**Title**

School Staff Perspectives on ADHD and Training: Understanding the Needs and Views of UK Primary Staff.

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**Word Count:**

7974

# Abstract

Teachers report feeling ill-equipped to meet the needs of ADHD children. Previous studies on ADHD teacher training have been largely quantitative, focused on measured gains in ADHD knowledge and use of behavioural strategies. Traditional training shows initial improvements which deteriorate over time necessitating a new approach. Staff perspectives identifying important factors in teaching children with ADHD and staff training are largely missing from the literature. Semi-structured interviews were conducted with 19 primary staff in England. Interviews were analysed using a reflexive thematic approach. Five themes are reported: being equipped to provide for the individual needs of children with ADHD; a joined-up approach which draws on the knowledge of others; creating the opportunity for every child to succeed; supporting all children in the classroom; training and support which meets the needs of all school staff. Findings will enable ADHD training to be better tailored to meet school staff’s needs.

Keywords: ADHD, teacher, staff, needs, training

# Introduction

Attention-deficit/ hyperactivity disorder (ADHD) presents significant challenges for both pupils and teachers in the school context (Daley and Birchwood 2010). Dimensional traits of hyperactivity, impulsivity and inattention are classified as a neurodevelopmental disorder when they become severe and persisting, negatively affecting social and educational functioning across multiple contexts (American Psychiatric Association 2013).

Alongside behavioural challenges, children with ADHD may have difficulties accessing the curriculum due to impairments in working memory, organisational skills and self-regulation which can lead to lower academic achievement and compromised classroom performance (DuPaul & Stoner, 2003; Langberg & Becker, 2012; Loe & Feldman, 2007; Parker et al. 2013). To minimize risks for poorer outcomes, it is therefore important to enable early identification and effective support in schools of those children at risk (Daley and Birchwood 2010; Montgomery et al. 2018).

No single cause of ADHD has been found but it is thought that individuals may develop the disorder through a complex interaction of biological and environmental risk factors (Russell et al. 2019; Thapar et al. 2013). It is important to understand that risks do not necessarily lead to adverse effects but enable an understanding of the multiple factors that may contribute to a diagnosis. Environmental risk includes such factors as severe neglect, low birth weight and prematurity, maternal stress in pregnancy and nutritional deficiencies, whereas biological risk stems from the highly heritable nature of ADHD and structural and functional differences in the brain (Thapar et al. 2013; Rutter et al. 2007; Bélanger et al. 2018).

It is also important to note that ADHD is a highly comorbid disorder with neurodevelopmental conditions that may also have an impact in the school context. Reale et al. (2017) reported that out of a sample of 1919 children and adolescents diagnosed with ADHD, only 34% of children and adolescents had a single diagnosis. Learning disorders were present in 56% of cases. A meta-analysis by DuPaul et al. (2012; Reale et al. 2017) reported a comorbidity rate of 45.1% for ADHD and learning disability. A diagnosis of autism spectrum disorder (ASD) had previously precluded an additional diagnosis of ADHD due to the overlap of some symptoms, but the publication of DSM-5 enabled multiple diagnoses to be made. Stevens et al. (2016) reported a comorbidity rate of 42% for ADHD + ASD and 17% for ADHD + ASD + ID (intellectual disability) giving an overall comorbidity rate of 59% for ADHD and ASD.

ADHD impacts a significant proportion of children attending school. A review of seven published systematic reviews reported a global ADHD prevalence of between 2.2-7.2% (Sayal et al. 2018). Figures in the UK are generally lower with the most recent figures from the National Health Service (NHS) reporting 1.6% of children diagnosed with a hyperactivity disorder. However, the reported range for boys at 2.6% would fall within this global range NHS Digital, 2017). Both the NHS and NICE (National Institute for Care and Excellence) also recognise these statistics relate to a diagnosis of hyperactivity disorder using ICD-10 criteria and numbers of children with ADHD are likely to be higher when using DSM-5 criteria (NICE 2019; American Psychiatric Association 2013).

There is concern that some subtypes of ADHD are underdiagnosed. Studies suggest inattentive subtypes are not always recognised by teachers who provide information for referral and diagnosis (Alloway, Elliott, and Holmes 2010; Moldavsky et al. 2013). These unrecognised symptoms may still create difficulties and impair learning, but the lack of diagnosis could result in no extra support being offered to these children. Crucially, ADHD diagnoses can only be made when symptoms transcend the threshold of the diagnostic criteria, and before this point, some symptoms may already be adversely affecting a child’s schooling (Sayal et al. 2010; Daley and Birchwood 2010). Similarly, subclinical levels of ADHD-type behaviours may also contribute to some degree of impairment (Alloway, Elliott, and Holmes 2010).

Teachers are recognized to play a significant role in children’s development, both academically and socially (Daley and Birchwood 2010), yet they report a lack of training to support and teach children with ADHD (Martinussen, Tannock, & Chaban, 2011). Specifically, a survey of 803 UK teachers found that 89% of staff reported currently or previously teaching pupils with ADHD but nearly two thirds (63%) reported receiving inadequate training and support for pupils with ADHD (ComRes 2017). Despite this perceived lack of training and support for ADHD, teachers are frequently involved in referrals and diagnostic questionnaires as they are viewed as reliable sources to recognise when a child is struggling with ADHD-type behaviours, have a key role communicating with parents, and are often required to implement school-based interventions (Sciutto et al. 2016; Corkum et al. 2019; Sherman, Rasmussen, and Baydala 2008). Importantly, teachers report higher levels of stress when teaching children with ADHD which can negatively affect teacher-student relationships and exacerbate conflict (Greene et al. 2002).

Previous literature has focussed on the efficacy of pre-existing ADHD teacher-training programmes aiming to increase teachers’ ADHD-related knowledge, positive attitudes, and use of positive behaviour strategies in the classroom (Latouche and Gascoigne 2019; Miranda, Presentación, and Soriano 2002; Barnett, Corkum, and Elik 2012). A recent meta-analysis (Ward et al. 2020) reported that traditional ADHD teacher training programmes are effective in the short term but initial gains deteriorate over time, suggesting more effective longer-term solutions are needed. Much of the existing research assessing effectiveness of ADHD teacher training programmes is based on quantitative evaluation. Such an approach falls short of gaining an in-depth understanding of how and why training may or may not work.

Significantly, qualitative research exploring teachers’ views and experiences of teaching children with ADHD and what might constitute effective training, remains largely unexplored in the literature. Two studies have explored educators’ views on ADHD, focussed on ADHD aetiology (Russell et al., 2016) or the strategies practitioners use to address ADHD in the classroom (Moore et al., 2017). A flexible approach using a range of strategies was reported, with an emphasis on skills for learning rather than addressing particular ADHD symptoms. Additionally, the importance of good teacher-student relationships was highlighted (Moore et al., 2017). Whilst strategies and teacher-student relationships are undoubtedly important for educators, there is a need for qualitative research to explore whether there are additional factors that are important to UK school staff when teaching children with ADHD and what training or resources they think would better equip them in this role. Given the culture of inclusivity and key role that school staff play in the provision for children with special educational needs (Ewing et al., 2018), it is important to consider UK school staff’s views on what helps or hinders the educational experience and achievement of children with ADHD . Understanding staff perspectives of the perceived benefits of specific ADHD training, together with how this might best be constituted and delivered, is an important step towards designing effective resources to meet this need. Therefore, the present study aimed to capture the views of primary school staff in the UK regarding what they considered to be important when teaching children with ADHD, and their perspectives on the content and delivery of effective ADHD training.

# Materials and Methods

Semi-structured interviews were used to gain school staff perspectives on ADHD, and staff training in ADHD. Individual interviews were preferred over focus groups for two reasons. Firstly, given the range of educational roles and hierarchies included in the sample, it is possible that some participants may have felt inhibited in sharing their views in a group setting, and may have deferred to those in more senior, or experienced, positions (Acocella, 2012). Secondly, purposive sampling was used to gather views from a wide variety of schools and geographical areas which would not have been practically possible if face-to-face focus groups had been used.

## Sample

Nineteen UK primary school staff, with experience of teaching and supporting children with ADHD, were recruited and took part in semi-structured interviews with the lead researcher. A range of school roles were represented in the sample, comprising senior leadership team members (head teachers, assistant and deputy head teachers), special educational needs coordinators (SENCOs), and classroom teachers. Recruitment was extended to teaching assistants as several participants mentioned the important role teaching assistants played in supporting children with ADHD. The participants came from fifteen different schools in seven local authorities across England. Participants were predominantly recruited from mainstream schools, but as part of the iterative analytic process, two teachers from special schools were also recruited. They were included as one head teacher considered bringing in support from a local special school with expertise and advice on teaching children with ADHD.

School staff experience ranged from 3-28 years, and the number of ADHD children taught ranged from 3 to over one hundred (see Table 1). ***[Table 1 near here]***

## Data Collection

Data were collected between April – November 2019. Individual interviews were conducted to understand the range of views and perspectives of school staff when teaching and supporting children with ADHD. A semi-structured topic guide was developed from a review of the literature (Topkin, Roman, and Mwaba 2015; Shelemy, Harvey, and Waite 2019; Sciutto, Terjesen, and Frank 2000; Franklin et al. 2012). This topic guide enabled consistency with flexibility for the interviews and covered three areas including ADHD and its symptoms, the diagnosis and treatment of ADHD, and, training and support for teaching children with ADHD. Interviewees were also explicitly given the opportunity to share any further views or thoughts at the end of the interview.

## Procedure

An initial email was sent to all primary schools, both publicly and privately funded, in three south central local authority areas (N=123) where face to face interviews could take place. Additionally, adverts were placed on social media with telephone interviews offered for participants in other areas. Once a school or staff member expressed interest, an information pack was sent. The lead interviewer ensured that signed informed consent had been returned prior to the interview, along with demographic information (shown in Table 1). The interviews were audio-recorded, transcribed verbatim by four undergraduate students on a voluntary research placement, and double-checked for accuracy by the first author. The average time per interview was 32 minutes (with a range of 18-62 minutes).

## Ethical Considerations

Ethical approval was granted by [retracted for blind review]. Digital data files were stored on password-protected computers with paper records kept in a locked cabinet accessible only by the research team. Confidentiality was assured, with audio files being deleted once anonymisation and transcription was complete. Additionally, participants were informed that direct quotes could be used in publications associated with the project but that it would not be possible to identify the participant or the school.

## Analysis

A critical realist approach was taken in which staff views, perspectives and meanings were accepted as being based on real world experiences, relationships and events (Qu 2020; Terry et al. 2017). School staff were able to describe and discuss their experiences of teaching and supporting children with ADHD, within the context of UK educational norms and discourses around inclusive education (Schuelka 2018). Reflexive thematic analysis (Braun and Clarke 2006; Clarke and Braun 2016) enabled a rich, detailed analysis of the data using NVIVO (QSR International; release 1.3) and followed an iterative, cyclical approach.

Analysis began during the transcript checking process as transcripts were finalised alongside the audio recordings. Multiple readings led familiarisation with the data, considering topics of interest to participants, common ideas and early thoughts on possible areas of importance. For example, one early notion was of some teachers feeling overwhelmed by the competing demands of meeting the needs of all children in their care. Initial codes were generated as this process continued and sections of text were tagged with a meaningful description, for example, ‘wanting the best for every child’. Gradually, the coding process provided a structure to identify patterns and connected codes. The aims of the study were then used to guide the process of interpreting which codes were relevant for this analysis and themes were used to group together codes with a similarity or relationship to create one central idea. For example, the theme of ‘Giving every child every opportunity to succeed’ was used to bring together codes such as: ‘wanting the best for every child’, ‘giving every child every opportunity’, ‘meeting individual and whole class needs’. This process was iterative as codes and themes were reviewed alongside the coded extracts. Visual thematic maps were used in this process as themes were discussed within the research team and refined to build the overall narrative.

# Results

Five main themes were formulated based on the views of staff working at primary schools. In summary, staff wanted better training and support in ADHD identifying this as a particular gap in their ability to support all children and creating opportunities for every child to succeed in school. Dedicated training should equip staff with better ADHD knowledge, confidence in knowing how best to support children with ADHD, and practical strategies. Training should be delivered to all staff, enabling a joined-up approach with a team-based ethos facilitating the sharing of knowledge.

## Equipped with ADHD Knowledge, Confidence and Strategies to Provide for the Individual Needs of Children with ADHD

Staff wanted to be equipped with ADHD knowledge, confidence in teaching children with ADHD, and a toolkit of strategies.

### Being Equipped with ADHD Knowledge

Overall, staff did not feel knowledgeable about ADHD and reported receiving very little, if any, specific training in ADHD. Being equipped with knowledge of ADHD was perceived to be key to being able to provide better support and educational decision making.

Most staff reported not knowing the causes of ADHD, with a small number attributing the condition to a possible chemical imbalance in the brain, trauma and neglect, or bad parenting. Teachers expressed that more knowledge about ADHD would help them better understand the reasons behind the child’s behaviour.

*‘I do think, you know, having more awareness of ADHD would give teachers more ability, not to sympathise with them, but to understand where that child is at, and why they are behaving in the way they do.’* (002)

Some staff also mentioned that a greater understanding of the reasons behind certain behaviours for individual children had helped them to understand specific triggers or needs of the child. This was a powerful way of creating and developing greater empathy.

*‘I think they need to understand it’s not just about being a bit hyper and all over the place. It’s not just that. It might present as that, but it’s going back a layer, looking at what is it like to be them. You know, the children will say, “My brain is so busy, it doesn’t stop” and they find that using their hands makes their brain stop. I think almost getting them to reflect what it must be like for that child. I think that’s what’s worked here as the most powerful thing.’* (005)

Some staff felt greater understanding and empathy would enable teachers to adjust their expectations of behaviour and learning in the classroom.

*‘Understanding of what causes it, what is realistic to expect of a child and what isn’t, what’s fair to expect of them…an understanding that it’s okay if this child achieves a different thing in this lesson, or less output, or something like that; kind of ‘“What does success look like?”’* (003)

### Being Equipped with Confidence in Teaching Children with ADHD

A lack of confidence was expressed in managing the classroom when it included a child with ADHD. Staff acknowledged the individuality of each child which raised challenges in knowing how to address specific behaviours. Concerns were derived from inexperience or because considerable time had passed since they had taught a child with ADHD. This led to a reliance on teaching assistants who may know the individual child better, and a further reduction in confidence when classroom support was removed.

*‘Suddenly you almost become scared to manage those children because…my LSA gently steps in to manage that …once you take your LSA away you have to then remind yourself how you did that and that’s quite scary…Then you worry about, “Actually, what if I don’t win the situation? Actually if I come out of it and I feel like I’ve lost and you feel like you’ve won, I’m then going to be panicked about tackling you on anything again.”’* (007)

Several teachers talked about previous experiences which had damaged their confidence and feeling isolated with an expectation to manage their own class. However, most teachers reported having knowledgeable SENCOs who they could turn to for advice and support. Teaching experience was also linked to confidence as staff were able to draw on situations in the past.

Confidence was related to effectively addressing problem behaviours and to successful provision of the best learning environment for individual children. Experienced teachers felt better able to be flexible in terms of setting individualised learning outcomes and more confident in explaining to the rest of the class why one child was learning differently.

*‘I think it’s having that recognition and being brave to say ‘Well actually, you’re not in the right place for me to be able to pigeon-hole or shoe-horn you into what I want to do and I’m going to have the confidence to provide for you in the way that’s needed’* (002)

### Being Equipped with a Toolkit of Strategies

Most staff wanted practical strategies over and above background knowledge about ADHD.

*‘I think practical strategies. Those are the things that are most important. Lots of people, I'm sure, would be interested in the theory or the understanding behind it but I would want, 'Right, what am I going to take away and what I’m going to do with this?'* (015)

Staff had different perspectives on effective strategies to support and teach children with ADHD. Most staff had ideas of what to do when children engaged in disruptive behaviours. Sensory strategies involved physical activity, such as throwing a ball against a wall in the playground or using a fiddle toy in the classroom. Distraction provided the child with a chance to calm down or change focus and included being sent to do a job for the teacher or playing with a favourite toy. Pre-emptive strategies aimed to avoid disruptive outbursts by ensuring equipment was ready in place or identifying times that were consistently difficult to plan proactively. Some strategies were based around consistency for the child by ensuring all staff followed a ‘script’ or by writing behaviour plans for individuals. A large selection of strategies to choose from was wanted, particularly as individual children responded to different approaches, or the same ideas might not work over time.

*‘What might work one day might not work the next day so you’ve sort of got to have a bag of tools with you to sort of keep them on track and try and keep them doing the right thing. Some children a fiddle toy will be enough. Some children will need to get up and go and stretch their legs...Another child, you know, would just be happy to sit and play with multilink and build things.’* (019)

A few teachers expressed the importance of the children learning self-regulation and coping strategies to help them to better manage challenging situations.

*‘Strategies to work with the child, kind of, to help the child come to terms…or kind of understand themselves, and to help them to know what is expected of them, and how to be successful in that is also useful, because I think they can be labelled as ‘naughty’, and they need the skills to be able to talk with an adult and put their side across – which is difficult for them.’* (003)

## A Joined-Up Team Approach which Draws on the Knowledge of Others

A joined-up approach was used to describe how participants valued working together as a team and sharing knowledge.

### Working Together as a Team

Effective communication and a consistent approach comprised the narrative of working together as a team. Information sharing between staff members was an important part of ensuring effective strategies were used with individual children. This included creating individual behaviour plans, reflecting on incidents, and following provision maps from year to year.

*‘Every term I would do a provision map just to detail all the interventions and day to day sort of thing… for example, a wobble cushion, the position in the classroom.’ (015)*

A small number of teachers felt unable to ask for help from senior leaders when they were struggling. These teachers explained that SENCOs were busy with other children and there was an assumption that you needed to work it out for yourself. Others reported a sense of being a ‘lone voice’ and isolated. However, one teacher explained how appreciative she was of being able to discuss ideas with colleagues.

*‘I found discussion with TAs almost more helpful. You know, those daily discussions were more helpful in some ways because you’re working it out with the child and with someone else. It’s important to bounce I think when you’ve got a child like that. You can’t just do it on…all on your own.’* (011)

Staff felt supported and better equipped when they had access to specialist behaviour teams or their SENCO was particularly knowledgeable and approachable. Open communication with others from the wider community was important to gain a broader perspective on the child across multiple contexts.

*‘I think communication is a big thing and it’s working as part of a team you know with carers, teachers, SENCOS, school management, other community professionals. We've all got to work together.’* (016)

One head teacher described the approach as needing ‘relentless consistency’ (003), with behaviour plans and shared language to offer choices or redirect behaviour. This avoided confusion and signalled to the child that they could not try and manipulate staff by falsely stating they had permission for an action which was not in the agreed behaviour plan.

### Drawing on the Knowledge of Others

A joined-up team approach was deemed to be most effective when expertise was shared so that school staff could draw on the knowledge of others. Staff recognised and relied on the breadth of experience across the whole school.

*‘The special needs team obviously had a bit more training and specialist knowledge so I’d worked with them to, you know, develop good targets for him and then we review those. Definitely once a term, maybe a bit more regularly.’* (011)

One teacher with 18 years’ experience described how she felt able to adapt lessons and targets ‘on the fly’ (006) but had noticed that a newly qualified teacher (NQT) needed help from colleagues. Another described the importance of ensuring there was a handover at the beginning of the academic year so that the child’s previous teacher could share effective ways of working.

*‘I mentioned these kind of support plan meetings and the provision maps so I think the handover between teachers on that is absolutely vital I think.’* (015)

Teaching assistants were also included in this process.

*‘We can say, ‘well, we’ve tried this, we’ve tried that, she likes this, he likes that, you know, and given sort of like, some advice that way.’* (019)

## Creating the Opportunity for Every Child to Succeed

All staff, from senior leaders to teaching assistants, were committed to creating the opportunity for every child to succeed and wanted to provide the best education and support for the children in their care.

*‘It needs to be, “We’ve given every child, with ADHD, with any special educational need, or without, every opportunity to succeed.”’* (004)

Staff training, good planning across the whole school community, and robust policies were identified as essential components. Providing emotional and behavioural support, as well as teaching the curriculum, was fundamental to being able to give every child every opportunity to succeed. For children with ADHD, the focus on changing disruptive behaviour stemmed from a desire to help the child access the learning and realise their potential. It was important to staff that they knew how best to help children change their behaviour because they highly prized this inclusive approach. However, this level of provision was recognised to be a heavy workload.

*‘I feel that, not that I’m letting the children down, but I feel like there’s more that I could do for them.’* (008)

## Supporting All Children in the Classroom

Staff emphasised the importance of supporting all children in the classroom, both the child with ADHD and the rest of the children in the class.

### Building Relationships and Knowing the Child

Building relationships with children and knowing each child was identified as extremely important.

*‘I think the main thing, like with anything in the school, is knowing the child, knowing your child. I think that’s very important.’* (019)

Although several children may have ADHD, individual differences emphasised the need for quality relationships between staff and pupils. Many of the staff shared how getting to know a child with ADHD had created opportunities to develop their approach and de-escalate emotionally charged situations or distract children from disruptive behaviours. A teacher recounted knowing one child so well that when he walked into the classroom, she could anticipate his behaviour.

*‘You’ll know what type of day he’s going to have because you can tell by his hair. And if he was going to have a bad day- if he had a bad day his hair would be standing up on the – here – on the crown of his head, which was always really interesting. So you could tell. So, that gave a bit of an insight into prevention rather than cure with him.’* (018)

### Supporting the Child with ADHD Requires Support and Education of Everyone Else in the Class

Staff discussed the impact of having a child with ADHD in the classroom and how they had found ADHD to have the most impact on other children.

*‘When things are not going particularly well, it has the biggest impact on the others, so with ADHD you’re not just supporting the child, its supporting everybody else to deal with the behaviours of that child.’* (006)

Peers were described as getting frustrated or scared when attempting group work with children whose behaviour was unpredictable. This also affected playtimes where children were reluctant to play together after prior incidences of impulsive behaviour. Although staff described most children as being aware of others who have certain difficulties, it could be difficult for the rest of the class seeing rewards being given to one child for what is perceived as basic expected behaviour.

*‘The children have to learn to adapt basically to a child that doesn’t necessarily conform in behaviour in the same way as they do. I mean, yes they all have boundaries and yes, they all have to abide by the same rules but there has to be a bit of give and take for jumping around the classroom and that sort of thing…but within the kind of scope of learning as well.’* (010)

Staff described how they needed to educate peers of the child with ADHD so that they could understand why expectations or tasks may be altered for that child, and some teachers expressed how it would be beneficial to have help in speaking to the rest of the class.

Conversely, staff also praised the positive aspects of having a child with ADHD in the class, citing their energy and enthusiasm for projects, sparking creative ideas to tackle tasks, and often being humorous and likeable. Educating the rest of the class involved praising these positive behaviours from the ADHD child to show their peers the valuable contributions this child was making.

## Training and Support which Meets the Needs of all School Staff

Participants expressed the desire for training and support which would address the other important factors that they had identified.

### Teacher Training and Support Delivered on a Need To Know Basis

In-service training was mostly delivered at regular times through the year. There were very few opportunities to choose specific external training, and so training was limited to priorities set by senior leaders. Most staff reported having no, or very little, ADHD training even if the school had significant numbers of diagnosed children. However, the overwhelming reaction to training was that it was hard to remember information if it was not relevant immediately.

*‘It’s almost, sort of, need to know basis isn’t it, since it’s hard to remember all the training if you have it in regular slots, I guess. Yeah, you know, if it’s relevant, I don’t know, it’s a child that’s coming up I think that’s a good time like right now for me.’* (011)

### Training Needs to be Delivered to All Staff

The need for training to be delivered to the whole school staff was identified:

*‘As senior leaders we would want the same training as teachers because you need to all be, you know, coming from the same viewpoint in terms of strategies.’* (013)

*‘I think it’s really important for all - even teaching assistants - to have an understanding of where those children come from and why they display what they display. Particularly TAs actually, cause quite often they're the ones that are picking up the behaviour and having to deal with it.’* (002)

Children with ADHD had frequent interactions with staff outside their classrooms and so consistency was key, including in policies and individual behaviour plans that underpin strategies and expectations.

### Opportunities to Try Strategies Out in a Plan-Do-Review Cycle

Training preferences centred on a plan-do-review type of programme where experts shared strategies that could be used, followed by an opportunity for staff to try these strategies in vivo and then come back to discuss.

*‘So you tried that in your school or you tried that with your class. Did that work? How did you adapt it? Was that better? Can we, as a group, work out other ideas for how that might be managed differently if it wasn’t working. That would be good.’* (007)

Working collaboratively with colleagues was also discussed so that staff working in similar contexts were able to discuss effective strategies.

*‘I think the most effective way to embed training, is to do it as much practically as possible, so having opportunities to go and try things out, or to think of a child and then come back and…that practical stage of being able to go and try things out and have a go and actually come back and almost like a, support group.’* (002)

# Discussion

This qualitative study explored the views and perspectives of primary school staff working with children with ADHD. Their accounts provide important insight into the factors they identify as being important to consider when developing ADHD resources and courses for school staff (Greenway and Rees Edwards 2020). Findings suggest an overall desire for staff to be equipped with appropriate knowledge, a range of strategies and confidence which would enable them to provide inclusive education that meets the needs of all children in the school. Such an inclusive approach is consistent with government policy in England which emphasises the same provision of opportunities, safeguarding, and choices for all children, and where necessary, to make reasonable adjustments to ensure this (Department for Education and Department of Health 2015).

Being equipped with knowledge, strategies and confidence was described as necessary to teach and support children with ADHD effectively. However, participants felt they lacked these elements. Previous literature highlights that teachers’ knowledge of ADHD can be quite varied (Mulholland 2016; Shroff, Hardikar-Sawant, and Prabhudesai 2017). Moreover, little is known about the impact of improving knowledge and understanding of ADHD for other staff, including teaching assistants’ (Greenway and Rees Edwards 2020) even though teaching assistants are considered to be essential sources of support to children with ADHD (Groom 2006; Blatchford, Webster, and Russell, n.d.). Few studies have explored the association between levels of teacher knowledge of ADHD and their confidence in supporting children with ADHD. Sciutto et al.’s (2000) report a significant, but small, positive correlation between teachers’ ADHD knowledge and self-efficacy. Arcia et al. (2000) reported primary teachers felt less confident in implementing evidence-based strategies when they felt less knowledgeable about ADHD. Having a range of strategies to hand was also identified as extremely important, whether to address difficulties with learning or to address disruptive behaviours. Overall, the accounts of staff interviewed in the present study highlight that they perceive the interaction of knowledge, confidence and strategies and that all are key to staff feeling adequately equipped to teach and support children with ADHD.

Participants also talked about wanting to create the opportunity for every child to succeed. This was closely related to knowing the individual children well through building relationships and providing support to all the children in the classroom. Positive teacher-student relationships for children with ADHD have been shown to reduce conflict and increase cooperation (Ewe 2019), and participants in this study underscored the importance of knowing the children well so that they could be proactive in anticipating triggers for disruptive behaviour and work with the child to build positive learning experiences.

Moreover, supporting and promoting good relationships with peers has also been shown to have benefits where good experiences of peer tutoring positively affected behaviour and academic success of children with ADHD (DuPaul et al., 1998). In contrast, other studies have shown that increased classroom disruption from children with ADHD can invite bullying or baiting by peers, aggravating behavioural symptoms (Gwernan-Jones et al. 2016; Singh 2011). In this study, participants recognised the need to support the rest of the children in the classroom, addressing lack of understanding or fear of a child with ADHD. This support is crucial as Hong (2008) reports that teachers in her qualitative study described how peers of the child with ADHD did not understand why they were not following the same rules and did not believe teachers were able to address the problem behaviour.

Staff emphasised the importance of a joined-up approach endorsed by all staff with opportunities to share knowledge and expertise. Consistency in the use of strategies across contexts (e.g., home and school) to support children with ADHD has been highlighted as important for the effectiveness of interventions (Mautone et al. 2012; Villodas et al. 2014). Similarly, the importance of consistency across school years has been highlighted (Dupaul, Weyandt & Grace, and Janusis 2011). However, research into the effectiveness of a consistent approach by all staff across the school for children with ADHD is currently lacking. Many of the participants in this study described how teaching assistants spent the most time with the children with ADHD and were invaluable in supporting these children (Groom and Rose 2005). Thus, creating opportunities for knowledge exchange across all staff will likely be of benefit.

Training and support were related to both the need for a joined-up approach and being equipped, with opportunities to discuss strategies together and try them out in a plan-do-review cycle. Training was reported to be minimal by most participants and yet the desire for training was high. This reflects other studies where between 68-70% of teachers and teaching assistants reported inadequate training and 92-96% want more training (Greenway and Rees Edwards 2020; ComRes 2017). Topkin et al.'s (2015) study of primary school teachers’ knowledge of ADHD suggests training should be continuous to ensure teachers are prepared to address a range of behaviours in the classroom. However, the participants in this study identified wanting training to be accessible when needed rather than at arbitrary times in the school calendar. This echoes Hustler et al.'s (2003) report on teachers’ professional development which identifies the barriers of time, cost, motivation and relevance to successful professional development that improves practice.

## Limitations

Given that teaching assistants were considered to be invaluable in supporting children with ADHD by the participants, reflecting views in the wider literature (Farrell et al. 2010), this study would have been strengthened if more teaching assistants could have been recruited. However, when requested, teaching assistants were not able to be released from classrooms during the school day and were not available after the school day. Future studies may be able to make use of inset days or alternative methods to explore the views of teaching assistants.

There were only three male participants in the sample of 19 school staff. Although there is limited literature in this area, studies suggest that teacher gender does not influence attitudes towards children with ADHD (Anderson, Watt, and Shanley 2017). There may, however, be teacher gender differences in terms of which specific ADHD symptoms are viewed as problematic in the classroom (Alter, Walker, and Landers 2013), and therefore which strategies are viewed as needed. It is not clear as to whether the dearth of studies examining gender differences in this area is due to the relative imbalance of gender in primary teachers and education research participants or a lack of interest in potential gender differences (Zhang 2017; GOV.UK 2021). Future research could investigate possible gender differences when identifying pedagogical and training needs for teaching children with ADHD.

This study was primarily focused on understanding staff perspectives around ADHD and ADHD training. However, given the comorbidity of other conditions such as autism and learning disorders, further research could be directed to understanding the impact of multiple diagnoses and complex needs. Although a small number of staff mentioned children with ADHD and a co-occurring condition, the perspectives shared on supporting children and receiving training tended to focus on one condition alone. There were a number of possible reasons for this. Participants talked about identifying the child’s main or primary learning issue and addressing this need first. Another consideration was that diagnoses for ADHD came later in the child’s schooling than, for example, autism, and so it is possible that staff focused on the prior diagnosis. And finally, given that staff talked about many undiagnosed children displaying ADHD-type behaviours, strategies and planning were targeted at more general behaviour or learning needs. In fact, staff explained that strategies that they had been given to address ADHD, e.g. more frequent breaks and physical exercise, had been beneficial for most, if not all, of the children in the classroom.

## Implications and conclusions

The aim of this study was to hear from teaching staff at primary schools what they consider to be important when supporting children with ADHD and what training they view as useful to them. The findings highlight that staff training is needed and desired by school staff, but addressing the identified issue of timing and the inclusion of a plan-do-review model might go some way in addressing the longer-term deterioration of reported gains in ADHD teacher training interventions (Ward et al. 2020). Training that is timely, accessible and available to staff at the time that they are supporting a child with ADHD would be more relevant and immediately used, rather than one-off training at an arbitrary time which may not be remembered when needed. Additionally, the ability to discuss and trial suggested strategies followed by a period of review and consultation would enable staff to adapt to individual children over time. Learning different strategies to support children have been identified as one of the most important and desired elements of training, viewed as crucial in building staff confidence and knowledge of how best to support children with ADHD. The findings also emphasise the need to make training available for all staff across the school, rather than teachers only, to ensure a consistent, joined up approach of team working and shared expertise. These insights should be considered as important targets of any future ADHD training development delivered to schools.

**Acknowledgements:**

Thank you to all the primary school staff who took part in this study.

**Financial disclosure:**

This work was supported by the University of Southampton under the Psychology Jubilee Scholarship.

**Declaration of interest statement:**

No potential competing interest was reported by the authors.

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Table 1  
Participant Characteristics

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participant # | Gender | Role | Type of school | # years’ teaching experience | Estimate # ADHD children taught |
| 1 | Woman | Head teacher | Mainstream | 15 | 9 |
| 2 | Woman | Head teacher | Mainstream | 21 | 10 |
| 3 | Woman | Teacher/ deputy head teacher | Mainstream | 18 | 10 |
| 4 | Man | Head teacher | Mainstream | 17 | >10 |
| 5 | Woman | Assistant head teacher/ SENCO | Mainstream | 15+ | 20+ |
| 6 | Woman | Teacher | Mainstream | 12 | 15 |
| 7 | Woman | Teacher | Mainstream | 19 | 6 |
| 8 | Woman | Teacher | Mainstream | 4 | 5 |
| 9 | Woman | Head teacher | Mainstream | 20 | 10-15 |
| 10 | Woman | Teacher | Mainstream | 17 | 20 |
| 11 | Man | Teacher | Mainstream | 17 | 2 |
| 12 | Woman | SENCO | Mainstream | 19 | 10 |
| 13 | Woman | Head teacher | Mainstream | 18 | 50+ |
| 14 | Man | Teacher | Special | 4 | 3 |
| 15 | Woman | Teacher | Mainstream | 3 | 3 |
| 16 | Woman | SENCO | Mainstream | 28 | 30+ |
| 17 | Woman | Teacher | Mainstream | 15 | 100+ |
| 18 | Woman | SENCO | Special | 15 | 100+ |
| 19 | Woman | Teaching assistant | Mainstream | 10 | 8-9 |