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ECEY6006

Supporting Children with Additional Learning Needs

Cover sheet

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Assignment title and number: ECEY6006 Supporting Children with Additional Learning Needs

AI Cover Sheet

Section 1: Poster

AI Acknowledgement

I acknowledge the use of Grammarly (https:/www.grammarly.com/) on multiple occasions throughout the assignment to check my work using the prompts:

1. Check the text for readability, grammar, and syntax.

I acknowledge the use of Microsoft Copilot (https://copilot.microsoft.com/) on multiple dates throughout the assignment, using prompts such as:

1. Find and summarise academic journal articles dated within the past 10 years on ADHD identification, diagnosis, barriers, impacts on children, parents and practitioners, and ALPs. I need reliable articles with working links; no placeholders or broken links.
2. Reduce the following to around 2000 words, do not add/change wording, do not change tone/meaning, do not add any new concepts/ideas. Just remove unnecessary filler words.

I acknowledge the use of Canva (https://www.canva.com/templates), using prompts in the search bar such as:

1. Academic poster layout.

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes and other resources I used before, and after the use of AI tools which I may be asked to provide as evidence.

ECEY6006

2412700

Navigating ADHD: Diagnosis, Barriers and ALN Provision in Education

Prifysgol Cymru
Y Drindod Dewi Sant
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INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most commonly identified neurodevelopmental conditions in childhood, yet its identification, diagnosis and support remain complex and shaped by multiple interacting factors (NHS, 2025). Clinical frameworks such as the DSM-5 and ICD-11 define ADHD through behavioural criteria and functional impairment (Musullulu, 2025; Peterson *et al.*, 2024), but research shows identification is interpretive and reliant on multi-informant evidence rather than biological tests (Posner *et al.*, 2020). Alongside these clinical perspectives, the social model of disability challenges deficit-based interpretations by arguing that many of the difficulties associated with ADHD arise not solely from the child's neurology but from environments that fail to accommodate diverse attentional, sensory and emotional needs (Kelly, 2018). This reframes ADHD-related challenges as emerging through a mismatch between the child and the expectations, structures, and norms of their educational and social outcomes.

ADHD Rating Scale-IV: Home Version

Child's Name:_____ Sex: ☐ M ☐ F Age:_____ Grade:_____

Completed by: ☐ Mother ☐ Father ☐ Guardian ☐ Grandparent

Circle the number that *best describes* your child's home behavior over the past 6 months.

	Never or Rarely	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in schoolwork.	0	1	2	3
2. Fidgets with hands or feet or squirms in seat.	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities.	0	1	2	3
4. Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
5. Does not seem to listen when spoken to directly.	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate.	0	1	2	3
7. Does not follow through on instructions and fails to finish work.	0	1	2	3
8. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
9. Has difficulty organizing tasks and activities.	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor."	0	1	2	3
11. Avoids tasks (eg, schoolwork, homework) that require sustained mental effort.	0	1	2	3
12. Talks excessively.	0	1	2	3
13. Loses things necessary for tasks or activities.	0	1	2	3
14. Blurts out answers before questions have been completed.	0	1	2	3
15. Is easily distracted.	0	1	2	3
16. Has difficulty awaiting turn.	0	1	2	3
17. Is forgetful in daily activities.	0	1	2	3
18. Interrupts or intrudes on others.	0	1	2	3

From ADHD Rating Scale-IV: Checklists, Norms, and Clinical Interpretation. ©1998, George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. Reprinted with permission from The Guilford Press, New York.

IDENTIFICATION & DIAGNOSIS

The NHS (2024) describes ADHD identification as a condition where the child's brain works differently from that of children of the same age. Children with ADHD may have trouble concentrating and have high energy levels (hyperactivity), struggle with attention (inattentiveness) and controlling impulses (impulsivity). Most children show symptoms across both domains, although some present predominantly inattentive or hyperactive-impulsive profiles.

Musullulu (2025) emphasise diagnosis relies on a multi-method, multi-informant process involving parents, teachers and clinicians, as relying on a single perspective risks missing contextual factors. Children may behave differently across settings, meaning accurate identification requires triangulating evidence to establish consistency and functional impairment. Peterson *et al.* (2024) agree, arguing that no single tool is accurate enough alone and identification requires evidence of impairment inconsistent with developmental expectations.

As of September 2024, 20,770 children in Wales were waiting for an ADHD or autism assessment (Murphy, cited in Nation.Cymru, 2025), with projections rising to 41,000–61,000 by 2027 (Autism Eye, 2025). These figures highlight systemic pressures.

The diagnostic process begins with referral to neurodevelopmental services (NHS, 2024). Assessment involves a clinical interview gathering developmental, medical and psychosocial history. Behavioural rating scales such as Conners (1997; 2008) and Vanderbilt (Wolraich *et al.*, 1998; 2003) collect structured information from parents and teachers (Musullulu, 2025), though these tools are subjective and influenced by informants' perspectives. Continuous performance tests measure attention and impulsivity but show low diagnostic specificity.

Wolraich *et al.* (2019) argue that structured clinical interviews significantly improve reliability and help clinicians rule out alternative explanations by exploring developmental history, environmental triggers,

BARRIERS

Children with ADHD experience intertwined systemic and practice-based barriers that shape their educational, emotional and social outcomes. A major systemic barrier is the prolonged wait for neurodevelopmental assessment. In Wales, thousands of children remain on waiting lists for extended periods (Nation.Cymru, 2025; Autism Eye, 2025), despite statutory duties for early identification under the ALN Act (WG, 2018). These figures highlight serious capacity issues but they are largely based on media and advocacy reporting rather than longitudinal epidemiological data, which limits certainty about true prevalence and unmet need (Cortese and Coghill, 2018). Nevertheless, converging evidence suggests that delays leave children navigating school without a clear understanding of their needs, contributing to anxiety and inconsistent performance (NHS, 2024; McDougal *et al.*, 2022). Critically, delayed assessment increases the likelihood that behaviours are framed as non-compliance rather than neurodevelopmental difficulties (Cortese and Coghill, 2018; Peterson et al., 2024), leading to disciplinary responses and missed intervention windows (French *et al.*, 2024; Mulraney *et al.*, 2022).

A second barrier is the persistent under-recognition of emotional dysregulation (ED), despite strong evidence that it is central to ADHD. Faraone *et al.* (2018) and Shaw et al. (2014) argue that emotional impulsivity and difficulty recovering from distress significantly impair functioning, yet ED is absent from DSM-5 criteria (Adler *et al.*, 2018). This raises a question about whether current diagnostic frameworks adequately reflect children's lived experiences. Practitioners, guided by these criteria, may focus narrowly on attention and hyperactivity, leading to behaviour being interpreted as intentional or oppositional (Moore, Russell and Ford, 2017; Greenway and Edwards, 2020). This can reinforce sanction-based approaches rather than relational, regulatory support. For children, however, the immediate impact is that emotional needs are frequently overlooked, undermining belonging and emotional safety, which are foundational for learning and wellbeing (Maslow, 1943; McDougal *et al.*, 2022).

Taken together, these barriers reveal a gap between policy aspirations for inclusive, rights-based practice and the complex, sometimes

ALP

Under the ALN Code (Wales), Additional Learning Provision (ALP) refers to support that is additional to or different from what is ordinarily available in mainstream classrooms (WG, 2021). ALP must be targeted, evidence-based and designed to reduce barriers to learning for children with identified ALN (WG, 2018).

Research consistently shows that ADHD is strongly linked to deficits in working memory, planning, ED and sustained attention. Adler *et al.* (2017) highlight that Executive Functioning (EF) difficulties are as central to ADHD as inattentive symptoms. Faraone et al. (2018) similarly emphasise the need for explicit support for ED, noting its contribution to social conflict and inconsistent classroom engagement. Together, this evidence shows that EF and ED form foundational barriers to learning.

A structured EF Skills Group is an example of targeted ALP that directly addresses core functional impairments (Adler *et al.*, 2017; Faraone, 2018; French, 2024).

French et al. (2024) report that attentional, EF and behavioural regulation difficulties significantly affect educational and occupational trajectories. Small-group EF provision enables focused teaching of skills such as planning, sequencing, self-monitoring and emotion management. This aligns with McDougal *et al.* (2022), who found that children with ADHD experience chronic difficulties with concentration, attention and emotional frustration. An EF Skills Group can support these needs through activities such as:

- Breaking tasks into smaller steps
- Teaching self-monitoring
- Practising emotional regulation

An EF Skills Group provides structured, targeted teaching and a safe space to practise regulation strategies. As targeted ALP, it is additional to universal provision, evidence-based, and reduces barriers to learning by strengthening the cognitive and emotional foundations needed for classroom

Image 2: Executive Function (online image) (Makin, 2024)

CONCLUSION

In summary, ADHD identification and support are shaped by the interaction of clinical criteria, contextual influences and systemic pressures. While frameworks such as the DSM-5 and ICD-11 provide structured behavioural guidelines, the evidence shows that diagnosis remains interpretive and dependent on multi-informant judgement.

The social model further highlights that many difficulties arise from environments that fail to accommodate neurodiversity, reinforcing the need for inclusive, rights-based practice. Long waiting lists, inconsistent practitioner awareness and the under-recognition of emotional dysregulation continue to limit timely support, creating a gap