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ATTENTION
DEFICIT
HYPERACTIVITY
DISORDER
(ADHD)

In Wales, early signs of ADHD can include persistent forgetfulness, difficulty with routine tasks, impulsive behaviour and short attention span. these behaviours can disrupt the childs ability to focus on tasks and their social interactions. early intervention can help to provide children with the support they need to help them thrive in all areas of life (NHS, 2025).

According to Galera (2011), *“Attention-deficit/hyperactivity disorder is an etiologically heterogeneous neurodevelopmental condition with long-term negative outcomes. However, the early developmental course of hyperactivity-impulsivity and inattention symptoms and their association with previous environmental risk factors are still poorly understood.”*

The three categories of symptoms

Inattention
Characterised by difficulty staying focused and being easily distracted. Children may frequently lose things, forget instructions and struggle with time management.

Impulsivity/Hyperactivity
Involves high energy levels, constant movement and difficulty staying still. Children may fidget, talk excessively, interrupt others, have difficulty waiting their turn.

Combined
This is where symptoms of both inattention and hyperactivity/impulsivity are present. Children may exhibit multiple different types of symptoms making various aspects of life a challenge (The ADHD Centre, 2023).

87 percent of children in Wales were waiting for assessments for ADHD between February 2022 and December 2023. This is an average of 1 child per classroom. In Cardiff and the Vale of Glamorgan, the average wait time for children to receive an ADHD diagnosis was 69 weeks. The Welsh Governments target is for 80 percent of children to recieve an assessment with 26 weeks. However this target has not been met Wales wide. These statistics highlight the urgent need for more effective assessments and support services for children and young people in Wales (Welsh Parliament, 2024).

Behavioural interventions

In Wales, behavioural approaches are particularly relevant due to the emphasis on inclusive practice and person centred support. strategies such as positive reinforcement and rewards systems aim to reduce disruptive behaviour while encouraging engagement.

Consequence-based approaches are also called contingency management approaches. They involve encouraging the learner's desired behaviours by consistently rewarding them and using negative consequences (such as removal of specific privileges) to discourage their unwanted behaviours. This approach can be combined with a daily report card, which records the learner’s behaviour, for them to take home to share with their parent or carer and to document their progress towards their goals (Welsh Government, 2019).

Reward charts provide a clear visual to track and monitor specific behaviours helping caregivers understand progress over time. They encourage children by rewarding them with points or stickers which fosters a sense of achievement. They can also help set achievable goals which is beneficial for children who struggle with self regulation.

However, reward charts may not be effective for all children as they can overlook individual styles and learning needs. They can lead to a focus on the negatives of the child's behaviour is not used correctly and may hinder long term behaviour management. Research also suggests that whilst reward charts may provide short term compliance, they rarely lead to lasting changed in behaviour without additional support from multiple professionals and other support strategies (ADHD Training Centre, 2025).

Strategies such as these focus heavily on managing the behaviour rather than focusing on understanding the neurological side of ADHD. The effectiveness of this strategy also relies on the consistency of parental and practitioner engagement and access to staff training.

Furthermore, positive reinforcement and reward charts may not work equally for all children as everyone has their own individual needs and will need to receive support in different ways to suit them best.

Identification and Diagnosis

The review conducted by Welsh government between 2019 and 2022 found that the demand for diagnostic assessment had outstripped the capacity for neurodevelopmental services. Every two people referred for a diagnostic assessment, only one received an assessment (Welsh Parliament, 2024).

Part of the NHS Wales quality improvement service emphasises the importance of access for diagnostic assessment of neurodevelopmental disorders. This includes a child centred approach to assessments, ensuring that the decision to accept a referral is based on the quality of the information provided. The programme also focuses on feedback of the outcome and the importance of a timely multi-disciplinary discussion to agree on the childs strengths, difficulties and future plans. However, access to assessments depends heavily on the quality of referral information which can create inequality due to factors such as parents and practitioners vary in their ability to recognise and describe symptoms, children from disadvantaged backgrounds are more likely to have less detailed referrals, and some practitioners may lack the knowledge and training in identifying neurodevelopmental disorders (UK Parliament, 2025).

The role of the Special Educational Needs Coordinator (SENCO) in England is responsible for coordinating the support for young people with Special Educational Needs (SEN). According to research from Nasen (2020), the majority of SENCOs commented on the importance of staff knowledge and experience when considering whether a child may have additional learning needs in the early years. Citing a team approach and constant communication is central to this approach. Gathering a holistic picture was also noted as important and that all aspects of the child and family's life need to be considered when investigating whether the child needs additional support. For SENCOs and early years practitioners, frequent and targeted observations were highlighted as the primary way to gather information, help understand how the child is developing, their strengths and areas for improvement. 69% of SENCOs felt confident in this process however, observational methods can be subjective.

Practitioners can be influenced by personal expectations, previous experiences or unconscious bias which may result in inconsistencies between settings and other professionals. Observations are also often conducted within a specific environment such as the childcare setting or school meaning that the child's behaviour may vary depending on their emotional state and familiarity as they are more comfortable in the environment. This also depends on the Hawthorne effect by Henry A. Landsberger which refers to a type of behavioural study reactivity in which people can change an aspect of their behaviour simply because they are aware of being observed (Ingram, 2026).

This can lead to missed diagnoses as practitioners may not witness the full extent of ADHD related symptoms when the child is attending the setting. in addition, practitioners may associate ADHD with the disruptive or hyperactive behaviour, meaning quieter children or children who predominantly display inattentive symptoms may be overlooked. Especially for girls, as research from Cardiff University shows that girls are less likely to receive an ADHD diagnosis as they use masking strategies to appear neurotypical. Indicating that girls are more likely to be diagnosed later in life, sometimes leading to mental health, social and educational difficulties due to the lack of early intervention (Cardiff University, 2026).

	February 2022	December 2023	Change	
Powys Teaching HB	194	728	275%	▲
Cardiff & Vale UHB	1,267	2,992	136%	▲
Cwm Taf Morgannwg UHB	1,187	2,624	121%	▲
Betsi Cadwaladr UHB	2,753	5,163	88%	▲
ALL WALES	9,014	16,812	87%	▲
Hywel Dda UHB	2,194	3,403	55%	▲
Swansea Bay UHB	803	1,099	37%	▲
Aneurin Bevan UHB	616	803	30%	▲
Senned Research (2024)				
Word Count: 1100				