**INV**-**006-T-U-S-STA-F:** Teacher, urban, southern, state school, urban, female

## General introduction

**INTERVIEWER:** OK, so [Gail], so can you just tell me for the project, like, a bit about your experience as a teacher and how you ended up here?

**INV**-**006-T-U-S-STA-F:** Yeah. So, I…er…I’m XXXX and I came over and I did my PGCE in XXXX, in XXXX, and…um…quickly I moved to XXXX straight away. I taught in XXXX in a single form entry and it was a Catholic school and a single form entry school. It doesn't mean the majority Catholic it just happened to be a school that was…that was in XXXX. It was in the XXXX. Then from there I was…was seconded to support with behavior management in…um…in XXXX. Um…Then I moved to XXXX and lived in XXXX for two years. [laugh] Then we came back to XXXX and I taught in…um…just in XXXX, so I was in XXXX for a few years and then I moved to XXXX and I’ve been in XXXX …yeah, XXXX …yeah, this is my fourth year. My husband has a job with the XXXX and so we travel.

**INTERVIEWER:** Ah OK. So, can you describe, for the school, what a typical classroom is like - how many children you might have, the mixture?

**INV**-**006-T-U-S-STA-F:** Yes. So, we…um…so in my year group, for example, we have 27, 28 and that's kind of the…the norm. Um…we are supposed to be four form entry but we haven't quite got enough to make four forms but we've got slightly more than three forms in some year groups so that’s quite difficult so we can have…um…lots…so in year 3 and 4 there tends to be a higher number. Year 4 this year…year 3 this year…they are split but it just means that we…our area has high mobility so we get a lot of children mid-year moving around. You know…I think a lot of the space on social housing and being on lists and waiting and moving so our numbers tend to vary. But…um…yeah, we've got about…you know…in around 27 to 30 in most classes. Um…we have a very, kind of, down the middle boy girl mix. We're not, kind of, heavily weighted either way in Year 5. Um…very high Pupil Premium and…um…SEND even compared to nationally. And…um…even at that though, our results in the past have been maybe lower than…have been lower than the national average but there's definitely a pick up in the next few years. So even though, you know, we're working with children from a…um…lower socioeconomic background it doesn't seem to be…it affects them as they come in but we're…

**INTERVIEWER:** Helping them.

**INV**-**006-T-U-S-STA-F:** Catching them up. Yeah.

## ADHD as a disorder and its symptoms

**INTERVIEWER:** Yeah. So, in your class at the moment, have you got quite a mixture of children with different needs?

**INV**-**006-T-U-S-STA-F:** Yeah. So, I have children who working at reception level and I've also got children who are working at greater depth so they're more than capable to…We're having to constantly extend them within the year 5 curriculum. So…

**INTERVIEWER:** That’s quite a challenge.

**INV**-**006-T-U-S-STA-F:** And then everything in between. [laugh]

**INTERVIEWER:** Yeah, so have you got some children with ADHD…

**INV**-**006-T-U-S-STA-F:** I do.

**INTERVIEWER:** …in your class at the moment?

**INV**-**006-T-U-S-STA-F:** Yeah.

**INTERVIEWER:** And can you tell me a bit about them?

**INV**-**006-T-U-S-STA-F:** Yep. There’s a boy and he is one of four children in the family. The majority of them all have…um…significant…um…needs; not necessarily to do with, like,...um…not physical, you know, literally to do with…um…ADHD, with…oh…split personality. Er…all very mental health kind of orientated difficulties. Mum is a single mum and has in the past made things very difficult but with…er…a lot of engagement from the school has done some parenting cour- courses and…um…is much more engaged. So that’s really helped in school to keep…to keep [unintelligible]. He…he has been medicated up until recently…um…and we are currently waiting on a new medication to be sorted by CAMHS but it is taking a significant amount of time. And so, while we were settled and we had things, you know, very organized and regimented and scheduled, the last half term has been particularly difficult.

**INTERVIEWER:** Ah OK. Can you describe the sort of behaviours you might see?

**INV**-**006-T-U-S-STA-F:** Yep. So, on a good day, you know, in the past you wouldn't have known except, you know, we were having to take for breaks and, you know, possibly at his own table, you know, a bit more encouragement and…um… a few more rest breaks that kind of thing, but you…it wouldn’t have been evident. Now…um…you know, constant fidgeting, refusing to in the…sit at a table, any kind of work avoidance, just an inability to listen…um noises…um… constant fidgeting. You…moving from task to task to task to task…um very emotional, you know, so extreme, you know, anger right down to, ‘I don't deserve to live’ and then wanting a cuddle and pushing you away. Um…and just a completely different child, if I'm honest, you know…there’s…there’s…there's…unable to complete…so something that in the past he would have really enjoyed and would have wanted to do and all the things that we have on his individual education plan that really worked…they’re…they’re all out the window now. He’s...he’s…um…the only thing we can kind of…we can make him be destructive in a set way that makes sense, so smashing up…um…bubble wrap or we've got, like, the gym in the hall where they can smash balls and bang ropes and things and so he can…we can guide him towards that maybe. But if…if it happens in classes, you know, we have had to evacuate. So…

**INTERVIEWER:** Aah. So that…I guess…that would be classed more in the, sort of, hyperactive or impulsive behaviour.

**INV**-**006-T-U-S-STA-F:** Yeah.

**INTERVIEWER:** And are you saying inattention as well? Like, he can’t...

**INV**-**006-T-U-S-STA-F:** Yeah.

**INTERVIEWER:** …listen?

**INV**-**006-T-U-S-STA-F:** Yeah, inability to…So yeah. He wouldn't be able to listen…

**INTERVIEWER:** Follow instructions?

**INV**-**006-T-U-S-STA-F:** Won’t be able to follow instructions. I have…so, in the past, you know, call his name, make eye contact and give him instructions very short sharp, you know. He would get it. Now, you know, I could give a simple…you know, ‘pick up your pencils’ and then, you know…you know…‘you need to pick up your pencil’…you know, like…‘What? You’re talking to me?’…you know, and then just yeah, not…like routines that we knew, you know, that we had in place, you know, that…they're gone. Yeah. So, he would come in, take out his handwriting, do his handwriting and all those kinds of routines that we were able to set him, get him ready for the day. They've…they’ve…they’ve gone.

[Tape stopped as head teacher walked into the classroom to check I had found the teacher.]

[Tape restarted.]

**INV**-**006-T-U-S-STA-F:** Yes. An inability…

**INTERVIEWER:** So, that’s quite a change.

**INV**-**006-T-U-S-STA-F:** Yes. So, it happ-…it didn't happen straight away. It's ...it’s taken almost a few weeks. I don't know. I don’t…I’m not going to lie, I don’t know much about how the medication works I don't know if it was like a slow …um…I was under the impression he was taking it daily so it would almost have been daily but I'm not sure if…from training and stuff…if he was man-…able to almost self-manage to it to a degree without it, and then he just wasn't able to anymore. Another one is that he didn't eat when he was on them and now he can't stop. So, he didn't eat anything… we'd have…we had to…now we're…we're constantly feeding him.

**INTERVIEWER:** But you weren't, sort of, in charge of his medication when he was on it?

**INV**-**006-T-U-S-STA-F:** No, he would come in.

**INTERVIEWER:** OK. So, have you got other children with ADHD in this class?

**INV**-**006-T-U-S-STA-F:** In this class? No. We do have other children in the school.

**INTERVIEWER:** Yeah. Do you have any impression of how he compares to other children with ADHD. Is it similar or different?

**INV**-**006-T-U-S-STA-F:** Um…I found that…so when medicated, he…he…he was…um…he was easier than the…the majority of children that I’d dealt with, you know, he was…um…he was almost docile, you know, he wanted to please you, but he wanted to get through the behavior system. He…um…possibly was slightly overmedicated now that I think about it because there wasn't as much of the sharp-…the wit and stuff that's there now wasn't there. There's a little bit more spark to him fun-wise now. But then that obviously goes over so, you know…um…I found that when on medication he was…he was much more calm. He was…um…you know, he was just like an average child, if that makes sense. Er…Un-medicated, he's probably about where most of the other children that I dealt with were. Maybe on a…a particularly bad day…so I've never had to evacuate before. So, on a particular…on one or two particularly bad days he's been at the higher end but the majority of children I’ve dealt with have been that inability to focus on the task and, you know, to…to follow instructions…to…to…you know, even if they had their own space and time to cancel it all out, they were just, you know, that kind of…not even hyperactive just not able to…to concentrate, not able to get up a pencil, open a book and write a date. You almost had to give those individual…you had the little PECS board and the reminders and all those kinds of things. But with him you didn't…once we had set our routine up in September, he was able to follow through, if that makes sense, so...

**INTERVIEWER:** And have you…has it mainly been boys you've had with ADHD?

**INV**-**006-T-U-S-STA-F:** Yeah. I've only had one girl.

**INTERVIEWER:** OK, was she similar in behaviour?

**INV**-**006-T-U-S-STA-F:** She was year 6. So, I’m not sure if it…there was also hormones, if that makes sense. So, she was definitely more…um…emotional and…um…I would say more…so out of nowhere, you know, we were up here [gestured high with hand]. You know, that kind of way, ‘I can't!’ So, sitting beautifully and then, ‘I can’t do it!’…very, very low self-esteem…um…and…um…was almost…was almost embarrassed to have...knew she needed something but didn't want other people to know so she could like you could see her really trying to, like, to concentrate and, you know, doing something, almost…almost like stimming but not really because it was the same thing and she was doing it for a reason and she was aware she was doing it, you know, in that kind of way but was almost like, ‘If I just keep doing this, it’s like I can listen, I can concentrate’, you know, in that kind of way but…um…definitely much more emotional, but then I do think it was partly also age.

**INTERVIEWER:** Yeah, I guess developmentally, there’s a lot going on as well.

**INV**-**006-T-U-S-STA-F:** I tend to be…So, I’ve only had….done year 6 and year 5. This is my second year in five and I did year six that time once. I generally tend to be lower down so I tend to be key stage one. So it's difficult…to look at her, if she'd been a key stage one I'd be able to compare properly but because she was older, I do think partly…partly it was emotions.

**INTERVIEWER:** And when you think of the other children in the class, having a child with ADHD in the classroom, how does it affect the whole classroom?

**INV**-**006-T-U-S-STA-F:** We've had to…kind of…they've always known, you know, they've always known. They all can tell that certain children have…have difficulties. There…where he does have a one to one so they're aware that…um…that he has a one to one and that she's there to work with him. Um…in the past, it’s been fine. They've talked about how lucky they are to have him because he's quite settled and we've also got his helper in to help us. The last week…the last half term has been slightly more difficult and it's frustrating for them, I think, as well to see because in the past I haven't had to reward what I would call my expected behaviors. I haven't had to reward them so that’s been fine. While now, [loud and excited] ‘Oh look, you're sitting in a chair! Aren’t you doing a really good job?!’ You know, and they’re like, [loud and incredulous] ‘What?! Like he’s sitting in a chair?!’ And so I think at this age they recognize that some children have difficulties and we've been honest and said, you know, he finds things difficult, you're aware of this, he’s doing so much better than he used…because he did have a difficult year last year…he’s doing so much better this year, isn’t he, you know, we're so proud of him…um…and they're able to accept that. But in the past, where I've had children where they've been younger they have found it very difficult to understand why [emphasis] *this* child is receiving what they view as a reward for what they would view as negative behavior or just…just, you know, expected behavior. Does that make sense? And so it can be diff-…They can be frightened. So, you know, we have had cases where some of the children, especially the children working at, kind of, at the reception level in our class had become almost scared of him, if that makes sense. Like, you know, so, in the past they wouldn’t think of anything but now, if he kind of goes, [exasperated exclamation with action of slamming something down on the table] ‘Oh!’ they’re like…they’re almost on high alert. Does that make sense? And maybe the others are slightly…you know, in the past, they would have happily worked with him and partnered up with him but this half term, when we were doing something in particular, I noticed the other day, everyone was a bit like [sighs], you know, because they're concerned he's going to get cross and swipe the work or he's not going to take part or he's going to storm out and they're going to be left on their own. So I think in the past, being older they've accepted him but as his behavior is becoming more volatile they're almost choosing, for self-preservation, you know, to…to stay away because they don't know how he's going to react.

**INTERVIEWER:** Yeah, so a bit more unpredictable.

**INV**-**006-T-U-S-STA-F:** Yeah. They’re like, ‘Oh, I don’t want my volcano smashed so I don't work want to work with him’, like, and I get it…I get it, you know, and what we’ve found, is we’ve…I’ve had to speak to one or two of the more mature children and say, ‘look, can you just work with him because he needs…you know, it's not gonna help, XXXX (that’s his one to one) will support you and we'll be there, you know. We're not gonna let him…he might have to leave but if you're a part of a three, you know, that will be OK.’ And they're like, ‘Okay, that's fine.’ And then he was able to take part in a bit and we have tried to…I kind of insist, ‘You’re getting red, you need to go for a walk’. ‘You look like you're hot, can you go?’ ‘Oh! I need my water bottle filled, you know, I’m drinking a lot of water the last few days. Can you go fill my water bottle? You know, with the cold water, with XXXX’. So, you know, we tried to do that and then the kids are aware and almost appreciate of it, like. So, yeah, they recognise when we’re trying to guide him and they understand it but they do have that…that higher level of maturity and understanding. When I was in reception, year 1, year 2, it was very difficult and they…they were…I think as well, the parents and the children viewed it as, er…just naughty behaviour. You know, that kind of, where they’re like, ‘But they’re being naughty.’ It’s like, ‘No, they’re finding it really…’ [Indignant voice] ‘Well, I find it really hard.’ You know, and so that, I think is the benefit of being higher up, you know.

**INTERVIEWER:** Yeah. And for you, and the other staff, like, what impact does it have in terms of maybe preparing for the day?

**INV**-**006-T-U-S-STA-F:** Yep, so we have to be…um…very organised, you know. Everything has to be where it’s expected to be…there can’t…especially now. In the past, you know, if I said, ‘Oh, your pencil’s over there.’ Or ‘I had your book!’ you know, it was fine. Now that could lead to an absolute…you know…it’s almost like, he’s not looking for reasons but when he’s got a reason to work avoid, to not follow instruction, to go somewhere, to do something active as opposed to sit, he will take it, you know…pens away. So it’s about being very…very organised, very thorough, very…um…any changes, make him aware, kind of, prior to that and…um…thinking about seating…um…you know, because we obviously have fluid movement in the…in the classroom depending on ability and, you know, how we’re...how we’re progressing. Sometimes, it can be a case of, he will begin doing work I know he can do with his hands tied behind his back, but then that will progress him through, you know, so thinking about, ‘Right, he’s going to go there but I need a seat in that table because that’s really where he’s meant to be,’ you know, and who he’s going to work with as well, what children are not going to mind the…and who that’s going to drive absolutely crazy, do you know in that kind of way. So, it’s that kind of thing. It’s also…it can be emotionally draining, you know, so the last few weeks, he’s been very emotional and…and you’re trying to be the same. You know, ‘We want you in our class, we love having you in our class, but you know, when you’re being…’ Can I swear? [laugh]. ‘When you’re being, like, ‘Oh fuck you!’ You know, it’s like, ‘Oh, don’t be like that.’ And that can be hard because I’m thinking if my own child spoke to me like that I would be…but you know, I’m like, I have to recognise that this is not you, that this is…you know, that you’re not…these are not choices that you are making, this is just part and parcel of everything…um…and you know it can be hard. We had Victorian day last week and we knew it wasn’t going to go well but the problem is Mum had prepped, ‘I know you’re going to have a bad day so…but you just have to try, it’s going to be hard.’ ‘Well, Mummy says I’m going to have a bad day so I’m having a bad day!’ It’s like, ‘No, Mummy said you might have a bad day.’ ‘No, Mummy said…’ You know, and so it was hard because, you know, it sounds really silly but I was supposed to be a Victorian teacher and be quite strict and I couldn’t because…well, I could with everybody else, but not with him because that would have caused…you know, so we had to then, kind of, remove and push part…and then you think you’re missing out on a fun day and then his TA had to go with him so, it can be just thinking about things like that so we had the whole of the day prepared for him to do about the Victorians…um…just in case, but it was almost like he’d come in…he’s aware of his diagnosis and he’s…he’s aware of…um…you know, what he finds difficult and what he finds easy and sometimes that can almost be in his head, ‘But it’s going to be a bad day,’ because of nothing on the day so that can be difficult.

**INTERVIEWER:** So, it sounds quite stressful for you, in terms of the extra work but also the day to day…

**INV**-**006-T-U-S-STA-F:** Yeah, I mean in the past it’s been absolutely…it was once I knew and he was fine and he was organised, that was fine, when his medic-…now he’s un-medicated we just don’t know how it’s going to go and that can be…you know, you’re trying to maintain a…your composure and maintain, you know, a learning environment and, you know, making progress, also ensuring that everybody around that child is having the same opportunity and that he is, too; that he is making progress and he is learning, you know, um…[quietly] and that can be difficult.

**INTERVIEWER:** Wow. So, for you, where would you get, or where have you got, your information about what ADHD is or how to deal with it?

**INV**-**006-T-U-S-STA-F:** There was no training. So, when I did my teacher training, our SEN thing…our SEN training was, ‘Find some sort of special education need and write a creative poster…or write a project.’ It was really just, like…there you go. And then…um…I have…I have worked mostly in, kind of, areas where maybe the SEND, the proportion has always been higher and we’ve had high pupil premium which has meant that the SENCO and people involved have been incredibly busy, you know, they had…they were doing the work of three or four people and so, we’ve had training, but it’s been, like Maybo training, so it’s been restraint training, or it’s been about differentiating between curriculum for children with learning needs. ADHD has been mainly me looking at the NHS website…um…, you know, teacher friends, I’d be like, ‘Right, anyone got information?’ Sometimes when people come in to do reports you are able to have a conversation and they suggest things to you, but again, they’re suggesting the generic, because whatever works for one child…you’ve of course, got these ten things that are going to work but then…or are suggested. You have to go through all 10. You obviously have to have that wait and watch period, you know, for each individual child because…because every September it’s a new start for them. You know, so even though you might do that transition it’s still a new start, it’s a new room, it’s higher expectations. It might be a new class, it’s most definitely a new teacher, you know…um, so a lot it is just, kind of, going back to…to any kind of websites where there’s some, you know…um…if you’re a parent, you can go on and find them so that’s why I just go on and find them, and sometimes there’s a little information with the teacher. It’s usually reading the report that’s…but a lot of it is viewing the child and making it very individual to them.

**INTERVIEWER:** And I guess your experience of thinking what might have worked with someone in the past…could I try it?

**INV**-**006-T-U-S-STA-F:** Yeah, so I’m like, right…rather everything…so and so’s file on the computer. What on here is possibly going to work? You know, in that kind of way, and trying to see if that works. Um…sometimes it does or it can be a case of, you know, you take off superman and you put on a bus, you know, because buses are the thing. And you…a lot of the time you can resuse and slightly change but…um…it can be very individual as…as well. Like…very…with him, in particular, you know, there are certain things that will work and there are certain things that don’t work depending on a day, you know. He’s got his…his…um…high light system so when he’s had a moment and we’re able to calm him down he has to go out and work through his red box which is like, ‘Get all that anger out’, you know, for five minutes. He has to work through his amber box, you know, kind of slightly more threading. So we were talking about ripping up…um…something, shredding things, banging things, squashies, you know, in the red box. Orange might be threading, it might be something that’s…some moving, it might be actually rolling or you know, doing…being told what to do but still doing something physical. Then it might be…his green box will be handwriting, maybe times tables or something, and then he can come back in and he can’t come back in until he’s worked through all three.

**INTERVIEWER:** So, it sounds like you’ve got a good procedure, you know, a plan to follow.

**INV**-**006-T-U-S-STA-F:** Yes, if…if you can get him there. If you’re got him out of a tree, you’re out of the woods. [laugh] No, he’s not that bad. Yeah, you know, he’s got a safe space, he’s got somewhere he can go, he’s got break cards.

**INTERVIEWER:** So is his safe space in the classroom or outside?

**INV**-**006-T-U-S-STA-F:** There’s several. So, he’s got one over here so we try to keep him in, like, zone 1, is in the classroom, you know, just lying down in the book corner. He’s still listening, he actually then, sometimes, is able to get up and go and do his activity, you know, once he’s, kind of, banged…you know, sometimes he’ll put the pillow over his head just like for a few seconds, almost like blackout and, you know…um…if he needs to leave the room then he knows it’s under literally the table outside and he will just go under the table and pulls the chairs in so it’s just there and number three, then, is behind the door. And if he goes past there, unless he’s said, ‘I want to go to the hall to do the activity’, then he knows that his IBP kicks in. There…there are certain things he is allowed to do, certain zones he’s allowed to go to, and usually, he’ll go to one and then he’ll move back, you know and you’re like, ‘OK’. There’s no time limit on how he can stay there, you know. Obviously if it gets to a point, then Mum has to be called…Mum has to be called but you know, he might stay there, literally you just have to ignore him and then he’ll choose when he’s ready, and after he’s kicked it a hun-…you know, after he’s got it all out, you know. He…he might ask, if he’s using his break card, he doesn’t have to go to them. He can go for a…a…we’ve got, like, the golden mile, he can run around the golden mile, he can sprint up to the trees and back, and then he can come back in and settle and…he’ll have a timer, and he’s got like a slime timer so…

**INTERVIEWER:** So, is that something you’ve worked out or the SENCO or a mixture…?

**INV**-**006-T-U-S-STA-F:** So…so, it’s a mixture. So, basically, she said, like, ‘This is what it would look like, now you have to create that for your child.’ Does that make sense?

**INTERVIEWER:** Yeah. So you get advice of what’s needed but you choose how…

**INV**-**006-T-U-S-STA-F:** Yeah, so it’s basically…we work with a local…um…it’s XXXX, his name’s XXXX so he’s come in and he’s helped us and so…so basically, we’ve set, like, ‘This is what we expect…this is how…this is the form that we want you to fill in, and now you go away and choose what’s going to go where and how….what the zones are going to be and how long he’s going to be there and how far he can go and what the consequences are.’ So, we have, like, a format but again it is very individualised to the child, like…[unintelligible] student zones everywhere, like. You know, cushions and stuff.

## The diagnosis and treatment of ADHD

**INTERVIEWER:** Oh lovely. Do you ever get asked by either parents or doctors or anything for information about him? Do you have to fill in forms?

**INV**-**006-T-U-S-STA-F:** Yeah. I’ve had to fill in forms for him. We have a home school book with mum, you know, to keep her updated all the time. It’s also for us, for our records because what we don’t want is to turn around and say, ‘We’ve had a really rough week’ and her to be, like, ‘Oh, not really.’ ‘Well, it’s all written down.’ So you know, in that kind of way…because obviously when…um…with…um…the medication, you know, he can need a readjustment, you know. We want to say, ‘He hasn’t actually been as engaged, it’s possible too high.’ Or, ‘You know what, we think he’s had a bit of a growth spurt and maybe he needs a new one.’ So, we…we do have to, kind of, keep in touch with Mum, keep Mum very informed and then sometimes, CAMHS will ask for information or we’ll give information…I’ll give information to the SENCO who then passes it on to CAMHS. Obviously then, whenever…when he was being diagnosed or stuff like that, of course we had professionals in and we would…we would give them feedback and they would talk to us about him and watch him and stuff like that.

**INTERVIEWER:** And do you feel comfortable doing that or do you sometimes feel like you’re…?

**INV**-**006-T-U-S-STA-F:** Yeah, I’m like, ‘Come on in, that’s fine.’ [laugh] I think…yeah, an open door policy. It can be, like…it sounds awful, but it can be frustrating because sometimes they’re aware they’re being watched and they will use every fibre in their being to make the right…and you can see them trying so hard and you’re like, ‘No! You know, I want them to see how difficult this is for you.’ You know you’ll see them like this [miming holding self still], you know, and you’re like, ‘It’s OK. If you need to go to…....have a break.’ You know they’re watching me, you know, and they know…they know full well, if somebody comes in here, you know….Because I’ll be like, ‘Oh, they’re in to watch everybody. They’re in to see how we’re going.’ But then they’re, like, staring at the child because they have to, you know in that kind of way, so that can be frustrating when you’re like….or when they go the opposite way, when they’re put out, ‘How dare somebody come and watch me?’ and they’re way worse, you know, like, this isn’t normal and you’re trying to, like, show work and show evidence, you know. That can be difficult. I think the child finds it much more…um…than the teacher.

## Training and support for teaching children with ADHD

**INTERVIEWER:** So, if we think more specifically about training. So you said you haven’t had any specific ADHD training but either working with the SENCO or other teachers or things you’ve looked up yourself. So, if you were wanting some training, specifically about ADHD, what would you want to know? What would be in it?

**INV**-**006-T-U-S-STA-F:** If I’m being honest, I think it would have been…now, I kind of feel I’ve got…having had so many children with and having had…working in different areas means I’ve had access to different people who’ve had different ideas. But I think at the beginning, it would have been very clear as to what ADHD is, what the symptoms…what the…um…what the outwardly, like, actual symptoms are, to be aware that it’s not bad behaviour, because I think if you’re a beginning teacher, you know, especially if you’re a beginning teacher lower down in the school where…it’s new, you know, and you’re not sure…you’re not sure if they’re acting out, you know, they can have little tantrums, you know. I think knowing what it is, knowing…um…about how to maybe keep records of it, you know, what you should be looking out for, you know, is it just because they don’t like you or is it happening in both places? Is it…have you given it long enough to…to make sure that it’s not just a new teacher, a new classroom, a new school? So, just those kind of tools of…of what it looks like, how to, kind of, keep records for it because that can be difficult as well, if what…what…I don’t want to sit there writing ten hundred essays on it but you know, what…what would be beneficial to then give to the SENCO who would then give to somebody to support that. And then, once you’ve received a diagnosis, like, what are the, kind of…what are all the possibilities that, you know, you could put in place. Because for me, that…that was time. I…I sat and went through, ‘Right, an own area, what would I need in that area, a timetable?’ You know, because, I think sometimes as well you can get caught up in, you know, autism or, you know, and you almost go down the route that’s not quite ADHD, you know. And break…you know, things like break cards, you know, what do they mean? What do they look like? Like, you know, is it, you know…we do…um…five minutes of activity every morning and every afternoon and the kids love it and it works really well for him, you know. I just…all these little hints and tips and…so how to go about looking for the relevant information to give to somebody and then once it’s gotten, what are all the ideas that I could do.

**INTERVIEWER:** So, it’s like a range of ideas and you work out which ones would work for that…or maybe try things?

**INV**-**006-T-U-S-STA-F:** Yeah, try…I mean it is trial and error, in that kind of way. But…um…I think as well, that…that bit at the beginning where, you know, what does it look like? What am I actually looking…am I looking at…have I just got a child who’s defiant because they don’t really like me or is this something else I need to be concerned about? You know, because I…sometimes it can be…it can be they’re a naughty child, they’re a naughty child, and they just go through several years before it gets to the point where it’s like, ‘You know what, they’re not, they’re really trying and they’re finding it difficult.’ And then you look into it. Well, actually the earlier we could…and obviously then not go too early because, you know…but just knowing that what it looks like and how I keep evidence of that would be helpful as that.

**INTERVIEWER:** And do you think that would be something that would be a one-off, you know a load of information about ADHD and then maybe about other behavioural difficulties and special needs? Do you think it would be something that would be better as, you know, like an INSETat the beginning of a year, or something that’s more like a twilight every few months so that people can say, ‘Oh, I’ve tried this but it doesn’t work.’

**INV**-**006-T-U-S-STA-F:** I think that it should be an INSET day at the beginning where we have all the information but then to come back to it at points, you know in that kind of way, so as part of the INSET day, you know, look at special edu-…you know, look at needs, these are the range of needs that we have in the school, these are what they look like, because even at that…you get information fed up but you mightn’t get…it’s…it’s time. They give you as much as they can but anyway…but I think that at the beginning of the year talking about the needs and having that, you know, looking out for this and what it looks like and the range of strategies you could use, ‘It’s all in the drive and everything’s there’, you know, and then just…‘OK, we had that training in September, you know, how’s everybody getting on with it?’ Yeah, that…that coming back to it.

**INTERVIEWER:** One of the resources with parents of kids with ADHD is the New Forest Parenting Programme, which is a manualised programme and it can run as a therapist coming into the parent and speaking to them every week for eight weeks and the parent can try strategies and talk back. At the moment, there’s also a self-help book which, when parents are on the waiting list for CAMHS, which can be up to eighteen months, they can start trying to use some of the strategies that a therapist would suggest to them. So, I wonder if that, again, for teachers like a book that they can just go back to, even if it is a trial and error…?

**INV**-**006-T-U-S-STA-F:** That would be very helpful, education almost. Yep, absolutely, I think just having all the ideas in one place, having…you know, ‘Welcome to having a child in your class with ADHD. [laugh] Here’s what you can do to try and help them.’ You know, and that would…because it is a case of…sometimes you can go on and you can finds things skewed by a particular…you know if you are looking it up on a website, I’m always like, the NHS, they’re going to be the easiest to deal with but they’re not education-related but they are, I know, that there’s no agenda. Does that make sense? Sometimes when you’re finding something else and they’re pushing a particular idea, or pushing a particular concept, you’re like, ‘Hmmm’, you know, so I think yeah, having something like that where you know it’s…it’s done, just here are all the possible ideas that would be very helpful.

**INTERVIEWER:** And I guess you’ve highlighted that each child is quite individual, so even if you say ‘ADHD’ that could be quite a range.

**INV**-**006-T-U-S-STA-F:** Oh, it can be very…it can be, yeah. You could have just the hyperactivity, or you could have just the, you know, inattention or you could have both, you know. One can definitely be more extreme than the other as well.

**INTERVIEWER:** Can you think of any training that you’ve done here at the school that you’ve thought, ‘Oh, that was particularly helpful? Not necessarily for ADHD but just the way it was delivered, or what it was related to?

**INV**-**006-T-U-S-STA-F:** I think when we…when we do something, when they introduce something, and they actually give you time to sit and to think about it for a particular child or how it would be used in your classroom, in the session, you know, when you actually have that time to put it in place, or to use the idea or the concept in the session, and then they say, ‘Right, you known, now it’s lunchtime, go away, talk’ and then you come back and you’re like, ‘Well, this is how I’ve done it but how…’ It’s more beneficial to do it in the moment than it is to be talked at and be like, ‘Oh, I haven’t got a clue what they…’ Because you think you understand it but then you go home and you’re like, ‘I’m not going to know what that note was about, I can’t read that note’, you know. So and so asked me to pass the sugar, you know, and so I think just actually sitting, when you have the information, and then you’re able to actually do it and then come away from it, because I think that’s important. Come away from it is important because, you know, in the moment it can all…coming away and having those conversations almost like, ‘Did you get it? I didn’t get it. Oh, what did you think? Oh, I put that thing.’

**INTERVIEWER:** So, it’s almost like collaborative with the other staff.

**INV**-**006-T-U-S-STA-F:** Yeah, that…and then coming back and in the table being like, ‘Right, so you’ve all, you know, talked, what have you come up? What are you going to do? How are you going to do that? Oh, could you work together on that?’ That kind of idea rather than a sit and chat about this is what ADHD is, now off you go and do it when you go home. You know, you’re like, ‘Aagh. I’ve got two kids at home. I can’t!’ [laugh]

**INTERVIEWER:** And do you find that the senior staff or the SENCO - are they particularly supportive and are there?

**INV**-**006-T-U-S-STA-F:** They’re, I’ll be honest, they…they…they want to be, and they try to be, but our SEND is just so high. You know, [SENCO] is there and she will reply and she will help, and the same with [HEAD] and the same with [DEPUTY HEAD] but…and [DEPUTY HEAD], but it’s just a case of…um…are SEND is so high and our…um…[pause], what’s the word I’m looking for, safeguarding, our…um…[pause] trying to think of the…how…there’s so many other things that they have to deal with, this sounds awful, but there’s so many other things, that are so much more high profile things, that they are dealing with, and they’re having to deal with, that, you know, if I’ve got a child under control the majority of the time…if I need something they’ll of course try and help, but they’re not as…they’re not as in the moment with him as they are, maybe, with other people, but that’s because they have a higher need…does that…but seeing how they are involved with that, I know that once that is…once we’ve, kind of, got that…that will peter out everywhere else. Does that make sense?

**INTERVIEWER:** So, I guess you’re balancing up, ‘I need their help, but also I know that other people need their help, so I’ll only ask if I really need it’?

**INV**-**006-T-U-S-STA-F:** Yeah, exactly, so you know, I’m like, if I go to them, they know, ‘OK, what’s wrong?’ You know, I’m like, ‘Do you have a minute?’ They’re like, ‘Oh dear!’ You know, ‘What’s happening?’ You know, so in that respect, yeah, but then again if you’re a beginning teacher you’re not going to have the resources…they would…I…I do have people come to me, you know, they’re wise enough that they know there are steps but sometimes it’s like, you know, you’re so in the day, you’re just like, ‘I just don’t know and I’m not in the room and I can’t come in and see it, I can’t come in and watch that behaviour, I can’t…’ so they have to help, so…

**INTERVIEWER:** And you mentioned, XXXX, as well from [local specialist SEND school], so can you tell me a bit about him? Who he is and why he comes in?

**INV**-**006-T-U-S-STA-F:** So, he…so we have…um…quite difficult behaviour with…um…some of our children and we have some children who are having a very difficult time outside the school and are exhibiting those behaviours within school and our behaviour management sits…so we’ve had a very big change of staff and SLT and everything…um…and I think the way things have happened in the past, they weren’t…see it’s hard for me to talk because I was off on maternity leave and I don’t really know what happened. And then I came back and everything had changed. [laugh] I said to myself, I know that there was a…a very high level incidence of behaviours and high level behaviours and so it was decided that we needed to look at behaviour policies, we need to look at how we are meeting the needs of the children in the class, you know. ‘Is it a behaviour that’s being exhibited because of something that’s happening at home?’ That’s one thing. There’s nothing we can really do about that except make them safe and happy. ‘Is it something that’s being exhibited in class because they can’t access the work?’ Well, then that’s on us. We have to sort that out. ‘Is it being exhibited because of…’ You know, so he’s helped us to have a look at the behaviours that are happening, come back and figure out why they are happening and then put things in place to make sure that what they need to help them learn is there.

**INTERVIEWER:** So would he be a resource? Would he know much about ADHD? And would he be a resource to pick his brains?

**INV**-**006-T-U-S-STA-F:** I mean…at…at…at the moment, he is…he’s doing…he’s been doing staff meetings and he’s been meeting with SLT. I know if I …if I had a question, he would ask it. But…um…at the moment, we’re not really…we’re not really accessing him for support individually. He’s coming in and we’re, kind of, looking at the general. I think with a view to…to look at…I think some teachers have had more to do with him because they’ve had children with needs that he has been supporting, if that makes sense.

**INTERVIEWER:** So, it’s more for you, being proactive, that when you feel that you need to know something, you go and find the person or the resource?

**INV**-**006-T-U-S-STA-F:** Yeah, I mean they do also do checks, so they…they have…he has his IBP, his Individual Behaviour Plan, and they do do checks and make sure that we’re, you know, checking up and that we have everything that’s on there, and we’re following through and if there’s anything that needs to be changed or anything that’s still needed, they’re…they’re….they’ll have a chat, they’ll talk us through it, you know. I can go and say, ‘Hey, look, this isn’t working. I need to change this,’ and…and that’s fine. But I think, depending on where you are in your career, and depending on the level of…um…behaviours being shown in your class, the help is different, which is…which is fair, I think. You know, we’ve got somebody who’s in her second year of teaching and has just ended up with a child who’s having a very, very difficult time and she’s probably getting more help than I am because it’s needed more there, like.

## Conclusion

**INTERVIEWER:** OK. I’ll just check if there’s anything that I should…I think basically, I have covered pretty much everything that I wanted to ask. Is there anything else that you wanted to say on the subject or anything that’s come to mind?

**INV**-**006-T-U-S-STA-F:** No, not really. I mean, it is…it would be nice to know more about it, for teachers to know more about it because I think, essentially, in the kind of area that we teach in it’s too easy to mark it off as a…as a naughty child. As I did say earlier, there can be bad parenting involved. It becomes very clear if it’s bad parenting, because they can then…you know, when they get what they want, they can be fine, does that make sense? And so, I think that we need, as teachers, we need to know what it really is and what it really looks like…um…it’s got…kind of got a bad tag really, hasn’t it? You know, ‘There was no ADHD in my day, you got a good [unintelligible]’. You know, as teachers we can be, like, ‘Oh, he’s just…he’s just difficult’ or ‘He’s just naughty’, you know, but actually, ‘Let’s look at this, is he?’ And I think it’s a lack of training and a lack of understanding that causes that.

**INTERVIEWER:** Do you think that if you compared various different behavioural, either disorders or problems that children struggle with, do you think ADHD is one of the most prominent or do you think it’s one of many, or do you think it’s not that common?

**INV**-**006-T-U-S-STA-F:** I think…I think in…I think in ADHD, and with autism, it’s really obvious to teachers and to adults and people working with them. So, it might seem like it’s more prevalent, you know, so where you’ve got that high level behaviour…you know, so as I said, when he’s on medication and when he’s having a good day, you might just think he’s slightly below average, you know. ‘He’s just not quite there. He needs a little bit of help.’ You know, in that kind of way. But then on a day when’s he’s not, it’s very clear and so I think that when you’ve got that high level of incidence, where you’ve got somebody with their own special space, it’s much more obvious than other behaviours and difficulties.

**INTERVIEWER:** I was just thinking, would you…if there was a range of training available, as a teacher, do you think you would prioritise ADHD?

**INV**-**006-T-U-S-STA-F:** Yeah, yes, I would because it has the biggest impact on the other children, so you know, when it’s…when things are not going particularly well, it has the biggest impact on the others, so with that…with ADHD you’re not just supporting the child, its supporting everybody else to…to deal with the behaviours of that child, if that makes sense. It has…I find that ADHD can have more of an impact on the others than any other thing.

**INTERVIEWER:** Well, thank you so much for talking to me. That’s so helpful. I have a debrief sheet so if there’s anything, you know after we’ve finished that you think actually, I wasn’t comfortable about saying that, or I’ve said anything that you’re not happy with, you can either contact me or you can go directly to the University and talk to them, just to make sure you’re happy.

**INV**-**006-T-U-S-STA-F:** No problem.

[Tape stopped. [Gail] then said she wished she had said something else, so I restarted the tape for her to say it on tape.]

[Tape restarted].

**INTERVIEWER:** So, [Gail], you wanted to say just one more thing.

**INV**-**006-T-U-S-STA-F:** So, it was just within the guide, it would be beneficial to have something to help you in speaking to your children, the rest of the class, about that child and helping them to cope with having the child and their needs…to…how to phrase…you know, you don’t want to say, ‘They can do it,’ so how to phrase what’s wrong, how to support the children in dealing with a child who has ADHD.

**INTERVIEWER:** Thank you.

[End of interview]