**INV**-**004-H-U-S-STA-M:** Head teacher, urban, southern, state school, male

## General introduction

**INTERVIEWER:** OK, [Rob], so if we just talk firstly about you as a head teacher and then think, obviously, that prior to that you were a teacher. Can you just tell me a little about your job life and your career to this point?

## INV-004-H-U-S-STA-M: Yeah, that’s fine. Er…so, the last time I had a class was 2008, um…I taught predominately in key stage 2, year 6 mostly…um, I left that job to be an advisor for XXXX Local Authority…um…advising other schools on how to teach Maths, mostly but also English and other subjects. Um…seconded into a school that was failing…um…and went into special measures, seconded in as a deputy…um, then went on from that to be a…to do my head teacher training during that time and then went on to be the head of a school for 5 years in XXXX and after 5 years left and have arrived here in XXXX.

**INTERVIEWER:** Wow, quite a range.

**INV**-**004-H-U-S-STA-M:** Yeah, a few things, yeah.

## ADHD as a disorder and its symptoms

**INTERVIEWER:** Yeah, so in your experience over the years, when you think about ADHD which is our focus of this project, how would *you* describe ADHD?

**INV**-**004-H-U-S-STA-M:** I..I mean, I’m going to be really honest with you…um, I…I…I have no background to know…to know particular…not even any particular training in…in ADHD…um and the reason for that is predominately I’ve not worked in schools where I’ve had children that have been diagnosed with ADHD. I do find myself *now* in a school that does and we have…and I have done training since I’ve been here but that’s not been…that’s not been particularly a requirement of the school, or really necessarily a requirement of the role, really, so…my understanding is fairly limited…um…and having worked now with children who do have a diagnosis of…I suppose, the…the…the training I’ve had even in this short period of time has been informative but it’s…it’s about ‘use it or lose it’ training, practising working with children, trying to apply research and methodology to try and make sure the children are supported as best as they can be. But again, I’ll reiterate, I’ve not worked in schools where I’ve needed that sort of level of training, the level of training I’ve needed in my last school, for example, was much more about…um getting children to a greater depth…to advanced levels and really a demand on higher results and higher achievement and pupil progress, those sorts of things. Whereas this is equally pupil progress but pupil progress within a behavioural sphere and that’s not what I’ve needed or that’s been a requirement particularly for my role.

**INTERVIEWER:** So if you think of some children in this school, I don’t know picture one or two that have got ADHD, how would you describe their behaviour or their symptoms or how does it display?

**INV**-**004-H-U-S-STA-M:** Um…unpredictable…in the experience I’ve had. Um…and having worked in two trickier settings, this being one, it displays itself as reasonably unpredictable, very likeable children who have…um…who perhaps need…um, a very calm approach to managing…management of their behaviour…um, certainly…certainly learnt that in this period of time, that the best way is to try and sometimes, there are distraction techniques which really seem to work…um and we’ve gone through a lot of training with the staff to try and make the staff realise that actually by…um….by distraction, by talking with another adult about something that is not the core root of the issue that the child is having, the crisis that the child is in just at that point, is actually quite a useful technique to try and distract their attention…to try and bring them down from that point of crisis…to...to…to more of a calm situation so yeah, certainly unpredictable…

**INTERVIEWER:** So, then you say ‘point of crisis’, is that like a physical reaction, as in are they running around being violent or is it an emotional…?

**INV**-**004-H-U-S-STA-M:** Yeah, I’ve seen both. I’ve seen running around being violent towards members of staff, running around being unsafe, with themselves climbing equipment, for example, throwing, trashing, destroying…um…and almost whether they’re in a…in a heightened state of emotion themselves or actually being reasonably calm, that…but still displaying those sorts of crises behaviours and…um…the…the…the…that distraction seems to be, so far, the…the…almost the most important thing to be able to tailor that approach to that child. What…what I’ve realised is that…and…and working…having worked with a range of children with individual behaviour programmes, with individual behaviour plans, is that the more you know that child, the more you are able to…obviously there’s got to be…if there…if there is an issue they’ll have a consequence to that or else nobody learns, but how to get to that consequence seems to be quite important and for that reason we…we as a school have fairly detailed individual behaviour plans which have been discussed, communicated. We make sure that they are effective. If there is a crisis, whatever that means…um…or however that displays, trying to then go back to the original plan and see whether it is still fit for purpose or whether it needs adaptation…um…because…what seems to happen is that some of the…um…some of the reactions can be disproportionate and can be…the triggers, therefore, or can be fairly minor, almost minute…the sort of things that almost take you by surprise and then there is a trigger point, there’s an emotional reaction and then, once that…that, sort of, fairly…um…dialling from zero to ten in a very short space of time on a…on a volume scale, if you like, it seems to ramp up very quickly and then the…the ability to try and manage that behaviour so that you don’t get to the point of exclusion because, of course, the school doesn’t want to exclude and the job of the school is to educate and, so what we try to do is put in a really, clear, logical plan that works for the child and works for the staff so that everybody knows, ‘Right, this is the next step. Let’s give some time in order to be able to…to…to allow some calm down, some thinking time’, because once that point of crisis has been reached it’s difficult to…to immediately calm. Give some time, ‘Here’s…here’s your timer, let’s turn it over, you’ve got 5 minutes’, it might be 8 minutes for you, it might be 10 minutes for me, ‘here’s your timer, this is going to be time, here’s your calming down space’, that’s the same, the routine is the same, ‘now you’ve got a reflection time, you’ve got a reflection space where you feel you’re safe’, because that’s all we want, really. ‘Now, before you,’ you know, give the child almost scripted, ‘here…here is…here’s…here are your choices,’ both of which are positive, of course, because if you just say here’s one, this is what you’re going to do, they often, in my experience so far, the reaction seems to be, ‘No, I’m not doing that’. Well rather, give two choices, so that it’s really fairly clear that one of them, you know, that one of them is going to be positive, whichever one is taken and even if the reaction is negative to both, just calmly reiterate it, what those two choices are and that we just want you to feel safe, you are safe, those sorts of things but…but that…I think that takes work with staff to try and make sure that everyone is clear about what the approach is so…what you don’t want, I think, is to have a splintered approach where somebody goes off and…goes off on a tangent, for example, and says…and rewards behaviour or uses distraction that is really rewarding, not least because of the other children but because that individual child won’t learn and it may calm them on that occasion but, of course, ultimately you are trying to get them to where they are able to fully function and…and…within a mainstream setting in our case and they’re able to be really successful in the situation.

[Recording stopped as the head teacher was called to deal with an urgent situation.]

[Recording resumed when the head teacher returned.]

**INTERVIEWER:** So, when you were talking about children with ADHD, you actually mentioned that you have a lot of individual behaviour plans, and is that because they present in different ways; that each child is different or do you find a lot of similarities between them?

**INV**-**004-H-U-S-STA-M:** Yeah, it’s…it’s…the ways…differences in terms of the trigger points, the things that set off a…a, sort of, chain of behaviours, perhaps. So, for a couple of our children, it is…um…it is about subject specifics. So some children who really react strongly to, I don’t know, a sense of failure, for example, with…it does tend to be English, so spelling, for instance. Um…we have other children who really like that sense of rote learning, so who like spelling and would react very well to that, and yet for something a bit more open-ended, like…um…problem solving in Maths, that would be the trigger point. And so, the…they are individually tailored because we’ve got children who’ve got, like I say, different trigger points to start off that chain of behaviour. We’ve also got children who then will respond in a variety of ways. Some who…who…who will be unsafe themselves, some who will be unsafe with others, staff or children, and so, therefore…um…we would try to tailor it on those two points. The third one, I suppose…um…would be that different children…we have…we have a…a…a positive behaviour policy for all the children as a mainstream school, but there are children who, almost fall outside of that policy. We’ve obviously an aim to get them back on to it but…um…they need different consequences for their actions because, of course, it depends, what…upon the individual plan, you know, how much they will respond to various…um….rewards. So to give you an example, we have some children who can’t…haven’t got the concentration to be able to go through a Maths lesson, for instance, and be able to concentrate throughout the entire…the entirety of that lesson, so they will need to do a job and we call it a flow activity. It’s basically a choose time, you could call it, where they have a choice of activities that they could access which gives them a little bit of, sort of, downtime, if you like, and then they go back to something a little bit more curriculum based and then back to the activity. It’s…it’s quite a lot to manage, I think, for staff, it’s quite a lot for…um…because not…not all of these children have Educational Health Care Plans, so not all of them have an adult, for example, attached to them but there are some children who really do need, who can concentrate, for instance, for 20 minutes, need that choose time, let’s call it. ‘Right, you’ve got a choice of two activities or three activities’. It’s a bit of downtime. For some kids, that might be colouring, for example, which sounds like a total waste of time and education, I understand, and in another context, possibly it is, but if it maintains concentration through just something that they enjoy and then, ‘Right, let’s just do some very simple number work before we go back to our work on angles’, for example, and that, sort of, flow of activity means that they’re more productive and we don’t hit a point where we’ve got a real crisis to deal with and we’re having to de-escalate.

**INTERVIEWER:** Because often with ADHD, people talk about hyperactivity which is sometimes the obvious one, you know, they’re bouncing around and then they talk about inattention, so not being able to focus in on the one task that they’re supposed to be, and then also impulsive behaviour, so they act before they’ve thought about it. Would you see all those three?

**INV**-**004-H-U-S-STA-M:** Yeah, I think so, which is…yeah, I think all of those…um… and…and I suppose that talks to me of the unpredictable nature of…of…of things. And, of course, all of those three potentially in one child, given that we’re not…we’re often dealing with a set of circumstances that are not entirely controllable…um…which is why we’re trying to, I suppose, assert a measure…as measure…a level of control within a plan because, of course, a child can be…um…we have some children who take medication for their special need, or whose home life, whose home circumstance can be, perhaps, less predictable and the impact of that. So, we have some children who, I don’t know, for instance, haven’t had breakfast that morning or…um…haven’t, you know…who…or who have had a fairly substantial track record of coming in late and the unsettling nature of that and, of course, it’s then trying to make sure we’ve got provision in place to try and mitigate against all of those sorts of factors that we haven’t got control over, so by giving…so we have some children who need to come in a little bit earlier, if we can get them in, have breakfast with us, in a controlled, calm, purposeful environment before they’ll ever get to a point of being able to sit and access acute and obtuse angles, you know, because that’s the least of their concerns. Because, of course, there’s…there’s many things in that. There could be child protection concerns, there might be family needs, there might be…um…space issues in terms…in terms of where they sleep…um…you know, we seem to come across quite a lot, an increasingly…I’ve had a lot of conversations with parents, for example, talking about screen time and…um…discussions about trying to get their children off those sorts of things and actually that really impacts on sleep and that’s something we have no control, really, over…um. In…in some senses, you know, we have a vested interest in…in them having, sort of, settled routines and settled, you know, settled sleep patterns etc. but there is things we can’t…we can’t directly control. There seems to be a correlation between how children behave on certain days of the week so we…we put in…um…for example, we try to be proactive with the behavioural approach where we try to make sure that we’ve got activities on a Friday, particularly, where we find there’s a spike in behaviour because there’s a build up to a weekend and we know that some children, perhaps, don’t have such a settled routine as school where you’re in by 9 o’clock, Maths by 10 o’clock, break at 10.15 etc., you know, that sort of really prescribed diet of what your day looks like and, of course, home life is not like that so we find…we…we…and we look at data for our school, for example, we found that there’s a spike for a Friday and then we try to be proactive in terms of children who find Fridays and, tends to be Mondays, where they’ve had a weekend of…um…less predictable weekend, perhaps, that we need to look at those two bookends of the week and try to make sure we’ve got activities that are still going to be purposeful, where you can still learn. So we started a gardening club, for example, where we’ll…we’ll try to build social skills, we’ll also try to do bits of Maths in there. We’ve got cooking club, a gym club depending on the child, depends on the need that they have. Um…for some children, it may not be a day of the week, it may be a time in the day. So, for example, I can think of an individual who needs…um…after a break time, which of course is, for us, is an hour and it’s less predictable time, it’s social time and so it should be, but that individual finds that really difficult, that flexible period of time in the day, probably the most difficult time of the day, and afterwards needs…needs something to…um…enable them to settle back into art or computing or whatever it is, so…so that individual, for example, we do…we have a boxing club that we do and that really works, just to work off any sort of frustration and aggression…um, difficulty that may have been…may have…that they may have come across during that…that less structured period of the day and then they’re able to…to re-engage with learning, perhaps, after they’ve had very direct one-to-one adult supervision during…during a boxing exercise and that really works for them, and that’s why we need this…why we need this individual behaviour plans rather than a one size fits all approach.

**INTERVIEWER:** It sounds like it takes quite a toll on staff time and resources, planning, having someone with ADHD is having an impact in loads of areas.

**INV**-**004-H-U-S-STA-M:** Yeah, yeah, yeah it is, but…but…but it’s an inclusive school. We…we try to make sure that we’ve got provision right for…for all children. We’ve got 500…you know, we’ve got over 500 children. We need to try and make sure that provision’s right. Some children, if they’ve got…um…if they’ve got an Education Health Care Plan, then, of course, they come…there…there…there money attached to that and there is a…there is…that is usually, not exclusively, but usually used for staffing to support that individual to make sure that they can make progress…um…and…um…and for…and for some there isn’t…there isn’t that provision, I suppose, but we have to look at it anyway and see what we can…what we can do within what’s reasonable, because otherwise the toll, if we don’t…if we aren’t proactive, is…is that we…that the reactive part of that is incredibly time-consuming and, I think, established routines and boundaries and sanctions, rewards, that are consistent and that staff are consistent with means that we’re not spending so much time picking up emergency calls on…on…on radios, and…and instead, we’re trying…you know, I’d far rather see the children, you know, we have 10, all with…all with individual behaviour plans who came out to do gardening…um, yesterday and they’ll have, deliberately, 9 spades and there’s 10 of them, and they have to discuss how they’re going to deal with that and, you know, or…I dunno, when they’re cooking, they’ve…they’ve…they’ve got to read through or they’ve got to write the instructions themselves after they’ve cooked the brownies or whatever they’re cooking and actually, that’s trying to build in, really, their social skills and there’s always a big group, you know, there’s a lot of par-…er, a lot of adults and a lot of children but it is necessary because otherwise we could have 10…we could feasibly have 10 individual incidents around the school and we’d be stretched in a way. I’d far rather be proactive, knowing that, like I say Friday is a tricky day…um…and we deliberately put something in on that Friday to try and mitigate against that.

## The diagnosis and treatment of ADHD

**INTERVIEWER:** If we move on a little bit to diagnosis and treatment and that kind of area of ADHD, as a head teacher, do you get approached by doctors or psychologists or anyone for information on a child that’s…they’re trying to get a diagnosis for?

**INV**-**004-H-U-S-STA-M:** No…no. I…I…I haven’t. I have had children in…in previous settings where there’s been…um…privately commissioned reports that they have brought to me and asked me to…to act upon, that sort of thing.

**INTERVIEWER:** Ah OK, from private healthcare?

**INV**-**004-H-U-S-STA-M:** From…from private providers, educational psychologist…um…occupational therapist, you know, various…um…occupations but as…as a…as…no, it’s not really been my…my role is to try to make sure if there is provision needed, if there’s a plan agreed for a child, then we try to make sure we’ve got the right provision in place for that child, and that there is the funding available within…within what is a…a reasonable adjustment for…for that individual but we…um…I…I don’t…I don’t get involved in any direct work with individuals; that would be for our SENCO to…to liaise directly with outside agencies and then see what the school is able reasonably to…to deliver because, of course, any…any decent school would want to work with outside agencies to try and make sure that we’re giving the best for…for that…for children in terms of progress, whether that means progress in terms of academia or whether it’s progress in terms of developmental behaviour and in-…integrating better with peers and staff, those sorts of things.

## Training and support for teaching children with ADHD

**INTERVIEWER:** And then thinking more towards the training side of things, you mentioned that you did have some training after you came to this school, would it be normal for staff in this school to get some training specifically on ADHD, for example?

**INV**-**004-H-U-S-STA-M:** Um…not specifically on ADHD, necessarily…um…but, er…yeah, we…we as a staff had training on…we were changing our behaviour policy and we wanted, rather than just here…here are the…here is the policy, this is the way we’re going to work it, we wanted to make sure it was a bit more consultative than that…um…so we consulted staff, consulted with…um…with other stakeholders, actually, to try and make sure we had a process that was simple to follow, easy and was going to be impactful for children…um…and alongside that, we had training…um…for all staff, again to…because…the words that came out really were about relentless consistency and trying to apply it properly, as I say, rather than, sort of, going off on tangents each individually to try and manage a) a set of circumstances but to try and actually get to…get to a position where…um…where everybody’s applying that as consistently as possible. So we did have outside agency’s support to come in and give us training on a range, including…um…ADHD and other…um…special educational need that would…that could mean that there is…um…behaviours that…that aren’t necessarily compliant and how we would best…in a position to manage that so…so we worked with partners to…um…to try and make sure what we’d got in terms of a policy was backed up by research and…and so, for instance, raising your voice would…would…which is a…which is a usual go-to sanction will not work, and doesn’t work in this school at all, or if you raise your voice, you…you almost…it almost feels like you’ve lost that…that particular situation whereas if you remain calm and stick to the plan, if you do this, ‘Here’s your two choices’, *same* set of words, doesn’t matter whether it’s me responding or you responding…um…but…but the importance of that training has been really key, looking at…at…um…the same way that you would with…with autism or Asperger’s or any other special educational need, you’re trying to understand what…um…what triggers those behaviours and…and what…and how those behaviours can be best managed and most effectively managed and not just zero tolerance exclusion because, like I say…we’re trying to be a school that changes positively and…and zero tolerance, in some ways, doesn’t…doesn’t work.

**INTERVIEWER:** So, was this training better targeted at, say challenging behaviours, regardless of what diagnosis you have, rather than pinpointing specific diagnoses, do you think? In terms of what you’ve had here, is it, kind of, broader, do you think?

**INV**-**004-H-U-S-STA-M:** Yeah, I think so. I think broader and then…what we’ve…what we’ve done is we…we’ve gone broad and then what we’ve done is we…we’ve narrowed down to high profile need. So, for example, we have 9 children who…9, 10, 11 children who consistently show high profile behaviours and complex need and for those individuals we commission individual assessments of those needs and individual advice and training recommendations against those particular children so that we can make sure we…um…that we support those…um…those particular…those particular children beyond the…the sort of more general advice, I suppose, that we…we’ve all had because, you know, if we’re talking about 9 or 10 children, we’re talking about…um…515ish children who don’t need that, who will conform to a positive behaviour system and the simpler the better, I think, with that and then, the ideal, of course, is to try to…to manage those number of high…of children who need an individual behaviour plan down, appropriately…um…and so that everybody is working to the same system, as they would potentially in another school. That individual training, I think, is really key, because we talked about individual need.

**INTERVIEWER:** So, and just to really reiterate the ADHD side of things, would you think that your staff need specific ADHD training and, if so, what do you think needs to be in that? Is it information about the disorder, how to manage behaviour? Is it what causes ADHD? Is it a combination?

**INV**-**004-H-U-S-STA-M:** All…all of that. I think…I think that what you need…what you need is someone to come in and observe. It’s like anything, it’s teaching…teaching doesn’t start with teaching, does it? Teaching starts with assessment and knowing what your starting point is and, I think, in…in a way, the most…the most effective training has been, yes, you need a broad opening. ‘These are some of the behaviours that you may well come across, or that you manage on a day-to-day basis…um…and…and…and reassuring that these are what is…what is understandable given the…given the special educational need.’ What you need beyond that is a graduated approach to understanding that behaviour a little bit better because what…what is true of one individual is not true of another so you need that bespoke input from experts because we are, you know…I was trained as a primary teacher for key stage 1 and key stage 2. I was not trained as a behaviour expert. I…I’ve worked in two tricky schools but…even…even those were very different profile and, I think…um…most effective has been to get somebody in to come and assess, to come and look at an individual and work with us in partnership, in partnership with parents as well…um…to try to make sure we have got a joined up approach because that’s…the best way. I was talking about Fridays and Mondays, for example, and…and what we’re trying to do, of course, is…is work collaboratively with…with…with other stakeholders because, in the best interests of the child, that is maybe easier said than done, but that’s what we need. We’ve got to engage with parents, we’ve got to…to work with parents and carers to try and make sure they’re in routines as far as possible, at home, in school, so that we can get benefit for a child.

**INTERVIEWER:** So on a very practical level, if school were offered ADHD training, how would you want it delivered? Would it be an ongoing over time approach where someone comes in and observes, spends time with the staff, does some, for example, twilight sessions, comes back and assesses?

**INV**-**004-H-U-S-STA-M:** Yeah, I think the most effective way is to do a…you need all the staff involved is the first thing, you need everybody to understand because if you don’t have everybody singing from the same hymn sheet, then...and behaving…behaving consistently, then…um…then that’s when you fall down. So you do need everybody, whether they’re involved directly with a child or not, that involves admin staff, premises staff because we all come across and see some of this behaviour and…and it can actually totally derail a process if you have anybody who goes off…off script, if you like. So first things first, you…you need…you need a broad, balanced, sort of, approach and, you know, an inset day on a September, if it’s a…um…if it’s a high profile need of the school, then that sort of…and then, of course, from there you do need that regular revision of that and we’ve found that since we did our…we followed that model of a big piece of work to start us of with, but we’ve continually done…um…monitoring and evaluation checks of our IBPs, made sure everything that’s said to be there will be there, and I’m talking in terms of concrete resources as well as staff input…um…and it doesn’t matter, as I said, whether…um…the learning support assistant or the teacher is involved, everybody’s got to follow the same directives so, twilights through the year, and a chance for staff to feed back in those where they can have their say and a…a little bit of a chance to offload, quite honestly, where if you do it as *a* piece of work, that is fait accompli, that’s…that’s not going to work, I would have thought. Whereas if you are, periodically, coming back to…er…and reminding, ‘Now, how are things going?’, I think there is a bit of reflection time and a bit of time to realise…um…you know, a bit of time to…to…yeah, to reflect, to refine, to get better, to revisit and say, ‘This isn’t working, we need to go back to the drawing board,’ because those…those needs change, you know, fairly regularly for some children, for some…some of our children have their IBPs reviewed weekly and they need changing almost every few days, because they need to be updated and…and…and because their…their interests change or…um…the sanction is no longer working or, you know, whatever it may be and…and so, whilst we need time to embed it, I think staff need to be reminded that this is a high…high profile…in a certain demographic, perhaps.

**INTERVIEWER:** And as a head teacher, do you think you need extra training, in terms of your role to support those staff or do you think the training works for you as well?

**INV**-**004-H-U-S-STA-M:** No…no, I…I…I don’t think so. I…I don’t expect to be the expert on this. I don’t expect than I expect to be the expert on…um…a software system that the office use, but I don’t feel that I do. There is…there are some things that you need to lead by example on, and…and, if course, this is about leading by example to a certain extent, but that leading by example in *this* case is about…is about also being consistent and not thinking that…that if I walk into a situation I’m going to be able to control it any more than anybody else. In fact, in some ways, possibly *less* than anybody else because I don’t have as much direct contact with children and this comes down to knowing the child and so when we were talking about distraction techniques, often I…if I’m walking…if I get radioed to go to a certain situation, I will say to a member of staff as I’m on my way, ‘What works here?’ Now, if it is…um…you know, the…there are, I don’t know, a particular…talk about a particular programme that’s on television…um…or, you talk, you know, that there may be some…whatever that distraction is, it’s different for different kids, and I…and I need that as much as anybody else, so I’ll often ask on the way there or be a bit more proactive if we have it on the plans, I’m looking at one now where I…I can see that child responds to that, that and that, and they’re sanctions they respond to are this, I’m not walking in blind but in terms of my own…I don’t….I don’t expect to be, like I say, any better at this than anybody else…um. The one thing I would…I would say is a caveat to that, I suppose, is that if there is a need for restraint and…and there can be, that…that…that there is a need for…that there is a need sometimes for…well, that there is a need to train for that.

## Conclusion

**INTERVIEWER:** OK, that concludes what I would like to ask you. Is there anything that I haven’t asked you or anything that you want to contribute that I haven’t asked about?

**INV**-**004-H-U-S-STA-M:** No, I suppose…no, we’ve talked about the consistency, we’ve talked about…what we’re trying to do is use data and…and that sounds…or we’ve talked about individuals, but of course, alongside individuals, what you can’t do, I think, is go down an anecdotal route only and not use some sort of research base in hard data to try and find positive ways forward. So, we…we have a, like every school presumably, we have…we have a data log where we look at days that children find tricky or…um…you know, where we get to know those children but not just through…um…anecdotally talking about things. I think the positive to deal with ADHD, with any other special need, is that it is about the individual who works with them and most to be in control of that, and it is in teacher standards that they…that the teacher is responsible for the behaviour in their class. That doesn’t mean to say they’re on their own there but it means to say, I personally wouldn’t be as warm and welcoming to a discussion if somebody knocked on the door and said, sort of, held their hands out and said, ‘I don’t know what to do with this child.’ I would expect them to have…I would expect to have to equip them with the…um…with a…with…with…with a clear guide as to what they should really be able to come to me and say, ‘I’m having these issues, these are the triggers, these…this is what I’ve tried already, the IBP isn’t fit for purpose anymore…um…and what I want to do is move to this approach. What do you think about that? I’m going to change my quality first teaching approach because I’m finding that this is 5 children that are consistently showing low level or high level behaviour. I’m going to change my quality first teaching approach in Maths because that seems to be the trigger in my class or I’m…’ and…and that positive response rather than any sort of negative, sort of, throwing your hands in the air and saying, ‘What are you going to do about it?’, sort of thing. *That* I would not warm to particularly, whereas…and what we’ve tried to do with our staff is give them…um…not for the sake of ticking boxes, at all, but by looking particularly at individuals and their behaviour, and trying to work out exactly what those triggers are…um….exactly what…how that manifests itself in terms of, is it…you know, is it…is it that a child is looking for attention? Is it that they are looking for attention from an adult? From peers? How can you then mitigate against that and try to make sure that *you* have proactively thought it through. What I don’t want is to be called into a situation and…and effectively, everyone with their hands up saying, ‘What are you going to do?’ and we get to exclusion. That’s not acceptable. It needs to be, ‘We’ve given every child, with ADHD, with any special educational need, or without, every…*every* opportunity to succeed.’ If we’ve done what…everything that is right and proper that we should have done and we’ve followed our plans, we’ve regularly revisited, then, you know, we follow our policy and…and ultimately, if we have to exclude, we do but…but, of course, we want the children in school, we want children learning…um…so, I think it is incumbent on staff to be responsible for that as…as long as we put the right training in place.

**INTERVIEWER:** Thank you. I have a debrief sheet so if there’s anything that we’ve talked about today that you are uncomfortable about or anything that I have done that you’re uncomfortable about, you can contact me or you can go straight to the university and speak to someone there.