**INV-016-S-U-N-STA-F**

**General Introduction**

**INV-016-S-U-N-STA-F.:** Hello?

**INTERVIEWER:** Hi Hayley its XXXX here.

**INV-016-S-U-N-STA-F.**: Hi.

**INTERVIEWER:** Hi how are you doing?

**INV-016-S-U-N-STA-F**: I’m alright thank you.

**INTERVIEWER:** Good. Thank you so much fir agreeing to this that’s brilliant.

**INV-016-S-U-N-STA-F.**: Yeah no problem.

**INTERVIEWER:** Aww. How do you know XXXX? Do you just know her through twitter or sort of in person?

**INV-016-S-U-N-STA-F.:** Yeah just through twitter.

**INTERVIEWER:** Oh okay cool. Well that’s brilliant. So just to give you a run down but obviously you’ve heard a little bit about what we are doing but I work with this project called the New forest parenting programme and we’ve been working with parents for around 10-12 years helping them with their children with ADHD and developed this programme that has been really helpful for them. But the parents are saying that when they start school they are really struggling still and often teachers are asking them for help or they are trying to communicate between one another and um so we were wondering if the resources that we use with parents would be useful for teachers if you know they were presented in a slightly different way and relevant to the context that teachers are in. Um so we are really trying to speak to school staff to see what they already know about ADHD, what they think teachers need um in order to support children better um and how they would want any material presented to them. So that’s really what we are doing.

**INV-016-S-U-N-STA-F.**: Yeah that sounds fabulous.

**INTERVIEWER:** So hopefully it would actually be useful in the end

**INV-016-S-U-N-STA-F.**: Yeah I think that would be useful actually because the materials about it there needs to be more and you know and it’s something that needs developing in my opinion anyway so.

**INTERVIEWER:** Well that’s good to hear.

**INV-016-S-U-N-STA-F.**: Well I think so.

**INTERVIEWER:** So I’ve got a vague structure to follow but obviously if our conversation takes a different route that’s great. Um but really to gather your views from your experience of what you’ve seen in schools and what you have experienced yourself and your thoughts really to go ahead. Um so are you okay to tell me a bit about your school experience and the front roles you’ve had?

**INV-016-S-U-N-STA-F.**: Yeah absolutely. So I’ve been teaching now for about 25 years in a variety of different schools. So I’ve taught in XXXX and I’ve taught in talented schools. But I think my knowledge in ADHD and other developmental um things that children or people have come from when I worked in a referral unit in XXXX. Um and because the children would be permanently excluded, when they came to us they would have the label of naughty um but when they were picked you could see they had more complexities. So there were children that had… well I was deputy head of the SENCO at the time and I’ve been SENCO in other schools as well. But when I was at XXXX and I finished that about 3 years go now… children were… I was referring into the paediatrician with a diagnosis of ADHD quite commonly with a mixture ADHD and autism and I’ve seen a lot of that now as [inaudible] going around. So then 3 years ago um because of the way things were going you know the funding isn’t brilliant really and we had had it taken away so I decided to take early retirement and work for myself as a head consultant. But nearly straight away one of the head teachers that I work with asked me if I would do a SENCO role in her school once a week. So to cut a long story short I am now… I now do 2 days a week as a SENCO role cause the school is in XXXX and its quite a deprived area of XXXX and there is a lot of needs in the school and what I’m finding now is that a number of children that were coming across in the school have ADHD and obviously I’m not a medical professional but because I worked at the XXXX and I did a lot of outreach at the XXXX in different schools I just… you kind of just get a feeling don’t you… You spot the signs for it but I think a lot of teachers don’t spot it. But it’s interesting now since I’ve worked at XXXX… I’m finding now that I’m sharing knowledge with the head you know and the other teachers and helping them look up children and what’s happening in classes so teachers are spotting signs on their own now um because um I think communication is a big thing and it’s about working as a time you know with carers, teachers, SENCOS, school management we have all got you know other community professionals and we all need to get together because if we don’t these children are slipping through the net and what happens is that they get labelled as being naughty and they get excluded and then um they end up in a pupil referral unit without any kind of diagnosis or of any kind of um and no kind of attempt to find out if they have an underlying issue. Um and then apart from my two day a week job I also go into a number of other schools and one of my roles is a specialist teacher for SCMH so that’s nice as I’m working one to one who have ADHD [inaudible].

**INTERVIEWER:** Oh I think your phone… the phone has gone a bit funny. Um I’ll just call you back XXXX cause the phone has gone a bit crackly.

**INV-016-S-U-N-STA-F.**: Hello

**INTERVIEWER:** Hi again. Sorry I don’t know what happened there the phone went a bit crackly.

**INV-016-S-U-N-STA-F.**: You know I probably just pressed something I just kept talking then [laughs].

**INTERVIEWER:** No that’s fine [laughs]. Um no it went a bit funny. But you were talking about working with individual children as well.

**INV-016-S-U-N-STA-F.**: Yeah. You know we need to all unpick because you know the children at the primary school that I’m SENCO at I mean normally paediatricians will look at ADHD but they won’t look into it any further until 6… in our area 6 seems to be the age that er children are being looked at. Just a sec [6 secs].

Sorry about that my daughter is sorting out my washing machine. Hello sorry I just had to switch it off so I’m trying to listen to something and this is all I can use.

**INTERVIEWER:** Oh right our conversation.

**INV-016-S-U-N-STA-F.**: I’m using the Bluetooth. Um but yeah so we are catching children early now and you know I’m not talking about mild children who need a few adjustment I’m talking about quite severe symptoms and children who are being medicated they are like a different child and I just think get it sorted before they kind of grow into the um growing controlled behaviours which is part of the condition because I think what was happening at the XXXX was that we were getting children in year 5 and 6 who had this underlying condition but because nothing had ever been done it just got worse and the symptoms were worse and then their need to control situations got worse um a lot of anger because the anger bit caused the exclusion. Um and I just think it got really embedded and bad and even if you get to sort them out and put them on some sort of medication it, some of the underlying behaviours were really hard to unpick.

**ADHD as a disorder and its symptoms**

**INTERVIEWER:** Yeah. So how would you describe ADHD? How have you seen it sort of show itself in different children?

**INV-016-S-U-N-STA-F.**: Um… [3 secs] Well right I think that I those angles um I think they do present slightly differently. Um the impulsivity has been a big feature so I think if I’d kind of looking at any warning signs so when I think of children [inaudible]. But they fidget, the wriggle, they are impulsive, they tell lies, they are kicking somebody and then I ask about it and they say they didn’t do it. Because that’s the first impulse isn’t it ‘I didn’t do it’ even though they were seen doing it but you know. So kind of that kind of thing um and really where it is becoming a barrier to learning because you know I’ve got some really bright children um that are um on our special needs register because they’ve got these impulsive behaviours. Um and then I’ve got these children that also present having SEN um and applying [inaudible].

**INTERVIEWER:** Ah okay

**INV-016-S-U-N-STA-F.**: And then um obviously towards the more extreme end our of children there is acting out, slowing things, fighting, getting themselves into difficult situations you know or can’t stop themselves and then when you talk to them you know why they have done it. Um other signs that I’ve seen, we had one little boy and he’s on medication now and he’s like a different boy. He is six. Um he used to get very emotional and used to sweat a lot.

**INTERVIEWER:** Ah okay.

**INV-016-S-U-N-STA-F.**: Um that is something I’ve seen in a lot of cases. Sweating and getting very very emotional and get scared at the slightest thing. Um and [2 secs] and then also there was the hyper focus and repetitive behaviour, to do the same activity but then they could do that for a long time so a teacher thinks ‘oh they don’t have ADHD they are sitting with that book’ but actually you say actually that is just the child has chosen to do that activity I mean I’ve got a teenage girl and when she was really struggling in class she would just sit at the back with a book and that would calm her down. But then you couldn’t get the book off her [laughs] because that’s all she wanted to do then was just to carry on reading that book so… Um but the hyper focusing thing is something really that I’m kind of… we are just kind of getting to grips with that because I think that is a barrier to people thinking ‘well she can’t have it because they can sit and concentrate or whatever’.

**INTERVIEWER:** Yeah that is interesting actually because I guess that could be quite confusing for teachers.

**INV-016-S-U-N-STA-F.**: It is confusing um you know um and its only really I mean I’ve kind of… ADHD is my thing really because I got really interested in it and go to conferences. I usually go… I’m going at some point this year but the ADHD foundation conference in Liverpool so I’ve been there a couple of years and they’ve been fascinating and last time they had two days. One is for the medical side for you know the medical practitioners and then one for educations. So I kind of went to both days and it was really interesting because you got to learn um a lot more about the medical side and also the adult ADHD because this is another thing that I’m finding when you are talking to families um and obviously if I suspect it and I’m talking to the parents and they say the behaviours at home and I do say is there anything similar in the family as it is a hereditary condition and usually it is and the parents will say ‘oh my niece is ADHD’ and then ‘my sister’s nephew is ADHD’ and then you can see where it runs in families. But I think sometimes it’s really hard to sort out the child because if the parents have got it or the parents have got it and don’t know they have got it… perhaps they just present with very disorganised um traits and get very angry um the first thing that happens is that they can’t cope with their child’s behaviour and they clash between you know that is a really really tricky one and its interesting because I referred a child in. Um he was seen by the paediatrician and when we go the notes back he had had a good chat with the mum and asked the doctor to help her with adult services because he said there were so many things just at that one appointment that he saw in the parents. So I think it’s a really… and I know it’s awful for the people that have to live it but I think it’s quite a fascinating condition really that presents in a lot of different ways and um and everyone is an individual isn’t it just like autism.

**INTERVIEWER:** Yeah definitely. Um so yeah you’ve mentioned the hereditary side of things. Do you think there are any other causes of ADHD?

**INV-016-S-U-N-STA-F.**: Uh [3 secs]. I don’t know really. Um went I went to the last conference there was a lot of discussion about whether it was… I think obviously in the past it was dismissed wasn’t it and never made a condition… no I assume that somewhere along the why it’s just developed in somebody um where you can’t look back and say ‘well that has come from here there and everywhere’ but… I don’t know really… I’m not sure anybody knows to be honest. I think a lot of theories are put forward that come through. I know one thing that um came from the paediatrician. Um he said that it can be quite common in premature children um because you know I’ve got two very very premature siblings that you know where born weeks and weeks early and they I’ve both got autism… traits of autism and ADHD. So there might be something in that I don’t know. And there there is obviously talk about the maternal… um you know the things that happen um while the babies are being carried… and that’s what I found really interesting cause that’s [inaudible] [laughing].

**INTERVIEWER:** Yeah. And so um so you know hearing you talk about the different children that you have seen with ADHD I guess you have a different impact from each child and you know in the classroom they are in. Can you describe a little bit about how you’ve seen an impact on the rest of the class or the staff on having a child with ADHD in the classroom?

**INV-016-S-U-N-STA-F.**: Yeah I mean what we will do now is when we suspect someone has go it we immediately [inaudible]… So I’ve got one child who has got a dual diagnosis of ADHD/ASD and because of his meds… so sometimes he will just go and sit under the bench at the bottom of the classroom and just fold his arms and put his head down and when they are like and that you can just let them get on with it if it is a calming thing and then what he went on to do… so I managed to take him to my room and have a bit of calming time and a little chat and then when he went back he started to be disruptive because he was walking up and down the classroom and calling out and then when adults are trying to speak to him he was shouting ‘you can’t make me do it’ um ‘I don’t have to do what you say’ and they had to carry on. The teacher was fair to carry on but it’s really hard isn’t it to ignore um those kind of behaviours and you know they can be very very disruptive. Um so really what… because we are this particular school who has had something similar to T teach we can escort them now; well I can’t I’m not insured to; and so we just try and get them out very quickly and get them to the calming down stage. Um and then other children with ADHD could be mild and that they are fidgety, fidgety on the carpet, constantly moving, attention is wandering, not able to listen to what the teacher is saying or they can listen for a little while and then they go you know they go off the boil so you know so we’ve got… I’ve got a big box of fiddle toys for the children in school and so they are taught how to use it properly so they are not throwing it about… um you know because its little stretchy man it can… its quite discreet really and they can just fiddle with it and then it helps them focus on what the teacher is saying. Um and then obviously on the extreme end you do have children lashing out. So this little boy who I talked about before, he was escorted out and he started kicking but he did calm down and he went and sat in a safe space… he did calm down but he was quite unsettled really and he acted out.

**INTERVIEWER:** Ah okay.

**INV-016-S-U-N-STA-F.**: I think really what we try and do is be pre-emptive when we can and when he is looking unsettled um a member of staff will you know go and make him do a job or just do…just distract really.

**INTERVIEWER:** Um have you seen any benefits of having a child with ADHD in the classroom?

**INV-016-S-U-N-STA-F.**: Um [2 secs] yes. I think um children with ADHD are quite… they can be quite creative and excel at certain things. Um one of the most ADHD children I’ve had was absolutely superb at sport and P.E and anything at all like that and you know he was realising those energies um and he was also very skilful... hello?

**INTERVIEWER:** Hello?

**INV-016-S-U-N-STA-F.**: Oh sorry I thought you were lost there I think was just my phone connection.

**INTERVIEWER:** Oh right

**INV-016-S-U-N-STA-F.**: Um so yeah so they are often very creative and the little boy that I told you about before he was superb and one of the ways to calm him down and his dad uses is to give him a maths problem to work out in his head and that calms him.

**INTERVIEWER:** Oh right

**INV-016-S-U-N-STA-F.**: And he is really good at it. Fractions, equations anything like that and any maths puzzle um his dad says he will just sit down and think about it until it passes.

## The diagnosis and treatment of ADHD

**INTERVIEWER:** Ah that great. You also… you talked about how you had been involved when children were getting diagnoses or being referred or whatever. So do you go to appointments with families or do you fill in paperwork or how do you get involved.

**INV-016-S-U-N-STA-F.**: Yeah. In our area… I mean every area is different but in our area there is two ways to be referred to the local paediatrician. So you can through your family doctor. Now some families do that but I find it quite frustrating as not every doctor is sympathetic so some doctors just say yes it’s this or yes it’s that and it can take a long time before anything happen. In my area schools are refer them directly to paediatric services so actually we have a form… well actually I could do a letter but we have a form which is good as it just gives all of the relevant information. So I just fill that out and obviously the teacher gives information about any behaviours and whatever. We do it between us and then we send that in so that’s how children in my school get most of their appointments.

**INTERVIEWER:** Oh okay. So you are happy to be sort of involved in that process and feel you are in a good position?

**INV-016-S-U-N-STA-F.**: Oh absolutely. Firstly I like to because…for a start once a referral is made if there isn’t any contact I can chase them up. I’ve got handle on it. Half the time you don’t know if they have done it or then the parents struggle to get an appointment as the doctors are really hard to see. Then the parents will say that their doctor is not very sympathetic. So to be honest I would rather just do it myself.

## Training and support for teaching children with ADHD

**INTERVIEWER:** Aw that’s great. Um if I just talk to you now a bit about the idea of training for teachers in the school and you’ve obviously mentioned before about you sharing information is really important and acting as a team. But if you were to have actual training in the school, what do you think teachers need to know? What will the get the most benefit from?

**INV-016-S-U-N-STA-F.**: Er… I think a strategy for reasonable adjustment definitely. Um I mean at the moment… it’s not a big school it’s a 1 to 4 elementary, I just discuss individual children with individual teachers. Um but obviously if it was one of the bigger schools it would be beneficial to have some materials to deliver really. Um so I think anything really based around including your ADHD children in the classroom cause I think what is happening now is that schools can’t find one to one support so the child has to somehow be given self-managing techniques so um calming strategies um and I do a lot of that when I do my SEN days. Um you know giving the children… helping them with self-regulation and strategies so I think you know if teachers are aware that you know… for instance one school has said that a child doesn’t know how to use the fiddle toy they just throw it about so I say you need to train them to do that. So that sort of thing as well as you can’t automatically assume that teachers know how to use these things the best way. I think as well some background information and that’s a lot because you know time is limited if you are doing a twilight session or something or a staff meeting but there are a lot of resources like the ADHD foundation website and their sort of resources. Um but I think it would be nice if it was just something packaged with some background knowledge but not too much in depth detail. You know the inclusive classroom. How we can give additional support to these children and I think it has got to be simple things and trying somehow to build a child’s independence. So quite often when I go into schools um I have been asked to observe children with ADHD. Um it might be that they need now and next, they might need a timer um some of them might need a visual timetable if there are particular ones that are crossing into ASC. Um they might need… for now and next they might have a really short attention span and they need a box with some independent activities and some clap down activities that they can fully access on their own. Um so I think it’s about what can we do to keep that child in the classroom so they are not disrupting anyone else but we actually trying to make some independence as we actually don’t have a body for that child by the day unless there is some particular funding attached to them. Um and I mean a safe space for the child as quite often… um so quite a few of the children at my school do have their own desk and their own place because it’s not just so they don’t distract anyone else is because they actually like it themselves because it helps them focus. Quite often children say to me that they are quite distracted because that person touching me or you know what I mean sometimes they are better in their own space and having everything that they need because obviously they can be quite disorganised so I think teachers need to know that as well cause you don’t want an ADHD child to be getting up and down, up and down for equipment and stuff like that cause that can hype them up even more.

**INTERVIEWER:** Yeah. So have you been on any ADHD specific training that you have found useful or have you picked up over the years or?

**INV-016-S-U-N-STA-F.**: Yeah it was mainly that when I was at the XXXX we had a lot of training there for various disciplines. So we had… I did nurture and restorative processing and because one thing that you want to do with your ADHD children which you can obviously only do when they are calm which is why I think the meds for some of these children really help is because you can then focus on strategies is trying to build some empathy up as well. Some of them do empathise and then the minute they get agitated it’s all me, me, me, me and it’s his fault and he did it she did it. So when they are calm they can see that they might have hurt somebody or they might be very impulsive and realise that they shouldn’t have done it kind of thing. But I think in the moment they can still be very reactive so I think really its strategies for the child as well and be there to help them because they confide in us as well. The children get a diagnosis but they don’t know what they need. Now there is the… I don’t know what it’s called now. It’s a psychology service. This lady is a psychologist and she is usually at the ADHD conference and she does a little booklet for children that you can download off the website but I think with training there needs to be something there for the children as well because I think that would be really useful.

**INTERVIEWER:** No that’s really interesting.

**INV-016-S-U-N-STA-F.**: Cause I do think… [inaudible] events when they are learning cause we tell the parents and we assume the parents will talk to the child but often the parents don’t know very much either you know what I mean? A good parent will search into it but sometimes they don’t and a child is just left thinking ‘what have I got?’ So I’ve tried to get some storybooks with anything I see really that people have written um that are in our library area so that children can access um because there is an adult in the library daily and she is very good. She is a reading mentor so she will… children that she knows have ASD or ADHD or whatever she will encourage them to have a look and she will hear them say ‘yeah that is just like me’. I think that is so important that they know that they are not on their own and it’s not something ‘oh my god I’ve got’ I was children coming and saying that they’ve got ADHD they have ODD and they have this and that and she used to say to the children I understand that you have these things but in life you aren’t going to have it listed on you back and you have to learn how to live with these things safely as you have got to live in our world so that is always my view. These children have to live in our world and somehow we have to give them as many strategies as we can to self-regulate and to teach. And it can’t be done at them they have to be involved in it.

## Conclusion

**INTERVIEWER:** Definitely. Aw that’s brilliant Hayley. I think we have covered everything that I have thought of.

**INV-016-S-U-N-STA-F.**: Right that’s it then?

**INTERVIEWER:** No it’s great. You’ve… it’s been really helpful hearing your perspective actually and your experience and just getting that view from someone looking at the children or looking at the teachers or looking at the families. Um we have definitely covered everything that I set out to cover but um I don’t know if there is anything else that you wanted to share that we haven’t talked about.

**INV-016-S-U-N-STA-F.**: Er… [3 secs] I don’t know. I just think there’s… I think working with school, because you are working with families as well it would be quiet nice if you material was integrated so the teachers have one bit, the parents another and the children as well it would…

**INTERVIEWER:** Yeah that would be amazing.

**INV-016-S-U-N-STA-F.**: Yeah that would be really useful and I think that would be really interesting because you are [inaudible] in a sense because you kind of… it’s an inclusive thing and it’s not… everyone is part of the inclusion and I think this approach would be important and parents are living with these children every day. Yes we have them in school but quite a lot of my ADHD children can be okay in school but when they go home they are unmanageable. The poor parents that are getting the brunt of it and when all the meds have worn off you know? Er so I think we’ve got it… we need to start listening to what the parents say. There was once a parent said to me that ‘right my son… if he starts getting agitated give him a maths problem to solve and it works at home’. We can use that is schools so cross that off.

**INTERVIEWER:** Yeah that is brilliant isn’t it? Good joined up thinking.

**INV-016-S-U-N-STA-F.**: You end up thinking that all of us sharing and all working together to just um listen to each other and I think one of the worst things that I hear all the time is that it’s the parent, the parent. Wait a minute. If you are a family and quite often it’s a family thing and have a history of neurodevelopmental things and you are trying to deal with a child that is a war half the time they think they should be more consistent at home. But if you had to with that 24/7 would you not give in occasionally? Would you not just let things go? Because I think sometimes you out your back up and parents can’t be expected to if they are working as well. I mean a mother of a teenager has spent hour on hour with her daughter. She has looked into everything. She has researched. She does all these things and takes her swimming every day because she has heard that swimming is good for children with ADHD. Just hour upon hour but this child can still be very difficult to manage you know. They have adjusted her diet… When I went to the ADHD conference, they did say… I was talking to this professor and they did say really unless it is really mild diet doesn’t have much impact so they’ve found. Um but I don’t know I think its joint up thinking really.

**INTERVIEWER:** It’s interesting. One teacher mentioned it would be helpful for her to know how to tell the rest of the class about the child in a way that isn’t um embarrassing or you know being unfair to the child but helping the rest of the class understand why this child may act differently in certain situations or how they can work with them if they are in a pair or… she just wanted something to explain things in way that was sensitive. I don’t know if you think that would help at all?

**INV-016-S-U-N-STA-F.**: I think so. Things like that erm could be done through stories or through… and what I always say to teachers when I asked about, I just say that the other children will say it’s not fair but I always say if you explain it carefully and say we have all got… some of us are really good at maths. Some of others really struggle to throw and catch a ball you know we all have our strengths and weaknesses. If they learn in quite a matter of fact way that this is what this child needs and this is what has been set up for this child then children are quite accepting… I find it’s the adults that struggle. The children don’t struggle. The children are easily managed and you can do it without embarrassment because you can say if you had a broken arm and you had to go to the hospital and they would put a plaster on it then the child will see it. I always use… I have asthma so I always use that as… yeah I have asthma and I didn’t have my inhaler I would get it. But because I have an inhaler you don’t see it and I’m 99.99% fine. I use that with parents a lot because they can’t see the ADHD there must be nothing wrong with him. But actually it’s the same thing as if you had a child in your class with a broken arm (inaudible) you would look at seating and whether they could hold a pencil or not. We have had children on crutches that help and you know need to go down in the little lift and stuff. So I always explain it that way and say well your child with ADHD, this is what they need and this is what is in place for them and I find that once children realise that and there is a structure rather than someone just getting favoured treatment then I think children are very accepting of it.

**INTERVIEWER:** Yeah aw that is brilliant. Thank you so much…

**INV-016-S-U-N-STA-F.**: So I think it’s just really…[2 secs] finding ways to get that across isn’t it really.

**INTERVIEWER:** Yeah, definitely.

**INV-016-S-U-N-STA-F.**: But I’m sure you know your obviously spoke to loads of people so I’m sure there is a lot of things you could… that could be put into place and packaged together and make something really useful.

**INTERVIEWER:** Definitely and it really helps to hear people in the school hearing how they manage it or their understanding or what they want because it really helps to tailor it exactly to people’s needs rather than it being too generic and then it’s not very useful.

**INV-016-S-U-N-STA-F.**: Yeah, yeah. There has got to be some personalisation obviously because at the end of the day every child is different and you know er…[2 secs] I got just got a child who I think has got ADD and I learnt something again that you know they have an attention deficit but they are not showing any hyperactivity they are just living in a dream world all the time and I think that is harder to diagnose or to see the signs of because people are looking for kicking or pushing or fidgeting or whatever and they aren’t actually looking at the kid that is a daydream so that’s another point really that they have the knowledge but they just lose concentration in a different way .

**INTERVIEWER:** Yeah it’s very individual. Yeah well that’s brilliant. Did you say that you are not going to the ADHD conference this year or you are, are you?

**INV-016-S-U-N-STA-F.**: Um, potentially not. I’ve not quite decided. I’ve had an email from XXXX who organises it because they do bursary places to reduce price but I’ve not quite made up my mind so I need to decide.

**INTERVIEWER:** Well I am going so if you do decide to go it would be lovely to actually meet and say hello. So yeah…

**INV-016-S-U-N-STA-F.**: Are you going for the Friday?

**INTERVIEWER:** Yeah I think I’m going just for the… I think actually they have cancelled the first day as I understand. I think that is right.

**INV-016-S-U-N-STA-F.**: Are they still doing the education one?

**INTERVIEWER:** I think so, but I don’t know that 100%. One of my supervisors at the university were due to be doing some input on the clinical day and I think he said he wasn’t going now. Um but the Friday is definitely happening so I will be there on the Friday.

**INV-016-S-U-N-STA-F.**: So is this the first time you’ve been?

**INTERVIEWER:** Yeah it is. So I met XXXX in person actually at another meeting and I started talking to her and meeting people through her and then I thought it would be really good to go meet some of the people at the ADHD foundation and talk to them more personally rather than just you know doing things over emails and things like that.

**INV-016-S-U-N-STA-F.**: No it’s a good, great day. If I do go I will email you.

**INTERVIEWER:** Yeah that’s great let me know.

**INV-016-S-U-N-STA-F.**: Yeah erm I may go because I do enjoy it and I do always find it very informative and I do know this year there’s… they are doing an aspect on mental health which is of interest to me because I do think that’s a side that’s not really… that needs to be looked at more because they were saying last time I went that in adults that aren’t diagnosed with it, in can lead to mental health problems later on and actually looking at some of the children that I have seen and the parents you know have a very similar trait, quite a lot of them do have mental health problems. It is really interesting um… XXXX is always there are I assume he will be present. He is always fantastic to listen to cause he was diagnosed as an adult but he said that they reckon that most comedians are ADHD cause that quick fire… cause those quick fire gags are so off the cuff and are able to think at 100 miles an hour you need it. So he used to say that if he was on stage he wouldn’t take his medication because he does take it but if he wanted to be calm and he was sitting at home doing something calming then he would take it.

**INTERVIEWER:** Oh okay. That’s interesting.

**INV-016-S-U-N-STA-F.**: So he’s kind of adapted… he’s adapted to suit whatever is going on at the time er but he always says that if he is on stage he doesn’t take it because it interferes with his quick fire thinking.

**INTERVIEWER:** Oh that’s very interesting.

**INV-016-S-U-N-STA-F.**: You’ll love it. Honestly you will love it.

**INTERVIEWER:** Aw I’m really looking forward to it. Brilliant well thanks again then that’s brilliant and um yeah I wish you all the best in your work and we will be back in touch to let you know when we write the report. Everything will be anonymised so your names won’t appear but we will send you a copy of the report that we do that shows what was found through this step and then once we’ve worked on the materials we will then we will be looking for schools to do small scale pilots with it to get teachers to try it out and see if it helps them. So yeah we will let you know.

**INV-016-S-U-N-STA-F.**: [Inaudible]… We have got 7 on medication, one who is waiting… he has a diagnosis but mum chose not to medicate but now is giving it a go and I’ve got a 8 more and with a school of 200 it is a very challenging environment. So that is potentially 16 children. So your pilot would probably be very useful in our school.

**INTERVIEWER:** Okay so I’ll keep you up to date and we will see where we get to.

**INV-016-S-U-N-STA-F.**: That interesting to know and it really does fascinates me.

**INTERVIEWER:** Aw, well thanks XXXX It’s really nice to talk to you and I’ll be in touch.

**INV-016-S-U-N-STA-F.**: Okay then.

**INTERVIEWER:** Okay then, take care.

**INV-016-S-U-N-STA-F.**: Bye

**INTERVIEWER:** Bye.

[End of interview]