



## VOCATIONAL TRAINING FOR ADHD LEARNERS COMPENDIUM OF GOOD PRACTICES

Project Title: **Q4ADHD - Quality Assurance in VET for learners with ADHD**

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**Sofia University "St. Kliment Ohridski"**

**National Association of Resource Teachers, BG**

**Finance & Banking, Organisational & HR Development Association**

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Project web sites:

<http://qa-adhd.uni-sofia.bg/>

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## RESUME

This report is developed in the context of the Q4ADHD project - Quality Assurance in Vocational Education and Training for Learners with Attention Deficit Hyperactivity Disorder (ADHD) - funded by the EU Erasmus+ Programme.

This is the first Compendium of good practices in the field of European Quality Indicators in Vocational Education and Training (EQAVET) implementation in Vocational Education and Training (VET) for students with ADHD.

Its objective is to highlight examples of good practices in terms of techniques, methodologies, approaches and results achieved.

The research work was set up considering an initial exploration of good practices in education, and specifically in VET education, addressing learners with ADHD, in the partner countries, using Case Studies and Guidelines as information sources; and at a second phase - best practices selection (among the initial research findings) and identification of gaps in current literature took place.

Target users of this Compendium are relevant stakeholders in VET provision at European level: VET providers, associations, parents of ADHD learners, policy makers, and enterprises.

The Compendium is structured in four main chapters:

*Chapter 1: “Introduction and Methodology”* outlines the Q4ADHD project objectives, partnership and target users of the Q4ADHD. The methodology was cooperatively developed. It includes interviews with key stakeholders, thorough desk research of a wide scope of information sources (e.g., on-line databases, government statistics, national reports, published documents, research articles, etc.). Moreover, the Methodology provides an analysis of the legal framework, official guidelines and scientific references of the partner countries.

*Chapter 2: “Context and Landscape”* is divided into four sections. In the first section, the general concepts of ADHD clinical diagnosis in adults are presented. The second and third sections summarise the global and European strategies pursued by International and European Organisations for inclusive education. The fourth section contains the legal frameworks and guidelines in this field in each of the partner countries (Bulgaria, Italy, Spain, Sweden, Greece). The chapter also contains lists of references to relevant information sources.

*Chapter 3: “Selection of Good Practices”* is structured in two main sections: presentation of guidelines for the inclusion of ADHD adult students and presentation of 15 case studies which are giving specific examples on how the general country guidelines are applied in practice. The current State of the Arts in Bulgaria, Italy, Spain, Sweden and Greece are described.

*Chapter 4: “Discovered Gaps”* summarises the discovered weaknesses and gaps in the functioning of the system on which it is worth analysing in depth and outlining future measures to overcome them.

Finally, the compendium is completed with *two annexes*: Annex 1 defines the methodology and approach for selecting Good Practices. It contains also the templates used for defining the separate cases. Annex 2 contains the full case reports.

## 1. INTRODUCTION AND METHODOLOGY

This section outlines the Q4ADHD project aims, partners and target users.

This report is developed in the context of Q4ADHD - Quality Assurance in Vocational Education and Training for Learners with Attention Deficit Hyperactivity Disorder - project, funded by the Erasmus+ Programme of the European Union, Key action: Cooperation for innovation and the exchange of good practices - Strategic Partnerships for vocational education and training; call 2016, Round 1.

**The project is aimed** at the elaboration of the VET quality offer for learners with SEN, with a specific focus on learners with ADHD, through the implementation of Quality Assurance principles in VET in line with the EQAVET recommendation.

The coordinating institution for the project is Sofia University "St. Kliment Ohridski"; project partners are (in alphabetical order):

- DIMITRA- Dimitra Education & Consulting S.A (Greece)
- Effebe Association (Italy)
- Folkuniversitetet (Sweden)
- FTF - FORO Tecnico de Formacion (Spain)
- International Telematic University UNINETTUNO (Italy)
- NART - National Association of Resource Teachers (Bulgaria)
- SCIFY- Science for You (Greece)

The first **output** envisaged in Q4ADHD project is this Compendium of good practices in the field of EQAVET implementation in VET for students with ADHD. The objective of this output is to highlight examples of good practices in terms of techniques, methodologies, approaches and results achieved. The research work was set up considering an initial research of good practices in education, and specifically in VET education addressing learners with ADHD, in the partners' countries, using Case studies and Guidelines as information sources; and a second phase of best practices selection (among the initial research findings) and recommendation definition.

**Target users** of this Compendium are relevant stakeholders in VET provision at European level: VET providers, associations, ADHD learners' parents, policy makers, and enterprises. This Compendium will act as a work base for Output 2 and 3 of the project, Quality Assurance Guidelines (O2) and the Toolkit for VET providers training ADHD learners (O3).

Detailed information on the project can be found on the official website, at:

<http://qa-adhd.uni-sofia.bg/>

## METHODOLOGY USED

Each partner of the Project conducted a desk research with the aim of identifying the state of the art of good practices in the field of EQAVET implementation in VET for adult learners with ADHD, to allow the recognition of gaps in this realm. For the aims of this project, all partners were involved and participated in preliminary on-line meetings to delineate the crucial information to gather through the desk research. Legal framework, official guidelines, lists of national associations and literature references were chosen as target aspects to be gathered. The Internet, on-line databases, government statistics, national reports, published

documents, research projects articles and books were used as primary sources, and each partner contacted several stakeholders in different countries to better understand and be informed about the topic of interest.

Rooting on the description of the general state of the art in each country, a total of twenty best practices and success cases applied to “real-life” contexts were identified and described, such as protocols of evaluation of ADHD students’ necessities and adaptation of mainstream practices to their special needs, in several and different work fields. With the objective of a homogeneous view and systematic research and presentation of data, all partners agreed to create and use shared templates containing key information on the case illustrated. The templates used in this project are visible in Annex.

## 2. CONTEXT AND LANDSCAPE

### 2.1 ADHD AND ADULT ADHD

This section presents the general concepts of ADHD clinical diagnosis in adults, its etiopathogenetic hypotheses, prevalence and election treatment, on the basis of international guidelines. Moreover, this part of the document gives the reader an outlook of the global and European strategies for the inclusion of learners with ADHD, as well as the legal frameworks in this field, in each of the partners' countries.

ADHD constitutes a severe neuropsychiatric disorder causing a number of maladaptive consequences in children's behavioural and emotional development, which frequently persist over time, well into adolescence and adulthood along psychopathological pathways typical of the different developmental stages (in fact, behaviours associated with this disorder could be definitely appropriate at one age but inappropriate at another). The prevalent ADHD symptoms include problems in maintaining attention, excessive motor activity, and impulsivity, which often lead to poor academic performance and impaired social interactions (American Psychiatric Association, 2000). These symptoms develop quite early in up to 5% of children, and often persist into adolescence and adulthood. Other impulse-control disorders, very frequently comorbid with ADHD, include oppositional defiant disorder, conduct disorder, Tourette Syndrome, pathological gambling, as well as substance abuse/dependence problems. All of these disorders have been conceptualized as part of a broader addictive disorder spectrum.

The clinical manifestation of the disorder can present as 1) a predominantly inattentive type: these children, as compared to their peers, show difficulty staying alert for a sufficiently long time both in school and social situations, especially during repetitive or boring tasks. In fun activities, the child manifests frequent shifts from one game to another, without completing either of them. Teachers and parents usually report that children with ADHD do not seem to listen, and they are easily distracted by sounds or other irrelevant stimuli. 2) dominant hyperactivity-impulsivity type: The key aspect that characterizes children with this disorder is a motor physical activity, excessive and inadequate to the circumstances. The child is constantly shaking, is hard to sit and firm in his place: he cannot complete a task in quiet way because both at school and at home, while doing homework, and while playing. Impulsivity is manifested when the child misses a turn in speaking with others, but he cuts off one another's speech is hasty and impatient answers. The child can also undertake dangerous actions without considering the potential adverse consequences. 3) combined type. A child with ADHD "combined" disorder presents both difficulties to keep fixed the attention and concentration, shows inappropriate and excessive motor activity, along with an impulsive behaviour and frequent disruptive behaviours towards others.

ADHD and learning difficulties can be associated in the following fashions: a) ADHD causes severe difficulties in school learning, namely the difficulties of attention-hyperactivity-impulsivity impede the attainment of academic skills (in this case, the symptoms are present before the age of seven); b) The learning disorder reveals typical behaviours of ADHD (in this case, the symptoms are not present before the age of seven); c) The frustration at the difficulty in achieving results and for school failures lead the child to loose motivation in school attending; d) ADHD and learning difficulties are simultaneous, because there is a generalized cognitive and neuropsychological problem.

Cicchetti and colleagues (2002; 2007) recognized the relationships between genetic, neurobiological and cognitive factors accounting for the impairment of cognitive control functions, which has been indicated as the core of the disorder. The same theoretical standpoint underlined the role of family characteristics in buffering, or even aggravating and predicting ADHD symptomatology. On one hand, there is a wide

agreement in this field about the key role of genetics in predicting ADHD phenotype, especially in children (see for example, Ibayrak, Friedel, Schimmelmann, Hinney, & Hebebrand, 2008; Thapar, Holmes, Poulton, & Harrington, 1999), with an increased incidence of this disorder among first- and second-degree relatives. On the other hand, families can include individuals with different ADHD subtypes (inattentive or impulsive) suggesting a more complex relationship between genetics and clinical phenotypes, with environmental factors mediating between genetic predisposition and phenotypic expression of the disorder.

Moreover, although parent-infant interactions have not been recognized as direct etiopathogenetic factors for the onset of ADHD, it has been proposed that the quality of these exchanges may affect the phenomenological expression of the disorder, resulting in a more or less severe constellation of symptoms. For example, it has been demonstrated that conduct disorder or defiant behaviour (which are typically comorbid with ADHD) can be predicted or maintained by maternal and parental psychopathology and poor relational quality with their offspring (Martins & Gaffan, 2000).

The interactions between genetics and environment are at the basis of the concept of multifinality, in the Developmental Psychopathology framework according to which a specific risk factor can produce a multiplicity of outcomes depending on other causes or developmental contexts (Cicchetti & Rogosch, 1996, 1999). The same concept has been expressed by Tronick and Hunter (2016), who proposed a dynamic systems model to represent the multidirectional interchange between the organism, the genome and various aspects of the environment, which eventually result into the phenotype.

In a diagnostic view, thus, the effect of a gene polymorphism associated with a maladaptive developmental outcome, may vary depending on other environmental factors (e.g. the poor or adequate quality of parent-infant interactions or parental psychopathology and its effect on the care giving capacity) (Caspi et al., 2002). The importance of environmental factors suggests taking into consideration both the possible behavioural and relational characteristics of parents of children with ADHD, and also the parental genotype (with possible polymorphisms of the candidate gene). Moreover, a number of confounding variables may account at least for a portion of the variance in the relationships between polymorphism and ADHD phenotype, such as marital adjustment of the parents (contributing to the general family climate and parental sensitivity), socio-economical status, past or present traumatic experiences, toxic exposure etc. These variables must be controlled in diagnosis and prognostic programs.

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## 2.2 A GLOBAL STRATEGY FOR INCLUSIVE EDUCATION

Inclusive education is a global goal, pursued by International Organization such as UNESCO, UN and, at European Institution level since years.

In 1994, the Salamanca Statement on Special Needs Education underlined how educational policies should take full account of individual differences and situations; focus was set not only on children, but also on youth and adult education, both at secondary and higher education level, as well as in training programmes. The key-phrase of the document was clearly **education for all**. A specific chapter is devoted to the **preparation for adult life**: "Young people with special educational needs should be helped to make an effective transition from school to adult working life".<sup>1</sup>

The UN Convention on the Rights of Persons with Disabilities, an Optional Protocol (A/RES/61/106) adopted in 2006, speaking generally about disabilities, at Article 24 states that " States Parties shall ensure that persons with disabilities are able to access general tertiary education, **vocational training, adult education and lifelong learning without discrimination and on an equal basis with others**. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities."<sup>2</sup>

The European Social Charter, from the Council of Europe, 1996, in Articles 15 and 17 stated that EU members states undertake to "to take the necessary measures to provide persons with disabilities with guidance, education and vocational training in the framework of general schemes wherever possible or, where this is not possible, through specialised bodies, public or private;" (Art 15); and to ensure "the effective exercise of the right of children and young persons to grow up in an environment which encourages the full development of their personality and of their physical and mental capacities"(Art. 17).<sup>3</sup>

At strategy definition level, the **2030 Agenda for Sustainable Development**: United Nations Sustainable Development 17 Goals; define in Goal 4 "**Ensure inclusive and quality education for all and promote lifelong learning**" a specific target: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.<sup>4</sup>

Through the Incheon Declaration<sup>5</sup>, UNESCO - as the UN specialized agency for education - was entrusted to lead and coordinate the Education 2030 Agenda. The Education 2030 Framework for Action sets as one of the objective equity, inclusion and gender equality in education, stressing the role of lifelong learning as one of the pillars of the abovementioned Sustainable Development - Strategic Goal 4, and more specifically asking "**to reduce barriers to skills development and technical and vocational education and training (TVET)**[...] and " to provide lifelong learning opportunities for youth and adults"<sup>6</sup>.

## 2.3 EU APPROACH

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<sup>1</sup> [http://www.unesco.org/education/pdf/SALAMA\\_E.PDF](http://www.unesco.org/education/pdf/SALAMA_E.PDF)

<sup>2</sup> <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

<sup>3</sup> <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168007cf93>

<sup>4</sup> <http://www.un.org/sustainabledevelopment/education/>

<sup>5</sup> <http://unesdoc.unesco.org/images/0023/002338/233813m.pdf>

<sup>6</sup> <http://unesdoc.unesco.org/images/0024/002456/245656E.pdf>

At European level, inclusion of learners with different learning needs plays a key role in policy and strategies definition. The European Disability Strategy 2010-2020 (Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions "European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe", 2010), defined Education as one of the 8 Areas of Action, stating that:

*"EU action will support national efforts through ET 2020, the strategic framework for European cooperation in education and training, to remove legal and organisational barriers for people with disabilities to general education and lifelong learning systems; provide timely support for inclusive education and personalised learning, and early identification of special needs; provide adequate training and support for professionals working at all levels of education and report on participation rates and outcomes"*<sup>7</sup>.

The Strategic Framework - Education and Training 2020, launched in 2009, set four common EU objectives to address challenges in education and training systems by 2020:

- Making lifelong learning and mobility a reality
- Improving the quality and efficiency of education and training
- Promoting equity, social cohesion, and active citizenship
- Enhancing creativity and innovation, including entrepreneurship, at all levels of education and training<sup>8</sup>

Social inclusion and citizenship through formal and non-formal learning is the result of a Communication adopted in 2016, as a follow up of the Paris Declaration<sup>9</sup>. It establishes a list of concrete objectives to be pursued at national and local level and defines four overarching priorities for cooperation at EU-level, among them:

*Fostering the education of disadvantaged children and young people, by ensuring that our education and training systems address their needs*<sup>10</sup>

Finally, and specifically about ADHD, a Resolution of the Council of Europe (March 2015) named "Ensuring comprehensive treatment for children with attention disorders" and authored by the Parliamentary Assembly, at point 5 reported that "Today, there is an increasing recognition that ADHD requires a comprehensive multimodal treatment approach combining medical, behavioural and **educational interventions**, including parent and teacher education about diagnosis and treatment; behaviour management techniques for the child, the family and teachers; medication and school programming and support"<sup>11</sup>

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<sup>7</sup> <http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52010DC0636&from=en>

<sup>8</sup> [http://ec.europa.eu/education/policy/strategic-framework\\_en](http://ec.europa.eu/education/policy/strategic-framework_en)

<sup>9</sup> [http://ec.europa.eu/dgs/education\\_culture/repository/education/news/2015/documents/citizenship-education-declaration\\_en.pdf](http://ec.europa.eu/dgs/education_culture/repository/education/news/2015/documents/citizenship-education-declaration_en.pdf)

<sup>10</sup> [http://ec.europa.eu/education/policy/strategic-framework/social-inclusion\\_en](http://ec.europa.eu/education/policy/strategic-framework/social-inclusion_en)

<sup>11</sup> <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-EN.asp?fileid=21596&lang=en>

## 2.4 NATIONAL LEGAL FRAMEWORKS AND GUIDELINES

### 2.4.1 SPECIAL EDUCATIONAL NEEDS INCLUDING ADHD IN BULGARIA

#### NATIONAL LEGAL FRAMEWORK

In 1994, Bulgaria signed the Salamanca Declaration and the Frame for Action on Special Needs. Since then, the country started working on the implementation of the European and World standards on education of all groups of students with special educational needs (SEN) and provision of equal access opportunities for their education.

In 2007, Bulgaria signed the Convention on the Rights of Persons with Disabilities and in 2008 - its Optional Protocol ([A/RES/61/106](#)). In 2012, Bulgarian Parliament officially ratified them. *Article 24 is especially devoted to Education. It held that: "States Parties recognise the right of persons with disabilities to education. With a view to realising this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:*

- a. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;*
- b. The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;*
- c. Enabling persons with disabilities to participate effectively in a free society."*

Among the more recent National Laws and Regulations for children, students and individuals with special educational needs (SEN) in Bulgaria are:

1. Law for Protection of the Child of the Ministry of Labor and Social Policy of 2000 with its last revision from 2016;
2. Regulation No 6 for the Education of Children and Students with Disabilities and/or with Chronic Diseases of the Ministry of Education of 2002;
3. Regulation No 1 for Education of Children and Students with Special Needs and/or Chronic Diseases of the Ministry of Education of 2009 and its revision from 2016;
4. Law for Preschool and School Education of the Ministry of Education of 2015;
5. Law for Integration of People with Disabilities of Ministry of Labor and Social Policy of 2005 with its last revision from 2016;
6. Regulation for Inclusive education of the Ministry of Education of 2016.

Regulation No 1 defines that children and students with special needs are those who have (Chapter 1, article 2):

1. Different disabilities – sensory, physical, mental, multiple;
2. Communication disorders;
3. Specific learning disabilities (dyslexia, dysgraphia, dyscalculia);
4. Autism spectrum disorders;

## 5. Emotional and behavioural disorders.

Similar in defining the SEN is the Law for Preschool and School Education of the Ministry of Education of 2015, where the Additional Provisions, Article 27, state that “Special educational needs of a child or student are the educational needs due to sensory, physical, multiple disabilities, intellectual disorders, speech-language disorders, specific learning disabilities, autism spectrum disorders, emotional and behaviour disorders”.

All of the above documents declare some important postulates about:

- The importance of appropriate diagnosis,
- The development of an individual education plan (IEP),
- The right for inclusive education,
- The team work for assessment and education of children and students with SEN,
- The role of parents,
- The status and new roles of special schools etc.

The newest Regulation for Inclusive Education from 2016 states the need for provision of:

- General educational support,
- Additional educational support, for all children and students with special educational needs, which support should be ensured directly by the general schools through hiring special educators as full staff members.

The Regulation for Inclusive Education from 2016 focuses also on the need of setting a positive climate and appropriate psychological environment in all general educational settings where SEN children and students shall be admitted.

A new element in the Regulation for Inclusive Education from 2016 is that it faces the needs of appropriated and individually-based education for the gifted and talented children and students.

In the cases of students with special educational needs attending VET programmes (iVET, cVET etc.), the school authorities of each VET provider are responsible for the implementation of special educational programmes attended by students with special educational needs.

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### OFFICIAL GUIDELINES ABOUT DIAGNOSIS OF SPECIAL EDUCATIONAL NEEDS INCLUDING ADHD

The processes of diagnosis, evaluation and assessment of children and students with SEN, have been discussed seriously in the past 30 years with the efforts on finding the best possible way for ensuring an adequate, early and evidence-based assessment to each individual child.

Regulation No 6 of 2002 for instance defines the term “Psychological-pedagogical assessment” and sets the need for a team-based evaluation of any SEN child with the active participation of the parents.

The newest Regulation for the Inclusive Education of 2016 continues the process of a team-based assessment with the involvement of the family, and furthermore states the need for organizing a coordinating team at the general educational setting (kindergarten, school), consisting of different specialists, which takes the decisions about the support the SEN child should receive. The support, as mentioned above, is divided into two main groups: general and additional. This is done after the child is

medically diagnosed.

Places for medical assessment and diagnosing children, students and people with Special Educational Needs (SEN) are:

- hospitals,
- medical centres,
- mobile units,
- psychiatric departments and others.

In addition, psychological and educational evaluation is applied after the medical examinations and diagnosis. It can be provided by:

- special schools for students with visual impairments – 2 in total in Bulgaria,
- special schools for students with hearing impairments – 3 in total in Bulgaria,
- Regional Centres for Support of Inclusive Education– 28 in total in Bulgaria,
- centres for supporting the individual development,
- mobile units provided by the regional resource centres,
- speech therapy centres.

All mentioned above services use the international criteria for diagnosis of special educational needs, including ADHD, such as:

- the American Psychiatric Association (DSM-V);
- the World Health Organisation (ICD-10).

It should be noted, however, that the ADHD is a relatively newly recognised disorder in Bulgaria. In fact, the ADHD syndrome is used in Bulgaria since the last 15 years. Before this period the syndrome was known as a minimal brain damage/s/ which was worldwide popular before 30 years. The Conners Rating Scale test was officially certified in Bulgaria only three years ago. The problems of ADHD are increasingly promoted among the teachers in schools and kindergartens so that they know how to work with these children. However, we have to recognise that the teachers are working intuitively and very didactic because there is no strategy or methodology developed.

For this reason, ADHD is often overlooked in teens and young adults - it is under diagnosed and under reported and when actually mentioned it is usually along some other condition and the strategies are as a rule aimed at the comorbid disorder (usually ASD).

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#### EDUCATION SERVICES AND FACILITIES FOR STUDENTS WITH SPECIAL EDUCATIONAL NEEDS, INCLUDING THOSE WITH ADHD.

Currently, the educational placements for students with Special Educational Needs, including those with ADHD, in Bulgaria include:

- **Mainstream classes.** In this case the SEN student is receiving his/her education in a general class, among able-body students. A special education teacher should provide general and additional support to the SEN student. In addition, the school environment should be adapted and modified to address the individual needs of each student;

- **Special schools.** After the Law for Preschool and School Education was passed in 2015, there are five special schools – for students with hearing impairments, and for students with visual impairments. The previous special schools for students with intellectual disabilities were transformed into centres for supporting the individual development.

Currently, the Bulgarian educational system is in a transitional period as a new Educational Law is in force. This also obstructs information gathering as different levels of administrative units have different access to the old data and on the other hand, the new curricula and educational plans are in the final stages of their development – therefore inaccessible. Thus, there is still a lack of a single strategy or a programme orientation on how systematically to work with children with ADHD.

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#### NATIONAL ORGANISATIONS FOR AND OF ADHD

In Bulgaria there are no specific organisations oriented to work with ADHD only. The main organisations working with these children are the private psychological units (consulting offices), non-governmental non-profit foundations, municipal centres for social rehabilitation and integration as well as centres for public support. However, all SEN children and students, including those with ADHD, are eligible for educational support throughout their school education, provided by a special educational teacher called resource teacher. Previously the resource teachers were full time staff members of the Regional Centres for Support of Inclusive Education in the country – 28 in total, and right now there is a process of transformation which should lead for them to be hired by the general educational settings and to be their full time staff members. The resource teachers provide pedagogical support to the SEN students.

Some of the organisations working in favour of these children and individuals are:

- Autisme Association - <http://www.autism-bg.net/>;
- Bulgarian Association for Persons with Intellectual Disabilities - <http://bapid.com/bapid/>;
- National Network for People with Disabilities - <http://www.network-hv.com>.

#### References:

- Salamanca declaration and Framework for Action on Special Needs, [www.unesco.org/education/pdf/SALAMA\\_E.PDF](http://www.unesco.org/education/pdf/SALAMA_E.PDF)
- Convention on the Rights of Persons with Disabilities, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

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#### NATIONAL LAWS AND REGULATIONS:

- Regulation No 6 for Education of Children and Students with Disabilities and/or with Chronic Diseases of 2002, <http://www.cepsi95.org/doverie/documents/Naredba6-Obuchenie-DecaSOP.pdf>
- Regulation No 1 for Education of Children and Students with Special Needs and/or Chronic Diseases of 2009, <http://www.mon.bg/?go=page&pagelId=7&subpagelId=59>
- Regulation for the Inclusive Education of 2016, <http://www.mon.bg/?go=page&pagelId=7&subpagelId=59>
- Law for the Preschool and School Education of 2015, <http://www.mon.bg/?go=page&pagelId=7&subpagelId=57>

- Law for Protection of the Child of 2000,  
<https://www.mlsp.government.bg/index.php?section=CONTENT&l=226&lang=>
- Law for Integration of People with Disabilities of 2005,  
<https://www.mlsp.government.bg/index.php?section=CONTENT&l=226&lang=>



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## 2.4.2 SPECIAL NEEDS AND ADHD IN GREECE

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### NATIONAL LEGAL FRAMEWORK

Individuals with psychological difficulties and pervasive developmental disorders first attracted the attention of the Greek state and the private sector in the late 1950s. Until this point, those individuals remained under the protection of their families or in institutions and asylums. Before the 1950s the state considered psychological disorders, behavioral problems and delinquency a threat to societal security. The measures in place, at this time, were of a suppressive nature and were not the responsibility of the Ministry of National Education and Religious Affairs. A shift in the education of people with behavioral problems and pervasive developmental disorders occurred after the institution of Law 2817/2000 (Greek Official Governmental Gazette. Law 2817 14/3/2000 78). This law introduced the abolition of discriminating terminology, and also the promotion of respect to individual differences and its purpose was the educational and social integration of people characterized as 'special'. Law 3699/2008 (Greek Official Governmental Gazette. Law 3699 2/10/2008 199) expands on this and encourages a policy of education and integration of those with special educational needs.

Special Education has a significant development in our country, nowadays. The legal framework, particularly as developed in recent years, has been modernized and harmonized with the European policy against social exclusion and inclusion of students with special needs within mainstream schools. An important issue is the effective integration in education and continuous support in the educational process of students with disabilities and/or special educational needs. The new policies for Special Education aim at ensuring access to digital educational material and to infrastructure regardless of motion, vision, hearing or other disability, and/or learning difficulty; in addition, such policies intend to establish the appropriate supporting structures and services, facilitating thus engagement of students with disability and/or special educational needs in mainstream schools.

Generally, Laws 2817/2000 and 3699/2008, exclusively on Special Education, constituted milestones in the development of the institution in Greece, reflecting the prevailing views with respect to Special Education and persons with Special Educational Needs.

Law 2817/2000 dealt with issues relating to "persons with special educational needs". The aim of a special education system – according to Law 2817/2000 – "is development of a child's personality, improvement of abilities and skills, in order that their integration and reintegration into mainstream education system and life in society be a possibility, their vocational training and their participation in productivity, their mutual acceptance in society and their equal development." (article 1). Law 2817/2000 introduced the idea of integration and proposed the function of 'one school for all' aiming at the social and vocational integration of people with special needs (Syriopoulou, 2010).

In 2008, a new law (3699/2/10/2008) was voted on Special Education by the Ministry of National Education and Religious Affairs on "Special Education for Persons with Disabilities or with Special Educational Needs". This law updated, codified and supplemented prior legislation which leads to a form of legal unity with the general national policy for education. It was the first time that the compulsory nature of Special Education was enshrined in law. This new law on Special Education states that its main purpose, both within a general school and a special school unit setting, is to ensure that all citizens with disabilities and special educational needs have equal opportunities in terms of participation in and contribution to society, independent living,

financial self-sufficiency and autonomy. In addition, it seeks to safeguard fully their rights to education and social inclusion and employment. The new Law 3699/2008 regulates all the issues concerning the degree of the learning difficulties that pupils may meet during the everyday education process, either in the mainstream or special system of education. It is based on the internationally recognized characteristics of 'a school for all' and on the European Union principles for inclusion and equal opportunities.

For the first time, the legislation refers, specifically, to students with Attention Deficit Hyperactivity Disorder (ADHD). According to Law 3699/2008, children and adolescents with ADHD are students with special educational needs. The Ministry of National Education and Religious Affairs is responsible for the assessment and development of teaching programs for these students (article 3). These students can attend general school classes as long as they have mild learning disabilities. They are supported by the general teacher who cooperates with diagnostic centres and school counsellors both of general and special education. Moreover, they can attend general school classes with parallel support and co-teaching by special education teachers, whenever this is required depending on the type and level of special education needs. Parallel support is provided to students who can attend the class curriculum under appropriate individual support. Finally, students with special needs can attend special classes which function within general schools.

Furthermore, according to the current Greek legislation (Law 4115/2013), individuals -over 18 years old - who have been previously, assessed as persons with disabilities or with special educational needs fall under the responsibility of KEDDY.

When these individuals attend VET programmes (iVET, cVET and Second Chance Schools), the director of each VET provider is responsible for the implementation of special educational programmes attended by students with disabilities or special educational needs. In addition, the assembly of teachers in each institution identifies and evaluates, among other things, the training needs of the students and suggests to the director the type and the form of the educational training and contributes to its implementation.

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#### OFFICIAL GUIDELINES ABOUT DIAGNOSIS AND TREATMENT OF ADHD

Typically, an adult or the parent of a child, who suspect of some kind of a problem, like ADHD, can address to specific health experts, psycho-diagnostic units and/or centres for an evaluation. Units / centres specialized on psychological health and people with Special Education Needs (SEN) in general, include:

- centres of psychological health,
- medical-pedagogical centres,
- multi-staffed medical-pedagogical centres,
- special centres for special treatment,
- mobile units,
- psychiatric departments for adults or children and youths,
- the general hospital of the prefectures,
- University psychiatric hospitals,
- units of psychosocial rehabilitation and
- Special centres of social rehabilitation amongst others (Law 2716/1999) (art. 4, para. 2).

Those units and centres, use international criteria for the diagnosis of ADHD and primarily those of the American Psychiatric Association (DSM-IV) and the World Health Organization (ICD-10). However, the

diagnosis can be subjective, as it mostly takes place through questionnaires completed by parents or teachers (who substantially contribute to diagnosis) and the clinical evaluation of the specialist. These established guidelines are widely used in research and clinical practice in the country.

Furthermore, parents, who have the suspicion that their children face a problem, can also address to public services responsible for the diagnosis and assessment of special educational needs. Specifically, the Law on Special Education (3699/2008 – art. 1) on the education of people with Special Educational Needs or with Disabilities, including those with ADHD, provides the opportunity to children and teenagers to get diagnosed in the educational context. The aforementioned Law specifically defines the diagnostic procedure to be followed both for children and adolescents with Disabilities or with Special Educational Needs, including those with ADHD. Particularly, "diagnosis" for the Law is the educational evaluation for collecting data and information that will assist in the design and implementation of educational programs - interventions. During the diagnosis a "Differential diagnosis" procedure takes place. Differential diagnosis is the process by which diseases with similar symptoms are excluded to conclude to the prevailing diagnosis. The differential diagnosis is part of the multidisciplinary evaluation, which takes place in order to collect the necessary data for the design and implementation of appropriate training programs and provide appropriate support structures and services. The law states that students with disabilities or with special educational needs are identified by Centres of Diagnosis and Support, the Special Committee for Diagnosis and Assessment and Medical-Pedagogical Centres of other Ministries that cooperate with Ministry of National Education and Religious Affairs (art. 4)".

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#### EDUCATION FACILITIES FOR STUDENTS WITH SPECIAL NEEDS, INCLUDING THOSE WITH ADHD.

The idea of inclusion of students with Special Educational Needs, in Greece, was introduced in 1985, and further built upon in 2000 with the creation of the Centres for Diagnosis, Assessment and Support (KDAY), now called KEDDY (Differential Diagnosis, Diagnosis and Special Educational Needs Support Centres). KEDDY were established to provide the corresponding services to students, as well as support and guidance to teachers. Furthermore, KEDDY centres assess and recommend the type of special education required by students. The educational support that students with Special Education Needs (SEN) or with Disabilities expect to receive is in:

- a) Mainstream classes, if they experience mild learning difficulties, and will be supported by a classroom teacher (who cooperates with the Centres of Diagnosis and Support), a school counsellor of mainstream and special education and special staff,
- b) Mainstream classes, with the additional support of teachers of special education,
- c) Specially organised and appropriately staffed integration classes that operate inside the mainstream schools and vocational schools.
- d) Special schools with teachers and staff trained for special education. However, only students with the most severe cases of SEN, who cannot attend mainstream classes or special integration classes within mainstream schools, should attend special schools (Special Vocational Education & Training Centres (E.E.E.K)).

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## NATIONAL ASSOCIATIONS FOR ADHD

In Greece, the number of National Associations for ADHD is very limited. Specifically, there are the following two:

1. The Pan-Hellenic Association of individuals with Attention Deficit/Hyperkinetic Disorder (ADHD) (ADHD Hellas) which is a national, non- profit, voluntary, independent association founded in March 2009 and is based in Athens. The association brings together parents of children with ADHD, adults with ADHD, mental health professionals, teachers and other experts, who voluntarily work to achieve their objective (<http://www.adhdhellas.org/>).
2. the “Hellenic Organization for the Study of Attention deficit hyperactivity disorder” which was established in 2008. The organization aims at overcoming the scientific and social prejudices for ADHD in the Greek area and promoting the relevant scientific knowledge (<http://adhd.gr/>).

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## REFERENCES:

Syriopoulou- Delli, Chr. (2010). A Historical Review of Educational Policy in Greece for Children with Pervasive Developmental Disorders, Behavioural Difficulties and Other Special Educational Needs. Review of European Studies, Vol. 2 (1).

“Pan-Hellenic Association of individuals with Attention Deficit/Hyperkinetic Disorder (ADHD) (ADHD Hellas), <http://www.adhdhellas.org/>

“Hellenic Organization for the Study of Attention deficit hyperactivity disorder”, <http://adhd.gr/>

Greece: Education for All 2015 National Review,

<http://unesdoc.unesco.org/images/0022/002299/229950E.pdf>

Greece, Summary Country Report on the Vocational Education and Training system, REFERNET Cedefop and Summary report on Vocational Education and Training (VET) for learners with Special Educational Needs (SEN), <https://www.european-agency.org/sites/default/files/gr-policy-summary-report.pdf>

Dyslexia Centers, <http://dysleksia-centers2.webnode.gr/>

Greece - Legal System, European Agency for Special Needs and Inclusive Education, <https://www.european-agency.org/country-information/greece/national-overview/legal-system>

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## NATIONAL LAWS:

Law 2716/1999, <https://www.hc-crete.gr/Media/Default/law/96-1999-1.PDF>

Law 2817/2000, [http://www.pi-schools.gr/special\\_education\\_new/ftp/nomoi/Nomoi-E-A/N.%202817%20-%202000%20-%20FEK.%2078%20-A-%2014-3-2000.pdf](http://www.pi-schools.gr/special_education_new/ftp/nomoi/Nomoi-E-A/N.%202817%20-%202000%20-%20FEK.%2078%20-A-%2014-3-2000.pdf)

Law 3699/2008, [http://www.pi-schools.gr/special\\_education\\_new/ftp/nomoi/Nomoi-E-A/N.%203699%20-%202008%20-%20FEK.%20199%20-A-%202-10-2008.pdf](http://www.pi-schools.gr/special_education_new/ftp/nomoi/Nomoi-E-A/N.%203699%20-%202008%20-%20FEK.%20199%20-A-%202-10-2008.pdf)

Law 4115/2013, <https://eklektorika.aegean.gr/sites/eklektorika.aegean.gr/files/N.4186.2013.pdf>

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### 2.4.3 ITALY

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#### NATIONAL LEGAL FRAMEWORK

In the field of education, people with special learning needs (e.g. ADHD) are entitled to achieve the same results as other pupils and they have the right to access an individualized program of learning.

As far as job placement is concerned, in addition to law no. 104/92, the Law

N.68 / 99 "Rules for the Right to Work of Disabled Persons", has been promulgated with the aim to promote the integration into the world of work of disabled people through services of targeted support and placement and through training policies.

The Law of November 8, 2000, no. 328 "Framework law for the Realization of the integrated system of interventions and social services" implements the Constitutional paper and aims to ensure interventions and social services capable of avoid discrimination, equal opportunities and citizenship rights, eliminating or reducing discomfort situations resulting from inadequate income or from physical or mental conditions that limit the person's autonomy.

The Law 328/2000 provides, in particular, on disability, individual projects for people with special needs (art.14), and support of family. More recently, the Law no. 18/2009 and 27/2013 have confirmed these indications and assured more economic resources to these aims.

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#### OFFICIAL GUIDELINES ABOUT DIAGNOSIS AND TREATMENT OF ADHD

In recent years, to define the clinical and educational best practices related to learning disabilities (included those linked to ADHD), two Consensus Conferences have been organized in Italy by national professional and advocacy associations and by the Health Governmental Department. Moreover, the Education Governmental Department has promulgated a specific law related to LD (Law 170, October 2010) to guarantee access to all the educational opportunities for students with learning difficulties.

For ADHD, the Health Governmental Department has planned the processes to assess this disability especially when a pharmacological intervention is suggested. Furthermore, all clinical data of all children under pharmacological treatment are now stored in a national registry controlled by the Istituto Superiore di Sanità (ISS), the leading technical and scientific public body of the Italian National Health Service. ISS has valued the prevalence of this disability within the range of 0.43% to 3.6% in the general population. The Education Governmental Department has proclaimed a text with recommendations to be adopted by all teachers in their classroom for children with ADHD.

The recent publication of the DSM-5 incorporate most of the points already included in the national documents with the reduced significance of the incongruity criteria, differences between dyslexia and comprehension disorders, differences between dyscalculia and mathematical reasoning in problem solving, and differences between spelling and writing skills. Yet, the new classification system approach will raise problems for the differentiation of LD into the four main categories of recent Italian law, that is, *dislessia* (dyslexia), *disortografia* (spelling disorder), *disgrafia* (handwriting disorder), and *discalculia* (dyscalculia).

The proposed addition of "severity specifiers" had been anticipated for many years, just for the current criteria difficulties. Likewise, the uninformed cut-offs split the distributions of levels of competence. Moreover, the observation of diverse adaptive consequences for children with the same diagnosis of LD

should emphasize the significance of defining different criteria for the diagnosis of the disorders, connected to the severity of the problems.

In Italy, the criteria for the diagnosis of ADHD are still heterogeneous and no consensus exists regarding the most effective diagnostic practices. Specifically, there are different approaches for estimating the prevalence of symptoms in different developmental phases. The proposed elimination of the specifications into three sub- types, in favor of the introduction of a more detailed expression of symptoms, and the use of specific developmental pathways over time may facilitate understanding of the manifestation of symptoms and their prognosis.

The recognition of the new symptoms in adulthood criteria would also improve the knowledge of the criteria established during development. However, in addition, it could be useful to both diagnosis and classification to consider the psychological profile and the different intensity of symptoms (and not only the number of symptoms). The distinction between different levels of the disorder severity, similar to the LD proposal, may be helpful. In particular, a differentiation based on underlying neuropsychological patterns among children with ADHD should also be considered. Another related issue that should be addressed is the need to gather more evidence focused on the validity of the tests to support a diagnosis that otherwise would be based only on a symptomology approach (e.g. the role of executive functions in ADHD).

National Health Institute Guidelines "Protocollo diagnostico e terapeutico della sindrome da iperattività e deficit di attenzione per il Registro nazionale ADHD (Attention Deficit Hyperactivity Disorder)"  
<http://www.iss.it/binary/publ/cont/0920web.pdf>

Italian Society of Child and Adolescent Neuropsychiatry Guidelines "Linee-guida per la diagnosi e la terapia farmacologica del Disturbo da Deficit Attentivo con Iperattività (ADHD) in età evolutiva."  
[http://www.aidaiassociazione.com/documents/Linee\\_guida\\_SINPIA\\_Diagnosi.pdf](http://www.aidaiassociazione.com/documents/Linee_guida_SINPIA_Diagnosi.pdf)

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#### NATIONAL ASSOCIATIONS FOR ADHD

Among the several association (the complete list here: <https://www.aifaonlus.it/centri-e-risorse/centri-e-risorse.html>)

Special Education Services

AIFA Onlus - Associazione Italiana Famiglie ADHD - Sede Legale e Segreteria Nazionale

AIDAI Onlus Regione Lazio: [www.aidaiassociazione.org](http://www.aidaiassociazione.org)

Reparto di Neurologia e Psichiatria infantile della IRCCS Stella Maris, Univeristà di Pisa

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#### 2.4.4 SPAIN

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##### OFFICIAL GUIDELINES ABOUT DIAGNOSIS AND TREATMENT OF ADHD

In Spain the competences in education and health fields are the responsibility of Autonomous Governments. For this reason, there exist different guides elaborated by the Autonomies.

ADHD guides to the Diagnosis and Treatment

<http://feaadah.org/admin/archivo/docdow.php?id=535> (summary)

<http://www.feaadah.org/es/sobre-el-tdah/winarcdoc.php?id=713>

<http://www.feaadah.org/es/sobre-el-tdah/winarcdoc.php?id=711>

<http://feaadah.org/admin/archivo/docdow.php?id=576>

<http://www.feaadah.org/es/sobre-el-tdah/winarcdoc.php?id=710>

<http://feaadah.org/admin/archivo/docdow.php?id=581>

<http://feaadah.org/admin/archivo/docdow.php?id=834>

<http://feaadah.org/admin/archivo/docdow.php?id=572>

ADHD guides for teachers/trainers

<http://www.feaadah.org/es/sobre-el-tdah/winarcdoc.php?id=714>

<http://feaadah.org/admin/archivo/docdow.php?id=692>

[http://www.ite.educacion.es/formacion/materiales/186/cd/m3/Ficha\\_3.1.3.pdf](http://www.ite.educacion.es/formacion/materiales/186/cd/m3/Ficha_3.1.3.pdf)

<http://www.feaadah.org/es/sobre-el-tdah/winarcdoc.php?id=709>

<http://www.feaadah.org/es/sobre-el-tdah/winarcdoc.php?id=706>

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##### NATIONAL LEGAL FRAMEWORK

<http://feaadah.org/admin/archivo/docdow.php?id=543>

<http://feaadah.org/admin/archivo/docdow.php?id=545>

<http://feaadah.org/admin/archivo/docdow.php?id=541> (Catalunya)

NATIONAL ASSOCIATIONS FOR ADHD AND ADULT ADHD

AATEDA.	ADHI	<u>EUSARGHI</u>
ABUDAH.	AFAFDA	FACAM TDAH
ACODAH.	AFHIP	FAHYDA
ADA+HI.	AHIDA-TTE	FCAFA TDAH
ADAHBI	AIRE LIBRE	ADANA
ADAHIAS	ALBATROS	CADAH
ADAHIMOLINA	ALENHI	EDUCACIÓN ACTIVA
AFANDAH	AMANDA	<u>FUNDAICYL</u>
Asociación Águilas Vida Activa	AMPACHICO	HADA ALCAZAR
AHIDA	ANADAHI	PLATAFORMA TDAH CATALUNYA
AMHIDA	ANDAH	STILL
ANSHDA	ANDAR	TDAH CATALUNYA
<u>ASOCIACIÓN DE TDA-H y TGD</u>	ANHIDA	TDAH-GC
BULE BULE	ANHIDA	ATEDA
EL AMANECER	AHIDACORUÑA	ATIMANA-DAH
EL PUENTE-TDAH	ANHIPA	AVANZA TDAH
LORCA ACTIVA TDAH	ANHIPA	AVATDAH
SERENA	APADAHCAS	BESAY
TDA-H PALENCIA	APDAH	ASANHI
TDAH MENORCA	APDE	ACANPADAH
TDAH SARASATE	APNADAH	Asociación Terapéutica La Tortuga
TDAH VALLES	APYDA	ASPATHI.
TDAH-AXARQUIA	TDAH PENEDÉS	ARPANIH



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## 2.4.5 SPECIAL NEEDS AND ADHD IN SWEDEN

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### NATIONAL LEGAL FRAMEWORK

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In Sweden there is no body which has sole responsibility for the support of children, adolescents and adults with ADHD, as this requires cooperation between different actors in society.

Regarding legal regulation related to people with ADHD, there are a number of laws that are important for such people and their relatives.

#### **The Social Services Act (“SoL”)**

The Social Services Act (2001: 453) is a framework that gives municipalities the freedom to organise activities based on local conditions and needs. Law unites rights of the individuals whom municipalities are obliged to support.

#### *Starting points*

In the Preamble (Chapter 1. 1§), the objectives of social services are described, including promotion people's active participation in society. According to the same social issue social services should also focus on unlocking and developing individual and group own resources. Operations should be based on respect for human autonomy and integrity.

#### *Special groups*

The overall objectives of the Preamble (1 Ch. 1) are supplemented with provisions on the objectives and direction for the work of certain groups in society.

This includes children and young people (5 Chap. 1-3 §§) as well as people with disabilities (5 Ch. 7, 8 and 8a §§).

The Social Welfare Board shall work closely with the family and ensure that children and young people at risk of developing unfavourably receive the protection and support they need. If necessary, they also receive care and education outside the home (5 Ch. 1 § SoL).

In Chapter 5. 7 and 8 §§ SoL also stands as follows:

"The Social Welfare Board shall work with people who for physical, mental or

Other reasons face considerable difficulties in their life in order for them to have the opportunity to participate in the life of the community and to live like others. The social services committee also works towards individuals getting meaningful employment that is also tailored to their special needs.

The measures for an individual are also "designed and implemented together with him or her and, if necessary in cooperation with other public bodies and with organizations and other associations "(Chap. 3 § 5 SoL).

One of the principles in the social services is that support and assistance should be given to people so that they do not feel labelled or identified. Another principle is proximity, which means that the efforts at home go before the care outside, and that care outside the home should be arranged as close to home as possible. Efforts must be adapted to the individual's current circumstances and needs, which means that the social services should have different treatment options when it comes to individually focused interventions (prop. 1979/80: 1 p. 214 and 2015, and Beth. 2000/01: Sou 18, p. 17).

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### THE LAW ON SUPPORT AND SERVICE TO CERTAIN HANDICAPPED (“LSS”)

The Act (1993: 387) concerning support and service for certain people with disabilities (“LSS”) states that the efforts should "promote equality of living conditions and full participation in society".

The ten actions under § 9 LSS are:

1. Counselling and other personal support that requires special knowledge of the problems and living conditions for people with significant and permanent disability
3. The assistance of a personal assistant or financial support for reasonable costs for such assistance, to the extent that the need for support not covered by granted assistance hours under Chapter 51 of the Social Code
4. Escort service
5. Assistance of the facilitator
6. The “relief” service in the home
7. Short-term stay outside the home
8. Short-term supervision for school children over 12 years outside the home in connection to the school day and during holidays
9. Living in foster homes or housing with special services for children or young people who need to stay outside the parental home, Housing with special services for adults or other specially adapted homes for adults
10. Daily activities for people of working age who are not employed and do not educate themselves

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### SEVERAL LAWS CAN BE RELEVANT IN SOME CASES

The processing varies depending on whether the application for assistance is under SoL or under LSS. Under special justification requests for LSS should be filed, as this Act generally gives more advantage to the person.

If not, the application can be requested to be processed under SoL (Prop. 1992/93: 159 p. 171). It is the applicant that determines what law to apply for. However, once the need for interventions is examined under

LSS, it may be necessary to simultaneously consider whether the person also needs support under SoL (cf. Prop. 1992/93: 159 p. 171). Some people with ADHD are entitled to services under LSS even if they have no comorbidity.

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## THE HEALTH CARE ACT

### General health care responsibility

In § 2 Health Care Act (1982: 763), HSL, the goal of healthcare is stated:

"The goal of health care is good health and care on equal terms for the entire population. Care shall be provided with respect for all people equal value and for human dignity. Anyone who has greatest need of health care should be given priority access to care".

Health care must also be conducted so that it meets the requirements of good health care (2 a § HSL). Care and treatment should also "as far as possible be designed and implemented in consultation with the patient "(2a HSL).

### The Education Act

Chapter 3. § 3 of the Education Act (2010: 800) states:

"All children and students will be given the mentoring and encouragement they need in their learning and personal development to the best of their ability in order to be developed as far as possible in accordance with the aims of education".

Chapter 3. 8 § of the Education Act also says:

"If in the context of teaching based on information from teachers or other school staff, a student or a student's guardian, there is reason to fear that a student will not reach the minimum proficiency requirements, this should be reported to the principal. The principal shall ensure that the student's special needs are promptly investigated. The need for special support should also be investigated if the student exhibits other difficulties in their school situation".

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## NATIONAL ASSOCIATIONS FOR ADHD

National association "Attention" (Riksförbundet Attention) is an association for people with neuropsychiatric disorders (NPF), such as ADHD, Asperger's Syndrome / Autism Spectrum Conditions (AST), language disorder and Tourette's syndrome.

URL: <http://attention-riks.se>

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## REFERENCES:

<http://attention-riks.se>

"Stöd till Barn, Ungdomar Och Vuxna Med Adhd." Socialstyrelsen, Oct. 2014. Web.  
<<http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19582/2014-10-42.pdf>>.

## 11. SELECTION OF GOOD PRACTICES

In this section, each partner of the project presents the guidelines of its own country for the inclusion of ADHD adult students. Moreover, a selection of Case Studies in the field are presented here, to give specific examples of how the general country guidelines contritely apply.

## 3.1 GUIDELINES

### 3.1.1 ITALY, ISS

#### AUTHOR

Istituto Superiore di Sanità (ISS)

#### STAKEHOLDERS INVOLVED

Italian Minister of Education, University and Research

#### CONTEXT, CLINICAL AND LEGAL FRAMEWORK

All guidelines for the inclusion of patients with ADHD in learning contexts and for the enhancement of their success in the work world are rooted on diagnostic and intervention protocols, which may vary in different countries, although sharing common fundamentals. Understanding treatment programs is crucial also for the planning of tailored strategies, both in schools and in centers for vocational training. Thus, the ISS has recently released a medication-based intervention protocol for ADHD patients in order to inform all interested professionals about the state of the art treatment for this syndrome.

The most recent European clinical guidelines for the assessment and treatment of ADHD in developmental age were distributed by the European Society for Child and Adolescent Psychiatry (ESCAP) in 2004, whereas in 2010, a group of specialists published the guidelines for adults (Kooij, Bejerot, Blackwell, et al. 2010). In 2008, the UK National Institute for Health and Care Excellence (NICE) updated these guidelines to allow wide-ranging recommendations for the diagnosis and management of ADHD in children and adults, underlining the importance of effectively managing the critical transition of adolescents with ADHD towards the adult work world. Several guidelines worldwide focus on evidence-based pharmacological treatments, such as the 2006 European guidelines for the use of long-acting medication in children and adults with ADHD, and the 2014 guidelines from the British Association of Psychopharmacology (Bolea-Alamañac, Nutt, Adamou, et al., 2014). Most of the European guidelines rely on the Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV) or the International Classification of diseases (ICD-10), diagnostic classification systems. However, only a few guidelines have been published since the ADHD diagnostic criteria for adults were revised in the 2013 DSM-5. Nevertheless, in 2014 the British Association of Psychopharmacology posited specific guidelines rooted on DSM-5. Moreover, it must be considered, that in 2010 European Consensus Statement recommends diagnostic criteria for adults that are similar to the most recent version of DSM.

In Italy, the Consensus Conference on hyperactivity syndrome with attention deficit (ADHD, Attention Deficit Hyperactivity Disorder), held in Cagliari in March 2003, had drew attention to the need to have access to all diagnostic tools and existing effective therapeutic strategies, to maximize assistance to individuals with this syndrome. In the following months, the Ministerial Committee on Drug (CUF), has reclassified methylphenidate and approved its use for the treatment of ADHD through predisposition of the individual therapeutic interventions. The marketing authorization of methylphenidate, in Italy, is dispensable by the National Health Service (NHS), and requires monitoring for the use of these drugs to treat children suffering from ADHD (also in combination with non-drug therapies), in order to ensure its safe use. To meet this need, a mandate has been given to a Technical-Scientific Commission to establish a *national registry* coordinated by the Department Pharmaceutical Institute of Health in collaboration with

the Italian Agency Drug Agency (AIFA), the Standing Conference of the Heads of Health of Regions and autonomous provinces of Trento and Bolzano, and with the General Directorate of Medicines and Medical devices of the Ministry of Health. Guidelines description

The territorial service of neuropsychiatry posits an ADHD diagnosis and prepares appropriate non-drug treatment strategies. If it is considered appropriate, a prescription of methylphenidate or atomoxetine is made and the patients are sent to referral centres. The assessment for prescribing the drug, after any possible confirmation of diagnosis must be performed by a medical specialist in neuropsychiatry of the Centre Reference, in a clinical setting where it will be tested the tolerability of the first standard dose (0.3-0.5 mg / kg / single dose) with monitoring of vital signs of the patient. The presence of at least a nurse is required, for the first administration of the drug. Atomoxetine will be administered starting from a dose of 0.5 mg / kg / day in weekly increments until the standard dose of 1.2 mg / kg / day. The acceptance of drug therapy and the treatment of personal data in the ADHD national register must in turn be authorized with informed consent (signed by parents if the patient is underage). Non-pharmacological treatments will be implemented by neuropsychiatry centers. It is important that the physician of the regional reference centre is aware of all drugs that the patient has used up to the entrance in the Register. It is also important to consult the doctor of the center, before taking any other therapy than those provided.

In brief, for the assessment and treatment of ADHD in adults, the ISS proposes that:

- 1) ADHD in adulthood should be diagnosed based on self-report and in-depth evaluation, but collateral information is desirable;
- 2) ADHD can be diagnosed in adults based on 4 of the 9 DSM-IV criteria, if impairments are significant, and age of onset after 7 years does not preclude diagnosis;
- 3) Age-appropriate presentations of ADHD symptoms should be taken into account when scoring the symptoms of ADHD in adults;
- 4) Neurobiological and neuropsychological tests are neither required nor sufficient for the diagnosis of ADHD but may document specific functional impairments;
- 5) Non-treatment may deprive the patient of the chance to resolve functional and psychosocial impairments at personal, relationship and professional levels;
- 6) Pharmacotherapy is recommended first-line;
- 7) Psychotherapy should be used for relief of comorbidities and functional impairments;
- 8) Long-term management is often necessary for adults with ADHD.

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### 3.1.2 ITALY, AIRIPA

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#### AUTHOR

Italian Association for Research and Intervention in Psychology of Learning - NPO (AIRIPA)

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#### STAKEHOLDERS INVOLVED

Italian Association of ADHD Families (AIFA)

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#### GUIDELINE DESCRIPTION

It has been demonstrated that most students who present behaviors of inattention and / or motor restlessness, show pervasive and persistent difficulties in selecting the information needed to perform the learning task and in keeping the attention for sufficient time to complete the delivery. Moreover, these students have impaired capacity to resist distracting elements present in the environment and easily surrender to wandering thoughts, which obstacles them in following the instructions of the teacher. Nevertheless, ADHD pupils show difficulties also in realms not specifically related to learning, such as complying with the rules (with oppositional behaviour or inability of understanding the rules) and regulating social interactions, and may have a disorganization in the executive processes of identifying, planning and controlling sequences of complex actions, necessary for the execution of learning tasks. Moreover, they can also show problems in regulating their behaviour, that is therefore characterized by excessive motor restlessness, and by the rapid transition from one activity to another (otherwise experiencing overwhelming sensations of boredom). Obviously, these more complex impairments have nonetheless an impact on their learning processes and skills, and on their academic achievements, also due to their neurobiologically based difficulty in storing long-term information.

To overcome these shortcomings, AIRIPA proposes that the family who presents the evidence of youth's problem should contact the school headmaster and all documentation should be entered in a private protocol. According to this protocol, the headmaster alerts teachers or the class coordinators about the evidence of the case. All the teachers of the class with an ADHD student, shall consider the pupil's clinical documentation released by a specialized service (characteristics of the disorder, diagnosis and treatment indications, psycho-educational tips). Teachers are encouraged to keep contact with the student's parents and with the specialists who follow him/her, for an appropriate exchange of information and joint management of specifically designed educational projects.

The teachers, in consultation with the clinicians who manage the diagnosis and treatment of the pupil, define the methodological and teaching strategies to encourage better school adjustment, and emotional and behavioral development. Each teacher who works with the student must take care to follow the use of educational techniques of proven efficacy in the context of disorders Deficit Hyperactivity.



In summary, it is considered appropriate that all teachers: predispose the environment in which the student is placed with ADHD so to minimize sources of distraction, involving the use of effective educational techniques (e.g. visual aids, introduction of routines, time for short breaks or small tasks, immediate gratification, monitoring procedures). They should also very clearly define rules of behaviour to keep within the class, which should apply to all students (not only the ADHD ones), and encourage the use of flow diagrams, drafts, tables, and keywords to enhance learning and develop communication and attention. Moreover, teachers are invited to: a) make sure that during the interrogation, the pupil has listened and reflected on the question and encourage a second response should he/she tend to respond hastily; b) organize written tests divided into several parts, and invite students to make accurate control of their task before handing it; c) clearly communicate the time required for the execution of the task (taking into account that the students with ADHD may need more time than their class mates (or vice versa they can have the attitude of too hasten the conclusion); d) rate written assignments based on the content, without exclusively considering typos and/or grammar mistakes, valuing the product and the student's commitment rather than form; e) divide written assignments into more questions; f) not impose punishments by: an increase in homework, a reduction of time for recreation and play, the elimination of physical activity, the denial of covering collective tasks in the school, exclusion from participation in trips.

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#### REFERENCES

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### 3.1.3 ITALY, TECHNICAL INSTITUTE FOR THE TOURISM ARTEMISIA GENTILESCHI OF MILAN

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#### AUTHOR

Technical Institute for the Tourism Artemisia Gentileschi of Milan - working group on the issue of pupils with Special Educational Needs.

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#### STAKEHOLDERS INVOLVED

Italian Government and Ministry of Education

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#### GUIDELINE DESCRIPTION

On the basis of the Directive of the Ministry of Education (Law 170/2010 and December 27, 2012 - Intervention Tools for pupils with Special Needs childhood training and territorial organization for school inclusion), ADHD pupils have been included in tailored programs for the delivery of knowledge. At this aim, school Class Council or the team of teachers in primary schools are required to indicate in which cases is appropriate to adopt of a personalization of teaching with compensatory or dispensative measures, in the perspective of total care and inclusion of pupils with ADHD. The privileged instrument, in this field, is the organization of an individualized and personalized teaching plan, which aims to define, monitor and document (according to collegial, co-responsible and participatory decisions) the most appropriate intervention strategies and evaluation criteria to support ADHD students' learning processes.

The Personalized Learning Plan (PLP) can include compensatory and dispensative strategies, such as: speech synthesis use, recorders use, word processing programs, calculator, tables, forms, conceptual maps, reading aloud, reduction of the tasks, increased time to perform tasks, writing from dictation. The PLP is elaborated on the ICF model (International Classification of Functioning, Disability and Health) defined by the World Health Organization in 2002 and must be approved by the class council before the start of the school year. The ICF model is one of the international classifications developed by WHO to encode the health information of individuals and provides the use of a standardized language, which facilitates communication among all those involved in health care and assistance. The ICF describes the nature and severity of the diagnosis and represents an innovative approach to the issue of school inclusion, especially for the great attention it reserves the socio-cultural environment in which the person lives. Terms such as "disability" and "handicap" are no longer used in this context, and have been replaced by "activities" and "social participation".

Specifically, the focus should be on the factors that facilitate learning processes and eliminate the barriers preventing performance of students with ADHD in inclusive education practices. Thus, it is no longer recommended to address pupils' shortcomings, but their potential.

In this new, wider perspective, the Personalized Learning Plan can no longer be understood as a mere explanation of compensatory and dispensative tools for children with learning difficulties, but also as all the comprehensive measure taken to guarantee the minimum standard of learning

goals expected for outbound skills. The Guidelines clarify that taking charge of ADHD pupils should be at the centre of attention and the joint effort of schools and families. Consistent with this objective, the Class Council needs to activate an individualized and customized path for the pupil with Special Educational Needs, in concert with all members of the teaching staff. This protocol must be shared and signed by the scholastic manager (or by a delegate), but also by teachers and families. Several examples of such documents are downloadable at the MIUR website (<http://hubmiur.pubblica.istruzione.it/web/istruzione/dsa>). It is frequent that, at the start of the scholastic year, pupils with ADHD symptoms (but not yet diagnosed) are still waiting for the official diagnosis by public or accredited health services. Thus, in accordance with the recommendations of the law 170/2010, schools must take all preventive actions to address the pupils' educational needs, justifiably related to the disorder. In fact, several students who obtain a diagnosis only after the start of the year remain without safeguards for their learning process. Therefore, it is crucial to adopt tailored curricula and individualized programs, even before the diagnosis, if ADHD symptoms are unmistakably identifiable, to resolve the difficulties linked to the release of the diagnosis (that in many cases can take more than six months) still adopting an individualized and customized curriculum, as well as all the measures that the educational needs identified require.

It is also important that schools coordinate with the Territorial Support Centres (TSC), which operate together with the Territorial Centres for Inclusion (TCI), and are positioned in strategic schools on the territory. They constitute the reference points for other schools and coordinate their activities with provinces, municipalities, health services, associations of persons with disabilities and their families, research centres, training and documentation, in compliance with the general strategies defined by the Regional and Central Education Ministry.

In brief, the Guidelines are organized with the aim of ensuring the right to education and the necessary support to pupils; including students with disabilities in the context of the classroom and school, encouraging academic success; reducing learning and emotional discomfort; providing appropriate support of the development of pupils' potential; verifying pupils' achievements; raising awareness in teachers and parents towards issues related the ADHD. It is very important to underline that all activities are scheduled in specific timesheets, so that at the intake orientation days are organized by the school, pupil and family can visit the school; registration of pupils is performed within the dates set by the deadline of ministerial regulations (usually in January); before the registration, a period of pre-registration is useful (in May usually); data collection on pupils' achievements and learning processes is performed from February to June or at the end of the school year; the PLP is organized before October.

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### 3.1.4 ITALY, SINPIA

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#### AUTHOR

Italian Society of Child and Adolescent Neuropsychiatry (SINPIA)

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#### STAKEHOLDERS INVOLVED

Italian Association for Attention Disorders and Hyperactivity (AIDAI)

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#### GUIDELINE DESCRIPTION

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##### PREMISES FOR PLANNING TEACHING PROGRAMS FOR PUPILS WITH ADHD

In recent years, the clinical definition of ADHD disorder, its diagnostic criteria and appropriate therapeutic strategies were the subject of numerous studies that have enabled several scientific societies (eg. American Academy of Child Adolescent Psychiatry, the American Association of Paediatrics, the European Society of Child Adolescent Psychiatry) and International Health Institutions (eg. National Institute of Mental Health [NIMH,USA], National Institute for Clinical Excellence [NICE, UK] to define specific guidelines. The guidelines here described, adapt the results of several studies to the Italian situation. The individual recommendations are borrowed from the guidelines of American Academy of Child Psychiatry Adolescent and they are defined: a) Minimum Standards, if recommendations are based on substantial evidence such as those derived from at least two rigorous controlled studies, double-blind. Such references should be followed in almost all cases (90%) and the reasons for their possible non-compliance should be reported in the folder; b) Line Clinic Guide: Recommendations based on significant but limited clinical evidence (open studies, individual cases) but shared by the majority of experts. They should be applied in most of cases (75%), but in clinical practice they should be kept always present the necessary exceptions; c) Clinical Option: acceptable practice but not derived from sufficient and incontrovertible clinical evidence (to be considered as appropriate in some cases but avoided in others).

For each recommendation, the strength of evidence and the strength of recommendation are also specified using the criteria of the American Association of Paediatrics, as follows:

- Good / Strong: Based on high-quality scientific evidence and / or strong clinical consensus
- Sufficient: Based on scientific evidence limited or modest methodological quality
- Poor: Poor limited scientific evidence and clinical consensus.

With regards to the diagnosis, SINPIA proposes the following recommendations:

- 1) In children / adolescents aged between 6 and 18 years presenting inattention, hyperactivity, and impulsivity poor clinical learning achievement (paediatrician, psychologist, developmental pediatrician) should start or begin the diagnostic evaluation for ADHD;
- 2) The diagnosis of ADHD requires that they meet the criteria of the DSM-IV.

3) The diagnosis is based on Clinical observation of the child / adolescent and on the information provided by parents, teachers and other educational agencies. Moreover, the diagnosis must consider phenomenology of the disorder, the age of onset, duration of symptoms and, especially, the degree of functional impairment.

In terms of educational activities and involvement of the teachers, these guidelines propose that, to ensure that the educational intervention is appropriate, it is firstly important to establish the level of the of the child's learning skills but also the performances of his classmates. There are helpful guides for teachers, which focus on management of hyperactivity in the school setting (Cornoldi, De Meo, Offredi & Vio, 2001). An effective communication among home, school and professionals is strictly required and it may help sharing the programs at home and at school. Several meetings with teachers are programmed in order to: 1) inform on the characteristics of ADHD and its treatment; 2) provide appropriate assessment tools (questionnaires and observation tables) to complete the diagnostic data and implement consistent learning programs; 3) to put teachers in a position to enhance their emotional resources and improve the relationship with the pupil; 4) explain how to use specific behavior modification procedures within the class; 5) advise on how to structure the classroom environment according to the needs and characteristics of the student with ADHD; 6) suggest specific teaching strategies, to facilitate the learning of the student with ADHD; 7) explain how to work, in the classroom, to improve the relationship between the child with ADHD and his teammates.

The core indications dedicated to the teachers of ADHD pupils are represented by the techniques of behaviour modification to be applied with those students. Learning these procedures requires close contact with the psychologist or educationist and a frequent supervision; In fact, if applied consistently and accurately, the techniques of behavior modification will soon bear fruit and the time taken for their implementation will be a good investment for the entire class. It must be emphasized that the systematic advice to teachers has some usefulness if all operators feel they form a team to help the child.

Another area of intervention in schools, concerns the relationship between the pupil and his/her classmates. The strategies to be implemented by teachers in this regard should be integrated with a training in social skills. Some tricks to help the student with ADHD to improve the relationship with his comrades are to: 1) reinforce other pupils when they include the pupil with ADHD in their activities; 2) planning activities in which the pupil with ADHD can make a contribution; 3) program of work in which success depends on the cooperation between pupils; 4) When possible, give the student with ADHD positions of responsibility; 5) break the fixed groupings among peers. Small modifications to the structure of the class, the size and duration of lessons can also be of help. For example, a hyperactive student might have positioned his desk near the teacher's desk. This makes it easier for the teacher to monitor the progress of appropriate behaviours for the job and the reward for the task. For pupils who are extremely distractible, may aid be placed in classes with few students, though, the position of a pupil in an area with no distractions, completely separate from his peers, has little chance of being effective. Hyperactive children seem to have a preference for highly motivating materials (Zentall, 1986).

Where possible, it may be beneficial to modify a program for those most uncooperative in the first part of the day. Finally, the new material should be presented step by step; this creates less tension on the vulnerable ability to concentrate.

Within the class, peers may act some tutoring strategies and cooperative learning (DuPaul & Power, 2000). A partner can play the role of tutor, or can mediate (for teenagers) with other kids or adults. In the process of tutoring, two students work together, one acts as a medium to another. This is useful because the work is one to one, there is always a feedback and the opportunity to review the more complex parts. For example, students can divide into pairs and take turns by tutors on defined tasks, while teachers monitor and give points and grades. This also helps the boys with no ADHD symptoms. In the selection of the self-directed strategy, instead, the aim is to achieve greater self-control through self-education, self-monitoring and self-reinforcing.

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Zentall, S.S. (1986) 'Effects of color stimulation on performance and activity of hyperactive and nonhyperactive children.' *Journal of Educational Psychology*, 78, 59-165.

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### 3.1.5 SPAIN, AULA NESPLORA

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#### AUTHOR

Nesplora

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#### STAKEHOLDERS INVOLVED

The multidisciplinary team from Nesplora is composed by neuroscientists and highly qualified technicians.

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#### GUIDELINE DESCRIPTION

Nesplora perform research and develop innovative solutions for the study of behaviour within the context of neurosciences. Their products are focused on evaluation, treatment, prevention and education about neuroscience, and are used by healthcare systems, clinics, research centers and universities.

Nesplora has a test based on Virtual Reality which offers a whole diagnosis for individuals with ADHD. It has been tested on more than 1500 people (aged 6-16 years). Although it is not designed for adults, an earlier and effective diagnosis could help acquiring the necessary competencies and skills for their VET and university studies (<https://www.youtube.com/watch?v=yy6yhYnpfZQ> (video with English and Italian subtitles)).

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#### REFERENCES

<https://aulanesplora.com/es>

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### 3.1.6 SPAIN, VIRTUAL REALITY ESSAY

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#### AUTHOR

The Psychiatry Service of the Vall d'Hebron University Hospital with the collaboration of the Catalan company Psious.

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#### STAKEHOLDERS INVOLVED

**The Vall d'Hebron Campus consists of the Vall d'Hebron University Hospital,** Vall d'Hebron Research Institute (VHIR), the Vall d'Hebron Institut of Oncology (VHIO) and the Centre for Multiple Sclerosis of Catalonia (Cemcat). The new project represents a new way of working and doing, where research, teaching and clinical practice walk together, in the same direction, to join efforts and grow, to be most useful, most productive and most effective.

**Psious** The Barcelona-based company Psious is the first platform of virtual reality for psychological treatments. It is a world leader in the use of virtual reality within the mental health sector. More than 400 professionals use this technology to treat different pathologies (generalized anxiety disorders, treatment of fears and phobias, work stress...) using ultra-realistic environments.

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#### GUIDELINE DESCRIPTION

The essay (lead by DR. Ramos-Quiroga from Vall Hebron) wants to demonstrate if the use of mindfulness techniques through virtual reality technology, is able to reduce the time of treatment and achieve the same results as pharmacological treatment. For that purpose, 90 adults with mild and moderate ADHD will take 6 sessions of 20 ' where they will be exposed to hyper realistic environments to improve their concentration.

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#### REFERENCES

[Vall d'Hebron](#)

[Psious](#)



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### 3.1.7 SPAIN, IDDEA PROGRAM

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#### AUTHOR

AATEDA (nonprofit association)

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#### STAKEHOLDERS INVOLVED

They are a competent and efficient multidisciplinary team, with extensive technical knowledge and experience.

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#### GUIDELINE DESCRIPTION

IDDEA (Inform, Detection, Diagnosis, Training and Supporting). This program is oriented to adults with ADHD to facilitate their self-knowledge.

The training program is:

- a) Am I ADHD?
- b) Ask to your personal environment
- c) Self-knowledge
- d) Leave the pressures
- e) Pros and cons
- f) Personal Therapy
- g) Group Therapy

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#### REFERENCES

<http://www.aateda.es/>

## 3.2 SUCCESS CASES

CASE 1      CASE TITLE: FOLKUNIVERSITETET, KURSVERKSAMHETEN VID GÖTEBORGS  
UNIVERSITET - GARDENER

COUNTRY – SWEDEN

SOURCE - FOLKUNIVERSITETET, KURSVERKSAMHETEN VID GÖTEBORGS UNIVERSITET

### BRIEF DESCRIPTION

After graduating in the course, the student has gained the skills to work as a gardener and has a developed comprehensive understanding of sustainable green environment. During the course, pupils complete tasks in Gunnebo green environments. Moreover, two training LIA periods are programmed, in order to provide the student with real-life examples of work in such workplaces as houses, cemeteries, display gardens, city gardens, city parks, nurseries, rehab gardens, nature reserves or management companies. The program provides individualized support to students with disabilities.

The course gives access to the positions of gardener and to a series of specializing further activities such as: health, culture and environment; green rehabilitation; Conservation; historical settings; urban gardening. Moreover, students acquire specific skills of management, planting, cultivation and surrounding nature, with particular focus on the main customs of green environment, ecology and sustainability. Importantly, the course includes 50% practice in existing urban farming projects. The labour market in the field is composed of two clear trends in the gardening industry. On one hand, there is a shift towards experiential and a greater attentiveness of the necessity for ecological sustainability. On the other hand, the industry is mainly grounded on seasonal employment, but the competitive skills that the pupil receives, allow him/her chances to work even during winter, for example as environment host, consultant or innovative entrepreneur.

The course is organized over 24 weeks of Learning-at-workplace, with 25 pupils per season. In 2016 65% were female and 35% were male, with a 5% of ADHD students. With regards to the staff involved on the course, teaching staff includes at least one senior expert (10+ years of experience) in the professional field, at least one middle-manager or director managing a business unit (or enterprise) working in the specific field, and at least one trainer who already delivered training about this specific field in corporate training programs. All trainers must have gained a certification from the trainer organization and must include at least one resource with pedagogical competencies. The course is held in presence, with a specific adaptation for ADHD students. For instance, the staff gives the pupil a regular schedule for the lesson, makes a simple chart with different colour codes to help the student to distinguish between classes, facilities and breaks. Moreover, the staff uses colour coding to highlight different parts of the school curriculum, such as classrooms, subjects and teachers. At the end of the course, everyone in the class does tests; for ADHD pupils more informal confirmation of the positive behaviour that facilitates daily learning are given.

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## CASE 2 GRAPHIC DESIGNER / COMMUNICATIONS PRODUCER WITH THE POSSIBILITY OF EXTENDED SUPPORT

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### COUNTRY – SWEDEN

### SOURCE- LEARNING PARTNER

### BRIEF DESCRIPTION

The course comprises 76 weeks, with 18 weeks dedicated to LIA (Learning at work). It is held in collaboration with Campus Nyköping Learning Partner and offers opportunity of learning for students with special needs. The labour market demands graphic designer, communications producer or web administrators, and this course intends to qualify these sort of skills in its pupils. The training is capable of enabling to the understanding and practical use of the methods of publication and advertising, both digitally and in print, conjugating theoretical knowledge with practical competences and providing good opportunities for employment after graduation. In particular, the course will provide competencies on: UX and usability concept; typography and graphic design principles; editing for print and web; pre- and post-processing methods; building a web page with HTML and CSS; CMS tool WordPress; basic legal issues that affect a producer's communications work; copyright and freedom of the press law. The course requires its pupils to have at least a passing or grade 3 in Swedish language or Swedish as a second language, courses A and B.

In 2016, 25 students participated in the program (60 % were females), with a 4-6% of them with ADHD. In general, 10% of pupils had learning disabilities. The course is held in blended modality (combination of in-class and distance). With regards to the staff involved on the course, teaching staff includes at least one senior expert (10+ years of experience) in the professional field, at least one middle-manager or director managing a business unit (or enterprise) working in the specific field, and at least one trainer who already delivered training about this specific field in corporate training programs. All trainers must have gained a certification from the trainer organization and must include at least one resource with pedagogical competencies. In order to adapt the course to ADHD pupils, the material is frequently reviewed and repeated, to moderate attention problems. All important information are clarified and emphasized important information and long lessons are divided into shorter sections, to preserve focus and attention and gain students' interest. Moreover, written assignments are revised and returned as soon as possible by the teacher, to allow students an immediate feedback. Questions are encouraged and role playing is used to provide practical examples of theoretical concepts.

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**CASE 3      CASE TITLE: SOFTWARE DEVELOPER**

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**COUNTRY – SWEDEN****SOURCE – LERNIA****BRIEF DESCRIPTION**

The course delivers competencies in developing systems and software for Web and other platforms rooting on team-work and problem solving strategies. The training has a duration of 2 years and a half, at the end of which, the pupils graduates as programmer in .NET platform. The program is organized to allow gaining these skills even who has no competency in writing any code. However, the course is also designed for those who are already programming but want to sharpen their skills. The program is provided full-time and learners have classes three days a week at the premises in Liljeholmen, Stockholm. Institutional networks of contacts are held with developers and companies in the industry, so that pupils after their last internship they will probably be offered a permanent job. Teaching and lessons with the teachers are both theoretical and practical. Students are also given time for personal study and reading, which can be done also on a dedicated online learning portal, that students can access to attend lessons and study learning materials. Problem-based learning is encouraged and students are motivated to learn new things by find solutions to the problems. Very frequently, the solutions to the challenging problems are found in teams with other students, in a realistic way of working. Students have two internship periods with practical lessons 25 weeks in total. The course requires a Minimum Pass, E or 3 in order to fit the demands of the specific courses of Mathematics and English 5 (English A). If the training gets more applicants than places applicants may need to make an entrance examination. In this case the test consists of three parts: logic, English and verbal tests.

In 2016, the course was attended by 25 pupils (60% were males), with a 25% of ADHD students. In general, 3-6% of pupils had learning disabilities. With regards to the staff involved on the course, teaching staff includes at least one senior expert (10+ years of experience) in the professional field, at least one middle-manager or director managing a business unit (or enterprise) working in the specific field, and at least one trainer who already delivered training about this specific field in corporate training programs. All trainers must have gained a certification from the trainer organization and must include at least one resource with pedagogical competencies.

In order to suit ADHD students' specific needs, the teaching staff includes a special pedagogue (who studied 3 years more) and the training program and adaptation includes individual program and meetings every week for 2 hours (helping to start studying, continue studying). Moreover, teachers help more to the students with ADHD and the students are given 50% more time for their assignments. Further, colour-coding in the material is used, to emphasize key points and reinforce visual learning.

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CASE 4      CASE TITLE: TRANÅS UTBILDNINGSCENTRUM - ACCOUNTANT

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COUNTRY – SWEDEN

SOURCE – TUC

BRIEF DESCRIPTION

The course intends to deliver competencies in accounting, business law, tax law, and all fields related to business, payroll and financials. In particular, pupils are guided in managing and understanding the business system Visma SPCS, both from a theoretical and practical standpoint, gaining experience in accounting and administration.

At the conclusion of the course, the pupils are able to perform independent current accounting, costing and budgeting, as well as tax returns for businesses. Thus, they can write and illustrate financial outlooks and annual reports. The training is composed of 22 weeks and it is held in presence within the so-called Learning in work context (LIA), which also includes supervisions, to develop students' skills in a real environment and emergency situations.

The program provides pupils with the skills necessary to be employed as an accountant, bookkeeper, business economist, accountant and auditor assistant. These work positions are extremely needed both in private and public fields. Graduation as certified account is possible only after five years of practical experience in an accounting firm. In this course, classes are organized to be smaller than normal classes in higher professional education, encompassing a maximum of 25 students. Teaching environment is adapted to people with any type of disability. Moreover, individual or group study is possible, as well as additional teacher support and custom knowledge tests. The program provides support to students with mental, neuro-psychiatric or physical disabilities and it meets the same criteria as any higher vocational education, which means that there is a demand for accountants in the labour market and the labour involved in the application and education. Several partners from labour market are involved in the program, such as Euroform, Resema, Tranås kommun, Attends, Ekonomibyrån, baks & co, Mjölby kommun, Holavedsgymnasiet, KPMG, PwC, OEM, and Cheap Monday.

The course has a duration of 85 weeks, with a maximum of participants of 25 pupils. On average, in the last editions of the course, up to 10% of students had ADHD, and up to 40% showed learning disabilities. Teaching staff includes at least one senior expert (10+ years of experience) in the professional field; at least one middle-manager or director managing a business unit (or enterprise) working in the specific field; and at least one trainer who already delivered training about this specific field in corporate training programs. Moreover, the staff includes at least one certified trainer (certification from training organization) and at least one trainer is certified or attended a continuous learning program about training of trainers, teaching to train, teaching and learning processes. Teaching staff also includes at least one trainer with specific pedagogic knowledge (i.e.: degree in pedagogy or psychology, post-diploma, master courses or short learning programs in educational sciences, etc.).

This course delivers specific learning strategies for ADHD pupils, such as individual study plans developed together for each of such students; special teaching and examinations; individual after class sessions, more time to finish tasks, any other help required, up to reading to students.

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**CASE 5**      **CASE TITLE: ELECTRICAL ENGINEER -YRKESHÖGSKOLAN I HELSINGBORG**

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**COUNTRY – SWEDEN****SOURCE - YRKESHÖGSKOLAN I HELSINGBORG****BRIEF DESCRIPTION**

The course intends to deliver competencies for electrical engineers. In particular, students graduate for the positions of electrical engineer, electrical technician, electrical planner, calculator, electrical designer, automation engineer or project manager in the energy and electric installation or industrial companies. These work positions are becoming more and more essential in nowadays society. The need for electrical engineers in the areas of integrated systems, industry, construction and infrastructure is very relevant.

The training is divided into three sections: electrical design, automation, and electrical machines. The pupil learns to create drawings and technical documents for electrical installations, but also project management and writing technical reports. Moreover, they acquire skills for "General jurisdiction" of the Electrical Safety Authority. This course has agreements with several management group for the electrical engineer training, such as: Imtech, Cowi, Öresundskraft AB, SWECO Systems, Emil Lundgren, Coor Service Manga Communal, EIO and Skanska. The program requires final grades from high school or equivalent with at least 90% passing grade. In general, admission can be gained through grades evaluation (from high school, adult education or college). The application for the course can be posit by sending photos of the grades to the company. Students lacking basic qualifications can prove having the appropriate experience e.g. through their working experience. This shall be supported by employer's certificate for example. Selection is made basing on special test. The applicant has to pass three tests in mathematics, Swedish and English in addition to an interview. The aim is to assess the basic conditions needed to be able to benefit from the program. The tests and the interview are scored and then an overall assessment of all four elements is made. The tests can be individually adjusted according to the needs of the applicants.

The course has a duration of 2 years and it is held in presence, with a number of 25 participants per edition. In 2016, 70% of students were males, and 2 students had ADHD. With regards to the staff, the course includes at least one mid-senior expert (5+ years of experience) in the professional field and at least one middle-manager or director managing a business unit (or enterprise) working in the specific field. Moreover, teaching staff includes at least one trainer who already delivered training about this specific field in other Vocational training programs; Teaching staff also includes at least one trainer who already delivered training about this specific field in corporate training programs.

This course delivers specific learning strategies for ADHD pupils. A team is present in the school, guaranteeing the application of The Social Services Act. Students with disabilities, including ADHD, are supported by a special education teacher, who works with them. The approach to ADHD students consists in the following measures: extended study time; individual meetings with profound effect; constant advising students; evaluating students' strengths and weaknesses.

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CASE 6      CASE TITLE: ELISAVETA BAGRYANA

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COUNTRY – BULGARIA

SOURCE - ELISAVETA BAGRYANA SCHOOL

BRIEF DESCRIPTION

The professional school for clothing named “Elisaveta Bagryana” is an official vocational school that offers skills and knowledge in the area of fashion, clothing, design etc. to able-body students.

The course has duration of 2 years and it is held in presence, with approximately 1% of ADHD students.

Two experts special educators (resource teachers) are present, entitled to offer basic and specific support to any students with special educational needs, including those with ADHD. They are professionals in the field of special education. A psychologist also works with the students.

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**CASE 7      CASE TITLE: ENAIP: A STUDY ON INCLUSION AND VOCATIONAL TRAINING**

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**COUNTRY – ITALY****SOURCE - NATIONAL VOCATIONAL EDUCATION AUTHORITY****BRIEF DESCRIPTION**

The Enaip (ACLI - National Vocational Education Authority) is an entity of education and vocational training, and its overall mission is to encourage orientation and integration into the labour market through a high-quality education system, with a person-centred approach. It enhances and supports human, civil and professional expertise, in close relationship with labour policies and local development. It with strongly emphasizes the role of the Regions and local authorities. In particular, the aims that Enaip Veneto aims to achieve with its activities, are as follows: - promoting vocational training, the acquisition and growth of not only technical and professional, but also transversal skills, to grow active and responsible citizens; - promoting training in a lifelong learning dimension; - promoting an inclusive vocational training, that is, with attention to vulnerable and marginalized groups; - promoting guidance and facilitating integration into the world of production and labour; - enhancing and promoting entrepreneurship. The last edition for which data are updated, in 2014, had 45 participants, with 100% of students with learning disabilities. Staff includes psychologists, social workers, psychotherapists, educators, teachers; and the program encourages learning, social and interpersonal skill, school-work integration. The program is present throughout the country, with several centres and its activities are specifically delivered to ADHD student through encouraging collaborative learning supporting activities in small groups; setting up of peer tutoring; supporting and promoting a strategic approach in the study using teaching devices facilitating learning (pictures, maps ...). In the program, the staff teaches the use of extra-textual devices for the study (title, paragraphs, images, ...) and solicits links between new information and information already acquired each time a new topic starts. Moreover, inferences, integrations and connections between the knowledge and disciplines are promoted, also dividing the goals of a task in "sub-goals". Compensatory and dispensatory tools are provided to ADHD students.



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## CASE 8 SELF-REPORT OF ADHD SYMPTOMS IN UNIVERSITIES

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### COUNTRY – ITALY

### SOURCE - UNIVERSITY OF PADUA

### BRIEF DESCRIPTION

On the basis of the paucity of research examining the structure and prevalence of attention-deficit/hyperactivity disorder (ADHD) symptoms in university students, scholars aimed at validating the bi-dimensional structure of conceptualization of ADHD (i.e., inattention and hyperactivity-impulsivity) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV American Psychiatric Association, 1994), using a self-report questionnaire. Factor analyses supported a bi-dimensional symptom structure. Italian students reported significant scores of inattention and hyperactivity-impulsivity symptoms. The implications of this study could be useful for identifying university students with ADHD and planning tailored learning programs.

For this study, The Italian sample was composed of 15 students (total recruited sample = 197), 15 males, 0 females. Italian participants were volunteer second-year students from one of three psychology classes at the Università di Padova. They were asked to complete the questionnaire during a class period, and they were free to decline participation. Participants were asked to provide demographic information about themselves (i.e., age, gender, academic class, and current grade point average) and their parents (i.e., occupation). Next, each participant completed a 24-item questionnaire that included questions derived from the DSM-IV criteria for ADHD. Questionnaires were completed on an independent basis and returned to one of the investigators.

A 24-item questionnaire, the Young Adult Rating Scale (YARS), was constructed by the investigators and included 17 items derived directly from the DSM-IV ADHD symptom list (i.e., 9 inattention and 8 hyperactivity-impulsivity symptoms). An additional 7 items were included to address potential difficulties that university students could encounter in association with ADHD symptoms. All items were completed on a 4-point Likert scale ranging from 0 (never or rarely) to 3 (very often). Students were asked to respond to these items regarding their behaviour over the past 6 months, in accordance with DSM-IV guidelines. The Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults with Attention-Deficit/ Hyperactivity Disorder recommend that the DSM-IV criteria for ADHD be used in the identification of adults with the disorder (Dulcan & Work Group on Quality Issues, 1997).

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CASE 9      ACTIVELY INVOLVING STUDENTS WITH ADHD

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COUNTRY – ITALY

SOURCE - [WWW.FEDERICOCAFFE.GOV.IT](http://WWW.FEDERICOCAFFE.GOV.IT)

BRIEF DESCRIPTION

This program is organized as a VET Diploma in Industrial / Surveying Science and it is recognized by the MIUR – Italian Ministry of education. Thus, it is recognized by all private and public bodies at National, Regional and Local level. The course has duration of 5 years and it has been held in 2012 for the first time. In the last session, 3 ADHD students attended the program (2 male, 1 female), whereas an average of 20% of students with other learning disabilities are usually involved in it.

The course is held in face-to-face lessons by the teaching staff, which includes at least one psychologist for dealing with ADHD students. Following the criteria agreed and shared among the teachers, the students' desks are organized in "U", with the teacher's desk placed in the middle and the blackboard on one side, near the ADHD student's desk. Some students are identified as peer trainers, in rotation, of the ADHD student. When necessary, other educational environments are exploited – gym and IT Lab. Educational programs are designed and adopted according to the students' learning needs, trying to enhance their weakness points.

Structure of the educational day are designed as follows:

1. Entrance in classroom
2. Presentation of the educational activities (contents and working time)
3. Frequent break (agreed with students)
4. Recreational activities (agreed with students)
5. Tests / home works delivering

The educational strategies implemented are based on the cooperative learning methodology (structured in working groups). The students with ADHD cover different roles and tasks according to their potential and knowledge level on the educational contents, and carry out works based also on the peer tutoring methodology.

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**CASE 10 INTERACTIVE EDUCATIONAL METHODOLOGIES AND SUPERVISION**

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**COUNTRY – ITALY****SOURCE - [WWW.LEOPOLDOPIRELLI.IT](http://WWW.LEOPOLDOPIRELLI.IT)****BRIEF DESCRIPTION**

This program is designed as a VET Diploma – Economic field - Administration Finance and Marketing. Moreover, it configures as VET Diploma – Economic field - IT Systems for Business; VET Diploma – Technological field - Engineering, Environment and Territory; High School Diploma in Languages

The above mentioned diplomas are recognized by the MIUR – Italian Ministry of education. Thus, they are recognized by all private / public bodies at National, Regional and Local level.

The program has a duration of 5 years and it has been held since 2011. So far, 3 ADHD students attended the program, with an average of 3,3% students with learning disabilities. The educational strategy and methodologies applied are aimed at addressing the ADHD students' learning needs by improving the attention level performance, emotional intelligence (how to manage impulsive behaviours), and the relational skills. The ADHD students keep a better level of attention when supervised by another person. That's why the interactive educational methodologies are preferred: dialogical lecture, cooperative learning, tutoring, lab activities. These methodologies offer more time to the social interaction between students and teachers – by comments, discussions, practical presentations etc. – more stimulating for ADHD students (in particular).

In particular, following the Educational strategies and tools implemented are suggested also by the Ministry of Educational Guidelines 4089/2010, the program uses of iconic resources and tools; divides the test / exam in more parts; offers frequent and instant gratifications; organizes the school environment in order to reduce / minimize the possibility of distraction; supports students in developing / improving their organizational skills; avoids punishments such as more homework, less recreational moments, exclusion from social activities (e.g. school trips). The program is held in face-to-face modality by teaching staff, which includes at least one trainer certified for ADHD students training.

The ADHD students' specific educational needs are considered also for the implementation of the WBL based on school program (Alternanza Scuola Lavoro - National Law 107/2015) that foresees, for iVET students, 400 hours of training activities within working environment.

For ADHD students have been developed WBL projects based on individual training projects, in consideration of their personal skills and training needs. The Institute promotes extra school activities/ projects in order to boost ADHD students' educational knowledge and interpersonal / social skills (e.g. Progetto Debiti Zero; Progetto Potenziamento del Metodo di Studio; Laboratorio Musicale, Teatrale; Progetto Sport e Benessere). All these aims are fostered by the use of Interactive blackboards, tablets and computers with specific software to design conceptual maps in support of ADHD students' learning.

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CASE 11    MARIA'S WORLD FOUNDATION

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COUNTRY – BULGARIA

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SOURCE - DAY CENTER “WORLDS” AT FOUNDATION “MARIA’S WORLD”

BRIEF DESCRIPTION

The main mission at Maria’s World Foundation is to improve the quality of life mostly of people with intellectual disabilities and the life of their families and help them achieve their full potential as individuals by providing access to high-quality services, developmental training and possibilities for gainful employment that are suited to their needs. In addition the Foundation often works with individuals with multiple disabilities, among them ADHD. The Day Care is open to people aged 18 plus years. The Day Care Centre is also a place of learning different work skills. In the professional kitchen under the supervision of a professional chef, they learn how to prepare different meals. In the atelier where scented hand-crafted candles and soap bars are made, they learn persistence and how to combine different colours, forms and aromas. The art atelier is intended for clients who like making hand-made artefacts, giving free reign to their imagination and creativity with the support of an expert in the area.

The duration of the program is tailored on individual necessities and at the current moment (2016-2017) there are 2 individuals with ADHD along with other disabilities. The work with ADHD students is designed with: Individual and independent work - not in the group; clear framework; tasks that are very precise and clear with simple description of all details; frequent movements during work activities; specific methods to help concentration – e.g. colouring of small details, performing mechanical, repetitive activities; promotion of social and communicative skills. Moreover, the ADHD individuals are encouraged to recognize their emotions and try to develop strategies for changing behaviour and regulating emotional state. The teaching staff includes: special educators; social worker; psychologists; family therapist etc.; a group supervisor.

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## CASE 12 – COMMERCIAL-INDUSTRIAL EDUCATION CENTRE ZUG (GIBZ)

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### COUNTRY – SWITZERLAND

### SOURCE – AMT FÜR BERUFSBILDUNG/OFFICE FOR VOCATIONAL TRAINING

#### BRIEF DESCRIPTION

GIBZ is responsible for imparting vocation-related knowledge and skills as part of basic education and training for positions in the commercial, healthcare and technical-industrial areas. The commercial professions aimed at are predominantly in the construction and service sectors. The healthcare professions aimed at include health specialists and assistants in the areas of health and social services, and the envisaged technical-industrial professions are in the motor vehicle, electro-technology, IT, CAD and engineering fields. In addition, GIBZ is responsible for running courses as part of advanced professional education and training, based on the basic education and training mentioned above.

The program has duration of 3-4 years and on average 80% of students are males. The course, held in presence is organized as a Federal vocational baccalaureate, Part-time federal vocational baccalaureate. To address specific needs of ADHD students, the course organizes additional time for tasks; individual pause s as needed – retreat if necessary; small classrooms with few learners; clear structures and rules; variety in work – avoid monotonous exercises to increase motivation; short work steps.

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## CASE 13 – UNICORN SCHOOL

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### COUNTRY – UK

SOURCE – [HTTP://WWW.UNICORNOXFORD.CO.UK](http://www.unicornoxford.co.uk)

### BRIEF DESCRIPTION

The Unicorn School provides specialist education for pupils aged 6-16 years who have Specific Learning Difficulties: dyslexia, dyspraxia, dyscalculia and speech, language and communication needs (SLCN). The school provides a positive, nurturing environment in which every child is helped to build self-confidence, appreciate their learning difficulties and develop their own personal learning style.

Our goal is for every child to flourish at The Unicorn School, leaving with the confidence to learn, the appetite for study, and the desire to continue to succeed in their education and beyond. The program, held in presence, has a duration of 8 years and it is organized as a Level 1 BTEC (Business and Technology Education Council); General Certificate of Secondary Education (GCSE). General Certificate of Secondary Education (GCSE) program, which enables pupils to achieve a sound bank of essential qualifications. By focusing on a small number of key subjects, pupils have the best opportunity to succeed. Specialist teaching makes the GCSE syllabus accessible to pupils with dyslexia and related learning difficulties. All pupils will undertake at least 6 GCSEs: English Language, English Literature, Mathematics, Combined Science (equivalent to 2 qualifications) and Food Preparation & Nutrition. In addition to this they will be studying for a Level 1 BTEC in Construction, which is equal to one GCSE. Pupils have the option to undertake an additional GCSE in Art & Design. The GCSE courses have been chosen to play to the pupils' many strengths, avoiding subjects with a heavy bias towards writing, spelling and punctuation; or with an extensive research. With regards to the teaching staff, in-service training was introduced to enable class teachers and 1:1 specialists to share best practice and ensure pupils are clear on their targets and what they must do in order to improve. In the aim of addressing ADHD students' necessities, specialist class teaching, one-to-one tuition, occupational and sensory integration therapy have been implemented.

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## CASE 14 – PROYECTO DA

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### COUNTRY – SPAIN

### SOURCE – CENTRO DE ESTUDIOS DÍAZ BALAGUER

#### BRIEF DESCRIPTION

Díaz Balaguer is an independent educational institution which offers a new educative programme for people with learning difficulties —mainly ADHD— based in a coaching system. There are some ADHD partnerships (CADE and Educación Activa) leading this project. Although this is not a VET institution, they are helping people to acquire the skills to enhance their training experience, which it is extrapolable to VET programs. In fact, in Spain High school is named Basic Professional Training. The course, held in presence, has duration of 2 years and in parallel with their studies, the students with ADHD will participate in a program which focused to improve organizational aspects, methodological, as well as emotional and behavioural management. Teaching staff includes at least one trainer certified for ADHD students training from CADE Association and at least one psychologist for dealing with ADHD students from CADE Association. To address the specific needs of ADHD students, the course is oriented to the optimization of cognitive abilities (reasoning, language, attention, memory, executive functions ...), instrumental (reading, writing ...) and to the processes of motivation and emotion involved in the learning processes. Moreover, it uses group activities focused to lead emotions as frustration or low tolerance and the learning difficulties will be attended in a group context. The institution owns a technological platform to follow their progress (ratings, decisions taken, strategies, calendar, etc.), as well as to improve and facilitate the processes of management and communication between parents, students and teachers. Students with ADHD have 4 assessments, as well as the possibility to re-take the exams, to achieve the main goals of the course.

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## CASE 15 – INTEGRATION CLASS

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### COUNTRY – GREECE

### SOURCE – GYMNASIUM - SECONDARY SCHOOL / PUBLIC

### BRIEF DESCRIPTION

“Integration Class” is a form for covering Special Education Needs within the secondary schools, providing tailor made programs for students with special educational needs. Integration Class belongs to the mainstream school and operates a separate part-receiving student from all classes where specialized trainers work with students with learning difficulties and therefore express behavioural problems and poor school performance, including students with ADHD, who are in need of further assistance and guidance. In Greece, the «Integration Class» is a basic, structural, essential element of Special Education providing - for over 30 years- providing individualized guidance to students who have learning difficulties. Therefore, VET providers, very often use the experience gained in those integration classes over the years, to get ideas in improving their educational practices when dealing with adults with ADHD.

The course, with approximately, 3-5 students per year, has duration of 3 years and it has been held since 30 years. To address the specific needs of ADHD students, the “Integration Class” operates in parallel with the official curriculum and students are supported for a few hours per week (maximum 15 hours) in order to become effectively integrated to school. The teacher of the “Integration Class” in collaboration with the (general) class teacher (and the opinion of the parents) determine the hours of their attendance to integration classes per week. The aim is to keep it to a minimum level in order, students not to lose efficient teaching hours into the general classroom. In “Integration Class” they use alternative ways of learning and mentoring. The teacher of Integration Class in consultation with the teacher of the general classroom select and configure the curriculum with modifications and adjustments to the needs of students with ADHD. In particular, several specific activities are organized: summarizing previous lessons; explaining and agreeing with the students what they are expected to learn during the lesson; supporting learning with many explanations; keeping the attention using small presentations during Lectures; breaking down tasks into a series of smaller steps

Educational material with images, graphs and interactive whiteboard are used.



## DISCOVERED GAPS

Rooting on the selected guidelines and case studies, comprehensive recommendations are presented in this section.

First, desk research and contacts with the stakeholders suggested that European countries and their educational authorities are scarcely active in recognizing the students with ADHD officially as a growing population of SEN students. In fact, our research found out that in some of the European the ADHD students are not well diagnosed, recognized and thus trained. More standardized assessment tools should be available on a European level in order to help professionals in diagnosing the ADHD children and students.

Second, European countries and their educational authorities rarely involve in coordinated actions in the area of offering appropriate and accessible vocational training, job orientation and consultations for career prospects to students with ADHD. Our research has in fact found out that different European countries are taking too different steps, often not secured by Laws and official State policies, in terms of vocational preparation for ADHD students. There are serious differences, some of them due to regional and cultural differences, but some also due to lack of sufficient care and service provision. World organizations such as UNICEF, UNESCO and others should initiate actions for overcoming this gap in the field of special education, inclusive education and vocational training for ADHD students.

Third, our work suggested the dearth of written guidelines for teachers on how to work with these children in age of adolescence, which could stimulate the establishment of associations, parental groups for mutual exchange and support, and targeted training for professionals in recognition and support of children with ADHD.

Fourth, we noticed that European countries and their educational authorities rarely focus to work on longitudinal assessment programs aimed at the early identification of ADHD risk and diagnosis in young children, which instead could offer benefit from personalized learning protocols right from the early developmental stages and minimize negative outcomes in adult students, enhancing inclusion. The early recognizing of ADHD symptoms is not a cross-country practices, which should be unified, also with the aim of implementing international agreements for shared curricula.

Fifth, European countries and their educational authorities have so far not prioritized the exchange of practices at the level of students themselves, promoting exchange programs with learners visiting their fellow students in other countries, with the aim of experiencing alternative protocols. The exchange and sharing of best practices most frequently happen at high level (government, educational authorities, etc.). Instead, it could be useful to promote lateral sharing among students. In fact, ADHD students may experiment a sense of isolation; therefore, every effort should converge towards the inclusion in large networks of fellow learners.

Sixth, some country has already programmed family-centred assessment/intervention protocols. In general, however, this is not a cross-country shared practice. The involvement of families in the process of minimizing ADHD impact on learning and work-related issues should be a priority. It has been demonstrated that families have a large impact and positive influence on the longitudinal outcomes in this field. Although it is true that the role of families has a powerful impact on young ADHD children, it is now demonstrated that adolescents and adults can also benefit.

## VOCATIONAL TRAINING FOR ADHD LEARNERS - COMPENDIUM OF GOOD PRACTICES

Coordinated by: Alessandro Caforio, Luca Cerniglia (International Telematic University UNINETTUNO)

In the context of: **Q4ADHD - Quality Assurance in VET for learners with ADHD project**

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