Find me research, theories and information on the barriers and impacts ADHD has.

Summarise the ALN code in Wales and England.

I acknowledge my use of co-pilot to help make a webinar background

I can confirm that I have copies of my drafts, notes, and other resources I used before and after using AI tools, which I may be asked to provide as evidence.

Webinar Script

Good afternoon and thank you for joining me today. It's great to have you here and I really appreciate you taking the time to engage with this webinar. Over the next few minutes, we're going to explore an area that is increasingly important across Welsh education: Attention Deficit Hyperactivity Disorder, or ADHD.

Today's session will walk through three key areas, how ADHD is identified, the barriers that can shape a learner's experience, and the kinds of support strategies that make a meaningful difference in practice. My aim is to bring together what we know from policy, theory, and research, and connect this directly to what happens in real classrooms and real systems across Wales.

This webinar links directly to my academic poster, which examines how the different layers of policy, theory, and practice interact to shape outcomes for learners with ADHD. By the end of the session, I hope you'll have a clearer sense not only of the complexity of ADHD, but also of the opportunities we have within the Welsh ALN system to create more inclusive, responsive learning environments.

ADHD is a neurodevelopmental condition characterised by persistent patterns of inattention, impulsivity, and hyperactivity. However, ADHD is increasingly understood as a heterogeneous condition, with significant variation in how it presents across individuals and contexts (Sayal *et al.*, 2018). Contemporary research shows that ADHD is highly heterogeneous, with symptoms shifting across development and varying according to environmental demands, compensatory strategies, and co-occurring

needs; as a result, no single behavioural profile captures the full complexity of the condition (Luo *et al.*, 2019). NHS guidance similarly notes that ADHD can look different from person to person and that symptoms often change over time, reinforcing the need for careful, multi-method identification (NHS, 2025). As highlighted by ADHD UK, symptoms can differ widely and may shift across situations, underscoring the importance of accurate, holistic assessment.

In Wales, identification and support are guided by the Additional Learning Needs and Education Tribunal (Wales) Act 2018 and the ALN Code (Welsh Government, 2021a). These frameworks promote a needs-led, rights-based approach, emphasising early identification and multi-agency collaboration. However, despite policy intentions, implementation continues to be inconsistent across Wales, largely due to differences in local authority practice and the ongoing pressures faced by ALN services (Murphy, Greenway and Conn, 2025).

Recent Welsh Government guidance on supporting learners with ADHD reinforces that schools must provide timely, evidence-informed support based on presenting needs, rather than waiting for a formal diagnosis, including reasonable adjustments, whole-school approaches, and individualised strategies within the ALN system (Welsh Government, 2025). This aligns with NHS clinical guidance, which emphasises that ADHD is a neurodevelopmental condition requiring coordinated assessment, psychoeducation, and ongoing support across health, education, and families, with schools playing a central role in monitoring functioning and implementing classroom-based interventions (NHS, 2025).

However, national evidence shows that the wider system is struggling to meet demand. Recent Senedd Research highlights that neurodevelopmental services across Wales face significant and persistent pressures, with referral numbers rising sharply and waiting times often extending well beyond recommended timeframes. In some health boards, children wait over a year for assessment, creating a “postcode lottery” in access to diagnosis and specialist input. The report emphasises that these delays directly affect educational outcomes, as schools are left managing complex needs without timely clinical guidance. It concludes that without whole-system reform including workforce expansion, sustainable funding, and clearer pathways between health and education, current services will continue to fall short of meeting children’s needs (Hardy, 2024).

Children’s rights frameworks further strengthen these expectations. Article 12 of the UN Convention on the Rights of the Child requires that children’s views are actively sought and given due weight in all decisions affecting them, including ALN processes and neurodevelopmental pathways. In Wales, this duty is embedded in the Children’s Rights Scheme 2021, which sets out how Welsh Ministers give due regard to the UNCRC, and is reflected in inspection frameworks that expect practitioners to demonstrate how

children's voices shape assessment, planning, and review (Welsh Government, 2021b). Rights-based commentary from the Children's Commissioner for Wales continues to highlight inequities in access to neurodevelopmental assessment, long waiting times, and inconsistent recognition of private diagnoses, all of which risk undermining the ALN system's commitment to early, needs-led, child-centred support (Children's Commissioner for Wales, 2022).

From a theoretical perspective, ADHD is commonly understood through executive functioning frameworks. Russell Barkley frames ADHD as a disorder of self-regulation, involving impairments in inhibition, working memory, and emotional control (Barkley, 2015). Research supports this view, demonstrating that executive functioning difficulties significantly impact classroom engagement and academic performance (Kofler *et al.*, 2019).

However, deficit-based perspectives have been increasingly challenged. From a sociocultural viewpoint, Lev Vygotsky argues that learning is shaped through social interaction and environmental context (Vygotsky, 1978). This suggests that ADHD-related difficulties cannot be understood in isolation from the learning environment. Similarly, Mel Ainscow emphasises that barriers to learning are often created by systems rather than individuals (Ainscow, 2020). This aligns with international perspectives, as UNESCO emphasises that inclusive education systems must remove barriers to participation and ensure all learners are valued equally within mainstream settings (UNESCO, 2020). This perspective underpins the argument in my poster that structural and environmental factors play a key role in shaping outcomes.

The identification of ADHD in practice is complex. Teachers are often the first to raise concerns, observing behavioural patterns and learning needs. However, research shows that referral decisions are influenced by contextual factors, including classroom expectations and teacher perceptions (Smeets and Roeleveld, 2016). This indicates that identification is not purely objective.

Wider research also highlights systemic biases. Studies published in JAMA Network show that younger children within a school cohort are more likely to be diagnosed or treated for ADHD, suggesting that relative age and developmental maturity influence identification (Morrow *et al.*, 2012). This raises concerns about potential over or mis-identification.

Gender disparities further complicate the picture. Girls are significantly less likely to be diagnosed, often due to less overt symptom presentation, which can lead to under-recognition and delayed support (Martin *et al.*, 2024). These patterns reinforce the view that identification is shaped by social and systemic influences.

Despite strong policy frameworks, barriers to support remain significant. Delays in diagnosis and increasing demand for neurodevelopmental services continue to place

considerable strain on systems across Wales. Welsh governments review of neurodevelopmental services highlights that rising referrals and limited specialist capacity have led to substantial waiting times, leaving schools managing complex needs without timely clinical input. These delays have clear consequences for children's wellbeing and educational participation. Large-scale population research further demonstrates that unmet or delayed neurodevelopmental needs are associated with poorer academic attainment, higher absenteeism, and increased risk of exclusion, underscoring the long-term impact of delayed assessment and support (Fleming *et al.*, 2020; Holtom and Lloyd-Jones, 2022). These challenges can be understood through Urie Bronfenbrenner's ecological systems theory, which emphasises how multiple systems such as education, healthcare, and policy interact to influence development (Bronfenbrenner, 1979). In Wales, limitations in one system, such as healthcare, can directly affect educational provision.

Professor Anita Thapar's work with Neurodivergence Wales reinforces this systemic perspective. She highlights that ADHD is closely linked to emotional regulation and mental health, with children at increased risk of anxiety, depression, and low self-esteem when their needs are misunderstood or unsupported. Crucially, Thapar argues that specialist services alone cannot meet the scale of need. Instead, she calls for system-wide change that strengthens universal provision in schools, improves early intervention, and ensures that support is based on functional need rather than diagnosis alone. This aligns strongly with the ALN Act's needs-led principles and reinforces the importance of multi-agency collaboration (Thapar, 2025).

At the classroom level, barriers often arise from mismatches between teaching approaches and learner needs. Learners with ADHD frequently experience difficulties with attention regulation, working memory, and emotional control, which can conflict with traditional classroom expectations (Wearmouth, 2023). Behaviourist approaches, influenced by B. F. Skinner, may rely heavily on reinforcement and sanctions. While effective in some contexts, over-reliance on such strategies can exacerbate difficulties (Hodkinson, 2019). In contrast, Bruner emphasises active, scaffolded learning, which is more responsive to diverse learner needs (Bruner, 1966). Contemporary research continues to validate this approach; for example, Hammond and Gibbons (2022) demonstrate how structured scaffolding supports learners' engagement, independence, and conceptual understanding across a range of educational contexts.

The impact of these barriers is substantial. Evidence shows that ADHD is associated with long-term disadvantages, including reduced academic attainment and heightened vulnerability to mental health difficulties such as anxiety and depression (Caye *et al.*, 2016). These findings align with global burden estimates, which highlight the significant impairment and disability linked to ADHD across the lifespan (Erskine *et al.*, 2013). This highlights the long-term consequences of ineffective identification and support.

In response, my poster highlights the use of visual timetables within predictable routines as an effective strategy. Evidence shows that structured visual supports enhance task engagement, ease transitions, and strengthen behavioural regulation in learners with ADHD (Thomas and Karuppali, 2022). Neurodivergence Wales guidance similarly emphasises visual schedules and predictable routines as key supports for neurodivergent learners, helping to externalise time, clarify expectations, and reduce anxiety around transitions (Neurodivergence Wales, n.d.). UK clinical resources for children and young people with ADHD also recommend visual timetables and step-by-step schedules as part of whole-school and home-school approaches, highlighting their role in supporting independence, organisation, and emotional regulation (Transformation Partners in Health and Care, n.d.). Practical tools such as sample daily schedules for mornings, after school and bedtime further illustrate how visual routines can reduce conflict, support consistency, and make demands more manageable for children with ADHD and their families (ADDitude, n.d.).

These benefits can be explained through cognitive load theory, developed by Sweller, which suggests that reducing cognitive demand supports learning (Sweller, 2019). By making time, tasks, and transitions visible, visual timetables reduce reliance on working memory and verbal instructions. They also align with Vygotsky's concept of scaffolding, providing external supports that guide behaviour and learning (Vygotsky, 1978). Furthermore, they reflect the principles of Universal Design for Learning (CAST, 2018), promoting inclusive and flexible teaching approaches that benefit a wide range of learners, not only those with ADHD. At the same time, research and practice guidance caution against using visual timetables as a rigid behaviour management tool; they are most effective when co-constructed with the learner, regularly reviewed, and embedded within a broader relational and inclusive approach.

Importantly, this strategy aligns with the ALN Code's emphasis on proactive, needs-led support (Welsh Government, 2021a). However, it is not sufficient in isolation. Broader systemic changes including improved access to diagnosis, increased training, and consistent implementation, are necessary. As Ainscow (2020) argues, inclusion requires whole-system reform rather than isolated interventions.

In conclusion, ADHD is a complex and heterogeneous condition requiring a holistic, multi-agency approach. While Wales has developed a strong policy framework, significant challenges remain in practice. Identification is shaped by social and contextual factors, and barriers are often embedded within systems rather than individuals. Strategies such as visual timetables offer practical support, however meaningful improvement requires alignment between policy, theory, and practice.

Thank you for listening.

Questions:

Why did you choose ADHD?

- *Recently identified through university screening, finally made sense of long-standing questions
- *Sparked a real motivation to understand ADHD properly
- *I suspect my son may also have ADHD, so learning more feels personally important
- *Wanted to explore how to support both of us as a family
- *Opportunity to strengthen how I support children and learners in school
- *Chance to develop more inclusive approaches and improve practice across the setting

Which support strategies have the greatest impact in early years?

- *Reducing cognitive load and increasing predictability
- *Visual supports: visual timetables, now/next boards, communication/strategy cards
- *Clear, consistent routines children can rely on
- *Breaking tasks into small, manageable steps to reduce overwhelm
- *Warm, attuned relationships co-regulation and positive reinforcement
- *Environmental changes: reducing noise, offering movement breaks, sensory circuits
- *Clear, uncluttered workspaces to support focus
- *Consistency across the day makes the biggest difference

How can schools collaborate better with families and agencies when pathways are stretched?

- *Prioritise communication rather than waiting for a diagnosis
- *Keep families informed, check in regularly, and create a non-judgemental space
- *Recognise families as experts in their child's needs
- *Be proactive with agencies: clear referrals, concise information, regular updates
- *Put support in place straight away don't wait for assessment
- *Agree simple shared strategies across home and school for consistency
- *Build collaboration on transparency, trust, and shared understanding

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