**INV**-**001-H-U-S-STA-F:** headteacher, urban, southern, state school, female

## General introduction

**INTERVIEWER:** So, could you just tell me to start with, how long you’ve been teaching, and where you’ve been teaching, and just a bit about…?

**INV**-**001-H-U-S-STA-F:** So, I have been teaching for 15 years, um, always at XXX , I started as an NQT, um, prior to that I worked in a nursery, so I worked with babies, toddlers, and preschool, um, and then prior to that I did a little bit of nannying, so I’ve kind of got a good background for the early years, and then decided that actually teaching was where I wanted to go, so moved here.

**INTERVIEWER:** And then you’ve worked your way up in XXX ?

**INV**-**001-H-U-S-STA-F:** Yes, yes, so, just had lots of really exciting opportunities that I’ve been able to work up through…never really felt I needed to look elsewhere because I got those kind of next steps here, um, which enabled me to kind of develop my career and my professional kind of knowledge and development, and I just love the community, and the children, and I just think, if you’re happy, I, I didn’t feel I needed to go anywhere else.

**INTERVIEWER:** Yeah, when you know it so well, you can understand the history of where people are coming from, or…

**INV**-**001-H-U-S-STA-F:** Yes, absolutely, and you can see the, um, story of the school change, um, and you can reflect on the different cohorts that are coming in, and the different level of needs and how those are…getting greater, and others are getting less, and it’s quite interesting to see that, sort of pattern over time as well.

**INTERVIEWER:** So have you seen some big changes then?

**INV**-**001-H-U-S-STA-F:** Big changes with speech and language, absolutely, um, so many more children coming in with speech and language, which kind of, meets that national, kind of, concern as well, um, so definitely we’ve noticed a big impact on speech. Um…behaviour, um, we’ve definitely seen an increase in different ranges of challenging behaviour, um, and emotional health, is definitely - lately, I would say the last 3 years is a big increase in children needing support there.

**INTERVIEWER:** So that’s quite a few different areas in which you’re having to think: how do we, cater for these children, how do we support staff, how do we…?

**INV**-**001-H-U-S-STA-F:** Yeah, and of course some of them overlap slightly, so then you’ve got to kind of think, well which one of these do we need to prioritise, and which one will kind of come with that, or do we need to, running alongside them – but then you’ve got to be careful that you’re not taking out of the classroom too much, because then they're missing all their…subject content, but then you’re trying to meet their area of need in order for them to even be able to access the curriculum, because that…what they…one of those, um, areas could be quite a key barrier to actually preventing them from their learning, so if we don’t unpick the barrier, it-it doesn’t matter what we teach them, cause they're not going to take it in, so you’re constantly reflecting really.

**INTERVIEWER:** And I guess, the impact on other children in the class as well – like, potentially disrupting their learning or, creating bigger scenarios?

**INV**-**001-H-U-S-STA-F:** Yes, yes, yep, yes, definitely. And, you know, for those parents as well it’s difficult for parents of the other children, because they don’t necessarily all understand, and it-it-it’s challenging, it is challenging.

## ADHD as a disorder and its symptoms

**INTERVIEWER:** Wow. So, when we think of ADHD, which obviously is just one of these challenges…we’re trying to understand from a headteacher’s point of view, what ADHD looks like, how you see ADHD, what your perspective and opinion is on it – so can you just describe a little bit from your own perspective, how you see ADHD, symptoms you might expect, or, the causes of it, or, anything like that?

**INV**-**001-H-U-S-STA-F:** From the children that we’ve had through, thinking about them as kind of individuals, because I think…for us, from what we have seen with ADHD is that they all look quite different, so it’s not necessarily something you can – like speech and language you can go ‘Yes that child’s got that issue, we’ll put this in place we’ll put that in place’, it’s much harder and I think it’s much- it takes longer…um, and from a headteacher point of view, when you’re watching your staff trying to deal with it in the classroom, they’re looking for you for the quick answers, and you’ve not necessarily got them, because you’ve got to trial different things that are gonna work for that child…um, food is one, so we’ve noticed, um, that food can have an impact if, you know, if they’ve not had breakfast and they’re coming in, you can tell when they walk in the classroom, there you’ve already got that agitatedness, um, and they can’t concentrate, um, we’ve had little ones that have been- that have come in absolutely fine, and then the next thing they are just running laps, in the classroom, um, but they’re not aware of the other children around them, and then they kind of have…I don’t know what to call it, kind of a hypocrisis state is the right word to say but, if you know what I mean, that kind of very high, ‘I can’t take anything in’, to then absolutely just almost falling asleep, and…so it-it-it it’s quite hard to put different strategies in to be able to support them, and you’ve almost got to go back to the home, what’s happening at home, so you’ve got to build that trusting relationship even more, than you have with other parents, because you need to find out what’s happening in the home, and trying to look for those behaviour patterns, so we-

**INTERVIEWER:** So I guess almost pre-empting..?

**INV**-**001-H-U-S-STA-F:** Yes, such- trying to pre-empt, yes so trying to watch the clock, we would...we kind- we record all the incidents, and then we try to look for patterns...so is it certain points in the day, that they are finding it difficult, is it certain elements of the timetable that they’re finding difficult, is it always at 20 past 11 just before lunch, so do we need to bring in a snack slightly earlier for them? So definitely recording the incidents and looking for those patterns is kind of where we start, but the impact on the staff…they’re trying to teach 30 children, they’ve got all their assessments, they want the best for that child, but cause they’re having to also try and write up all these incidents, so that we can even start to unpick what we need to do for that little one.

**INTERVIEWER:** And I guess in that moment in that classroom, there’s still all the other children that the teacher’s trying to deal with.

**INV**-**001-H-U-S-STA-F:** Yes, yes, yes.

**INTERVIEWER:** So you mentioned quite a few symptoms there, sort of…behaviour in terms of hyperactivity, and then…the opposite, almost, kind of, lethargy…are there any other symptoms in terms of like concentration, or...um…being impulsive, you know, sort of, almost having accidents because they’re…impulsive?

**INV**-**001-H-U-S-STA-F:** Yeah, um, so we’ve had little ones that…um…on the playground because it’s so big, they find that a real challenge, and the noise, and…they will just, um, they don’t mean to lash out, but if-if somebody comes too close their instinct is just to push away, because they’ve not got that, kind of barrier, or that, sort of chemical reaction that kicks in to say somebody didn’t mean to do that, then it’s that ‘fight or flight’, it’s almost like ‘You’ve done this’, and then they’ll go in very aggressively…um…concentration, I think in Year R, if-if you’ve got…um…some are boys that are coming in sort of, spring boys, concentration can be difficult anyway, so then you’re unpicking – is it just that they are still in those early stages of development on the curriculum, so you’ve got to unpick the assessment point of view of is it that they are just not quite ready in these elements yet, or is there a bigger…issue? What class teachers would tend to do is they would kind of- we always say really with teachers you’re kind of that…um…nine-out-of-ten instinct is right, even from that early stage, you kind of just put your finger on it and just think something’s not…right here, something’s not ok, something’s not working for this little one, so then we’ve got systems that the class teachers would come and talk to myself or the inclusion manager, um, we do pupil progress meetings, so we talk about the children if they’re not meeting where we think they should be, if we’ve got w-worries about their personal social development, their communication, their concentration, if the behaviour logs are starting to build up, and again we can see a pattern with the behaviour, you start to make all the kind of connections across, um, then we would ask the inclusion manager to go in and watch them…and then we-we would use their experience to start to say, do we need to bring an EP in now? Do we need to go to the school nurse? And then we would start to look at those outside agencies.

**INTERVIEWER:** Yeah, so the loggings are obviously very useful, but, time-consuming? That’s another thing on top. It’s a pressure.

**INV**-**001-H-U-S-STA-F:** Yes, it is, yeah. Mm, yeah, very powerful, but yes, very time-consuming.

## The diagnosis and treatment of ADHD

**INTERVIEWER:** Yeah. Often…the schools or teachers or headteachers are asked to get involved maybe before there’s a diagnosis. Do you have much experience of, either parents or medical professionals coming to you for information, or asking you to speak about a child and give some background?

**INV**-**001-H-U-S-STA-F:** Well, in-in the last year, this- I would say this current academic year and towards the back end of last year, we’re seeing more and more private diagnoses that are coming in, um, which we don’t always necessarily…agree with, but- because from the school’s point of view we’re not seeing it, so there was- we’re not saying that the parent has not, because they are dealing with a very difficult situation at home, but then the parents are struggling because they want us to act, but when we are- we can only do what we are seeing in school. So it’s really difficult when we get the private- and they don’t even ask the school, they are just making private diagnoses on what they are seeing so they’re not asking the school. If the schools have instigated it, we have said to the parent we’re a little bit worried about- cause sometimes the parents aren’t aware of this, if it’s their first child, they just think…that that’s the- that’s what they’re doing and that that’s ok, um… so sometimes that initial conversation from the school’s point of view of saying to a parent ‘We’re a bit worried about your little one’, they go into that denial stage, because ‘Oh no, my little one’s fine’, and they haven’t seen that, so that’s a barrier sometimes, trying to actually get the parent to sign the consent form, because they may not see what we are seeing, or vice versa. Um, and so the outside agencies, we usually get a nice long six page form [laughs], um, that we sit and fill in, so I would usually fill elements of it in, the inclusion manager would fill in elements of it, and the class teacher would fill in elements, so it comes down all three levels of what we’re seeing in the classroom, what in that, uh, SEND need and then maybe from that whole school perspective, so I would hold the behaviour logs, and I would hold, if the family support worker’s involved, I would hold that information, so it would kind of come through three levels of us supporting that outside agency.

**INTERVIEWER:** And do you feel comfortable doing that, or is it a difficult thing?

**INV**-**001-H-U-S-STA-F:** I think, because we know the children so well, um, I’ve never…got to one and thought…I don’t feel comfortable…doing this, um…because usually if we are at that point we are really concerned for that child that actually we would go down that road, even for them to say actually it’s not that…we would rather do that and then think ‘Right, ok, it’s not this, so what do we need to do to change for this little one, because something’s still not working’. So it gives us that reflective tool to support that child.

**INTERVIEWER:** That’s interesting; that’s a different perspective. And then, do you ever get asked to implement a sort of intervention, or some kind of practice that’s different from outside? Is that hard?

**INV**-**001-H-U-S-STA-F:** Lots. And that it-it-it’s, well, it-it’s difficult with staffing, because some of the programmes involve the children coming out for maybe half an hour sessions, um, and we currently with the current budgets, we don’t have extra TAs, they're all class-based, um, so, if a child is disadvantaged, or if a child has got an EHCP with their SEND need, then, you’ve got that to put in, obviously we would still put it in for the child, because they need it, but you’ve then got to take the TA out of class for half an hour, because they need to run that programme, and that’s important because that child needs that programme, but then, you’ve also removed that adult from those other children. So, the current climate with staffing, is getting more and more difficult to then run these programmes that the little ones need.

**INTERVIEWER:** That is hard. And does that have an impact on the teachers, that they…?

**INV**-**001-H-U-S-STA-F:** It impacts on teacher workload, it impacts on…morale, because if you’ve got your TA keep coming in and out, even as a class teacher you know that little one needs that programme, for them to be successful in your classroom, to see the behaviour…de-escalate, to see less incidents, so you know that has to happen to therefore actually impact for the greater…of the other children in the class, but you’ve still lost your TA for your maths activity, that you really could do with cause it’s weight, and scales, you know it-it does depend on the lesson, but, if you’re trying to do a practical activity and you’ve got scales out everywhere and apparatus out everywhere, you need two adults, so then you’ve got to rethink, ‘Well I can't teach maths now, because I’ve not got my TA, so I’m gonna teach…you know, handwriting instead, or…’ So it’s just that constant, timetabling, and reflecting, and we value it, but it adds the workload.

## Training and support for teaching children with ADHD

**INTERVIEWER:** Yeah, I can see that is really tricky to balance, and another pressure. So, if we move on to thinking about what teachers actually need, I mean particularly in terms of ADHD, can you think of any training that you’ve had in the past, that has been particularly useful for you, in the area of ADHD?

**INV**-**001-H-U-S-STA-F:** Not enough, no. Well, I would say, I have learnt mine from just doing, seeing little ones come in and thinking, ‘Okay…’, and you start reading [laughs] and you start picking up the research, and then you- you know, for the fifteen years you, kind of, start to learn those early signs, it’s definitely not something I had in my teacher training.

**INTERVIEWER**: Oh okay – so where have you got information from?

**INV**-**001-H-U-S-STA-F:** Um…well, fifteen years ago when we didn’t have the internet [laughs] as best as we did, we’ve got lots of books, so in the SEND area we’ve got lots of different books that we would have touched base on – for me, as a new teacher, I would have gone straight to the inclusion manager and just said, ‘I’ve done this with this little one, I’ve done this, I’ve done this, I’m really worried’, so you naturally in the early stages you go to your fellow colleagues who may hold that information or who may have seen…little ones with ADHD. Um, now, obviously, the internet is more of our friend, so you can get it quicker, um, we- you can have consultations, um, with the EP, that- where you don’t mention the child’s name, so you’re not disclosing anything but you’re just saying, you know, ‘This little one is demonstrating this, and this, and this’, so it could be any child in the school, um, and then they would give us support, we would go back and put that in place, and if it wasn’t working we may then say, ‘Actually we need you to come in’, and then we’d need the parent to consent, um, to do that element. So…

**INTERVIEWER**: So when you’re looking on the internet, how do you know where to go, or, are there sort of…?

**INV**-**001-H-U-S-STA-F:** We-we would just Google ADHD [laughs] and then see what comes up, and we would read all the different articles, um, just to kind of get, ‘Is this where we’re heading?’, but obviously the services outside of education are very stretched, CAMHS has got a waiting list of 18 months, so even if we start the process, we could still be waiting 6, 7 months trying to support this child, just us trying to do our own research, before we can even get that higher, um, external support.

**INTERVIEWER:** And for you, obviously you’re supporting teachers who are then in the classroom, do you feel like you have support yourself, or training that helps you to do that…role?

**INV**-**001-H-U-S-STA-F:** Um… again I think really, in terms of leadership as you go up, I’ve done my middle leaders’ training, um, and…I learnt a lot from that, so how to deal with different team members and how different people work differently, because you need to apply a different approach to different people, and you’ve got to read them and know – some teachers, if you go in too quick, they think that you think they can't do it; other teachers, within the first incident, are in floods of tears and want you there straight away, so you’ve really got to know your team really well, so that you can support them, and you also need to be able to read the other teachers that will just keep going and just keep going because they don’t…they think it’s a failure if they can't help that child, because they don’t know, so you’ve got to be able to know when to go in and say, ‘You need to take a step back now, it’s okay’, we have to do this because, you know, teachers want the best for every child in their class, they want to be able to give them the answers, they want to be able to help them, and it is hard sometimes for them not to just- so you’ve to be able to read them and know to go in and just scoop them up and say ‘Right, I think we need to do this now.’ So, you’ve got to know your team really well, so…little bit of training, I’ve learnt a lot from the leaders that I’ve worked with, I’ve kind of done a lot of that, um, I’ve had- we- I’ve had coaches put in, so as a new headteacher, the academy have put, um, a mentor in, so I can go and speak to them, um, and that’s really helpful just to kind of get some feedback from another headteacher that’s been in the profession a long time, um, as part of our cluster of schools in Jefferys Education Partnership, um, we all would ring each other, so if we haven’t got the answers here, I’d be ringing up the road saying ‘Have you seen this?’ or ‘We’ve got this child doing this, has your SENCO seen it?’ So the professions are supporting each other, all the time.

**INTERVIEWER:** That sounds really good. So if you thought about your teachers and what training they might need, in ADHD, what kind of content do you think would be most useful to them?

**INV**-**001-H-U-S-STA-F:** I think the first one would probably be…um, that initial staff meeting, so that if we, um, so for example, um, we had little- with the speech and language that I mentioned earlier, we had, um, children coming in that needed lots of Makaton, so the staff didn’t have any of that knowledge, so we put a PDM in for the basic Makaton signs, then we gave them a pack to read, then we put in another PDM, um…

**INTERVIEWER:** What’s a PDM?

**INV**-**001-H-U-S-STA-F:** Oh, sorry – they’re, uh, staff meetings, they’re now ‘Professional Development Meetings’, you’re not allowed to call them staff meetings any more [laughs], um, cause you’re meant to be constantly professionally developing your staff. Um, so for the same…um, autism, um, we did sort of a staff…re-awareness on autism, and looking for the triggers, in the staff meeting the inclusion manager led it, with the speech and language one, our external speech, um, assistant led it, so with ADHD, if we were struggling with staff knowledge on that, we would ask…we would go to CAMHS and ask if we could borrow someone, or we would ask our EP, but that’s a cost, we have to buy them in, to do that, and then they would run, um – but we would also want to do the TAs as well, because there’s no point just training your teachers because your TAs are there, and your lunchtime staff, because the playground is where…a lot of the incidents happen, because it’s that kind of crisis moment, so your lunchtime staff need to know how to support, um…

**INTERVIEWER:** So you’re thinking about the sort of information side of what it is, or recognising it, and also maybe…some strategies?

**INV**-**001-H-U-S-STA-F:** Yep. Strategies, yeah, so strategies, and what would be *really* amazing, is to actually be able to call somebody in with those expertise, that could just do like a 6-week programme of coming in once or twice a week, and almost coach alongside the teacher, cause when you’ve got that new person in, they see stuff that you’re missing cause you’re doing it every day, um, so that kind of outreach would be really useful, that we could just have- call somebody in just for a 6-week intervention, they could go for three months and then we could just call them back in, um, we found that useful, um, so Springwell do…outreach, um, but we’ve mainly had them for children with autism, um, or Asperger’s, um, we haven’t had- been able to access any support for ADHD, I think it’s much harder, to get the support there…

**INTERVIEWER:** Why do you think that is, do you know?

**INV**-**001-H-U-S-STA-F:** I don’t know…no, I don’t know.

**INTERVIEWER:** So I guess maybe a mixture of some…whole staff, sort of knowledge-based training in terms of, what to look for, but also how to manage it, but then having someone on a more…weekly basis for a period of time…is that at crisis points, where there’s a child that [unintelligible] (21:34), or just every so often generally for any teacher or, what?

**INV**-**001-H-U-S-STA-F:** I mean in an ideal world it’d be lovely to have it any time [laughs] or in anywhere it is, but I would think with the current climate of where we are, it would be a service where you would have to put a case study together before you would have to take it to a panel, the panel would have to review if that child is in need, enough, and then you- we would either pay for it, or, um - if it came under Springwell, you get, um, two outreaches a year, I think, if I remember rightly, of support that you can call in, um, but you have to go to a panel for that, so that’s paperwork, so you produce all the paperwork, it goes to panel, panel decides if the child meets the level of criteria, and then they would bring in the support, so…

**INTERVIEWER:** And then there’s a financial…burden?

**INV**-**001-H-U-S-STA-F:** Yes, yep.

**INTERVIEWER:** That’s quite a lot to…deal with, you know, and ADHD is one of, many- many situations…

**INV**-**001-H-U-S-STA-F:** One of many, yes [laughs], yes, but I do think it is definitely one that we know… less about, and there is less support out there for…

**INTERVIEWER:** Yeah - have you come across any training…as one part of a larger package, I don’t know, any sort of…?

**INV**-**001-H-U-S-STA-F:** No.

**INTERVIEWER:** No? And nothing particularly specific that you’ve found, that’s been helpful?

**INV**-**001-H-U-S-STA-F:** No [laughs].

**INTERVIEWER:** Okay, so if, in your ideal world, if you were saying ‘oh, this would be a brilliant package to, sort of, offer to a school’, what- how do you think it might look, or what would you put in it?

**INV**-**001-H-U-S-STA-F:** Um…initially you’d want your training of your- all, your staff, um…and you- you know, even going into the brain and how the brain is working, cause they need to understand…what it is that is causing these reactions for the little one, um…then strategies…a little bit of a consultation would be good, so staff to kind of say ‘I’ve got this’, or ‘I’m trying this’, after the strategies, so you kind of- ‘These are the strategies that you can use’, staff go off and try them, and then like, sort of, you know, four or five weeks later a little consultation of ‘I’ve tried this, but this isn’t quite working’, or ‘Am I doing this right?’, um, and then, what would be amazing, would be to have that kind of, outreach that we could bring in, because every- all of them are individuals, and they are all so different, so one strategy isn’t necessarily going to work. And I do think when we’ve had that consultancy expert coming in alongside of us, which we say to parents, we’re really honest, and we say, you know, ‘We’ve done this, we’ve done this’, you know, ‘We’re not doing something right for your little one, we’d like somebody else’s opinion’…and I think it’s okay to say, to recognise, because we can't hold everything all the time, so we need- that’s when we need those experts, so I think to have that consultancy kind of bit of that, sort of, ‘parrot-on-the-shoulder’ coaching, would be *so* effective, and if I think about the children that we’ve had through, you know, I think that would even…stop, possibly, some of them being medicated, because I think, if you just had that constant support, but for the, I think, also, you can't just help in school, there needs to be a family…outreach that then does it in the home, because, you know, parents…are really struggling at home, there’s- the early help has gone, the Sure Start centres have gone, or – there’s one or two aren’t there – but that, you know, so that outreach for family support, isn’t there, and then that is when, it’s really difficult, with school, and then we want to support the most that we can, which is why we’ve employed a family support worker… But there’s only so much school can do, and there’s not enough early help out there for families…to support them, so if you’re going to do it in school, you also need that family…support too.

**INTERVIEWER:** So that- yeah that’s some way of building a kind of partnership where you do some training in school, but the family know about it?

**INV**-**001-H-U-S-STA-F:** Yes, yeah, it’s almost like a team around the child, it’s everybody working, because we- what- if the strategies are working in school, you need them being carried out at home as well, or that if they’re- if they’re working at home for the parent, the parent needs us to be replicating that, because then if everybody’s doing it together, that makes that child feel safe, and they-

**INTERVIEWER:** And I guess, sometimes there needs to be a bit of flexibility in the strategy, because what you could do one-to-one at home, you *might* not be able to do in the classroom, but it’s maybe, the teachers…working out how to…

**INV**-**001-H-U-S-STA-F:** Yes, yeah, there need- no, yeah, but yeah that kind of, even knowledge of…

**INTERVIEWER:** Yeah, or what the parents are trying to do, and, ‘How could I…do something small’.

**INV**-**001-H-U-S-STA-F:** Yes, take- yes, yeah, yeah.

## Conclusion

**INTERVIEWER:** Okay.Thank you, that’s so helpful to get your perspective, yeah, is there anything else you want to say that I haven’t covered, or anything…?

**INV**-**001-H-U-S-STA-F:** No, it’s just that it’s really interesting to, um…to kind of, have that time to reflect on it really, so thank you too.

**INTERVIEWER:** Yeah, well, I- we really appreciate it, and, you know, understanding your perspective, as a headteacher, will help us as we then begin to think, the impact of ADHD on schools and on the children in school, and that will help us to go further in the project, so I really appreciate your time…

**INV**-**001-H-U-S-STA-F:** No, that’s fine.

**INTERVIEWER:** Um, if you have any concerns following the interview, I’ve got a debrief sheet for you, and contact number, either for me, if it’s- if you want to, kind of, speak to me, but you can go directly to the university as well and speak to them. So, thank you very much!

**INV**-**001-H-U-S-STA-F:** Okay - you’re welcome.

[End of Interview]