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Exploring constructs of ADHD; A reflexive thematic analysis of teacher accounts

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Abstract

The concept of attention deficit hyperactivity disorder (ADHD) and the dominance of a behaviourist and medicalised response to this diagnosis in schools is problematic. Disorder discourse is embedded within our culture and reinforces a *normal* construct through an ableist notion (Timimi, 2017; Goodley & Runswick-Cole, 2010). It has become common practise to use a model of disorder or disease to explain a phenomenon by identifying something as medically or psychologically abnormal (Lee & Irwin, 2018; Mallett & Runswick-Cole, 2014; Billington, 2006). This can have a lasting and detrimental impact on an individuals well-being, opportunities and future outcomes (Billington, 2018).

In this study, I explore the concept of ADHD and the behaviours that are often associated with this diagnosis. I undertook a review of the relevant literature and designed an empirical study in accordance with social constructionist and relational paradigms. I carried out semi-structured interviews with three special educational needs co-ordinator's (SENCo's) from different schools to explore the experiences and knowledge of teachers who have worked with children who have been associated with a diagnosis of ADHD.

A Reflexive Thematic Analysis (Braun & Clarke, 2021; 2019; 2006) was used to engage with the data and develop themes from my research. Using this method of analysis, I developed several themes which encompass the dominant narratives relating to ADHD within my study. In addition, several further themes were developed when exploring the factors that influence and maintain the concept of ADHD.

The story of my research provides a valuable contribution to the field of educational psychology by drawing attention to exclusive thinking and practise in schools, the dichotomous nature related to behaviour and ADHD, and the significant role of categorisation in the education system. This study concludes with suggested implications for EPs and recommendations for further research.

Contents

Abbreviations

ADHD	Attention deficit hyperactivity disorder
APA	American Psychiatric Association
BESD	Behaviour, emotional and social development
DCSF	Department for Children, Schools and Families
DfES	Department for Education and Skills,
DES	Department of Education and Science
EBD	Emotional and behavioural difficulties
EHCP	Education, health and care plan
EP	Educational Psychologist
EPS	Educational Psychology Service
PSED	Personal, social and emotional development
SEMH	Social, emotional and mental health
SEN	Special educational needs
SEND	Special educational needs and disability
TEP	Trainee Educational Psychologist
OFSTED	Office for standards in education, children's services and skills

Chapter One

Introduction

My experience and research interests

During my time as a nursery practitioner, there was a narrative amongst my colleagues that I was drawn towards the children whom other practitioners found challenging. If I reflect on the seven-years I spent in this career, it is evident that I was keen to support and teach children who were experiencing a range of difficulties, especially when others struggled to understand those difficulties.

Within my experience of working in early years settings, I became aware of the numerous ways in which people can view the same event or phenomenon. Interacting with different children, family members and practitioners, I became increasingly aware of my own philosophical beliefs, how I make sense of the world and how this influences my practice. I am passionate about understanding children and viewing their behaviour through a relational lens, which includes taking into account the interactional factors between children, the environment, experience, and cultural influence. This relational-orientation was reflected in my practice and I found that some colleagues aligned with this and others did not. Those that did not, usually expressed a strong behaviourist position when considering the behaviour of children. When I sought to share my approach with others, I found that negative connotations became a dominant discourse when some practitioners struggled to understand and support children's behaviour. The way in which behaviour is understood has a significant impact on the approaches, strategies and language used when supporting and interacting with a child. Therefore, I became concerned that maintaining a behaviourist response to behaviour would prevent practitioners from fully understanding the difficulties that children were experiencing.

During my time as a nursery practitioner, I found that the conversations about challenging behaviour were often spoke of in conjunction with the diagnosis of attention deficit hyperactivity disorder (ADHD). I instigated conversations about factors that underpin behaviour in order to share a relational informed approach, but this was not well received. At the time, I was left feeling powerless and limited in my ability to contribute towards an alternative discourse which would support a greater understanding of children's experiences and difficulties.

It was this passion and powerlessness which drove me to continue my studies further and was an underpinning factor in my decision to become an Educational Psychologist (EP).

As a Trainee Educational Psychologist (TEP) undergoing a practical placement in two Educational Psychology Services (EPS), I was aware of the increasing number of children that were described in negative terms (i.e., *naughty, destructive, disturbed*). A pattern that I noticed was that an ADHD discourse was often intertwined in these stories. Often, whilst implementing a behaviourist response, the outcome for these children was repeated sanctions, multiple fixed-term exclusions, or permanent exclusion.

This research project was driven by these experiences, my passion for understanding children that are described by others in this way and a passion to support those working with children to consider behaviour through different frameworks.

Research rationale and aims

The societal shift from the way in which additional needs and disabilities were historically viewed (Foucault, 1995; Department for Education and Science, DES, 1989; Foucault, 1967), is clear to see, however, this clarity is strongly due to hindsight. A behaviourist informed practice has been a leading approach situated in our education system for more than fifty-years (McNamee, 2019; Harold, 2017). This domination has made it difficult to understand and respond to behaviour through alternative paradigms.

Over the years, behaviour has been considered and understood within the context of different categories and diagnoses (Lange et al, 2010). For example, behaviour disorders of children and adolescence (American Psychiatric Association, APA, 1968); hyperkinetic impulse disorder/hyperkinetic reaction of childhood (APA, 1968); emotional and behavioural difficulties (EBD); behaviour, emotional and social development (BESD); and social, emotional and mental health development (SEMH) (DfE, 2014).

The sanction and exclusion approach often embedded within behavioural policies and widely implemented in schools, has little of the desired effect when it comes to wanting to alter behaviour (Harold, 2017). This approach does not promote an in-depth understanding of the functions of behaviour or what the behaviour may be communicating about an individuals needs and experience (Harold, 2017).

The description of behaviours that are often associated with the categorisation of ADHD, as outlined in the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-V), include (hyperactivity/impulsivity) fidgeting, restlessness, excessive talking, blurting out answers, unable to wait, acts without thinking, (inattentive) carelessness, appears not to listen, easily distracted, difficulty organising, and forgetful (DSM-V; APA, 2013). I was interested to hear how teachers considered these descriptors in the classroom and how they view factors that influence these behaviours.

Therefore, this study aims to

- explore the ADHD view of behaviour from the perspective of the teacher;
- discuss factors that inform views of behaviour; and
- identify themes that maintain the ADHD discourse.

Outline of thesis

To summarise the structure of this research:

Chapter Two reviews literature relevant to this area of research, which will start with the exploration of government legislation and initiatives and the influence they have in the education system. I will also explore different perspectives in which behaviour can be viewed, such as social paradigms and medical paradigms, as well as exploring a critical approach to disability.

Chapter Three details the methodology that guided this study. This chapter explains how relational and social constructionist concepts have influenced the decision-making processes throughout this research.

Chapter Four outlines the procedures undertaken. This includes how this research was carried out using semi-structured interviews and the steps taken to increase the rigor and trustworthiness of the research.

Chapter Five explains how the themes from this study were constructed. This includes detailed steps using Braun and Clarke's Reflexive Thematic Analysis (2021c; 2013; 2006) as a framework to interpret the transcripts.

Chapter Six forms the story of this research. It presents a social constructionist approach to the analysis and explores the themes that I developed from the data in order to address the research questions.

Chapter Seven is where the discussion is found. This chapter explores key concepts from this study, taking into account my analytical interpretation of the transcripts and associated ideas within relevant literature.

Chapter Eight presents my final conclusions, limitations of the study, and considers possible implications for EP practice and further research.

Chapter Two

Literature Review

Chapter overview

This chapter will review relevant literature to develop an understanding of factors that have been instrumental in developing and shaping contemporary knowledge and practice in relation to the understanding of behaviour and the concept of ADHD. Firstly, significant historical and legislative movements will be explored, touching upon well-known initiatives and statutory guidelines that educational professionals are expected to follow. Secondly, this chapter will explore two opposing viewpoints of ADHD that are situated within conflicting paradigms. Initially exploring a social constructionist framework and the pathologisation of behaviour; and then exploring a medical model and the diagnosis of ADHD. The third section of this literature review will explore responses to behaviour and to an ADHD diagnosis. This will include literature relating to pharmaceutical treatment as well as alternative approaches to behaviour. This critical analysis of the literature was used to inform the rationale and aims of the research project and will conclude with the questions that drove this research study.

The chapter will begin by exploring the historical and legislative background, including national initiatives, that relate to behaviour in schools and the impact they have had on professional practice.

Historical and legislative background

In this section, I consider legislation and national initiatives between the 1980's and 2015, drawing on reports and guidelines that have had and continue to have a significant impact on the education sector. It is important to reflect on the legislative context as the law is considered to be "a guideline as to what is accepted in society" (Tiwari, 2017 p1). The relationship between law and society is a complex one, as laws influence societal values, attitudes and beliefs, and in turn, the continually changing values and attitudes of society maintains an influential force upon the law and political decisions (Lippman, 2017; Mather, 2011; Bogart, 2002). Mather (2011, p289) described this relationship "as a vehicle for social engineering". This reciprocal relationship between law and society aims to influence individuals and maintain positive and pro-social behaviour, using consequence and punishment to deter negative and anti-social behaviour.

There is a consensus within the literature that indicates that the law constructs order in society and suggests that without it, chaos would ensue (Delahunty, 2020; Lippman, 2017; Tiwari, 2017; Bogart, 2002). However, it has been argued that the relationship between law and society is more dyadic in nature. Delahunty (2020) argues that the law must reflect the society that it is there to serve. As a result, society is constantly changing and adapting to take into account new knowledge, understanding and technology (Delahunty, 2020). This continual reconstruction of what is and is not acceptable within society has an impact on our education system and schools (Delahunty, 2020; Tiwari, 2017).

This next section of the literature review considers key legislation and national initiatives that introduced significant changes in the way behaviour is understood and responded to within schools. Key documents that will be considered are as follows:

- The Education (No. 2) Act 1986
- The Elton Report 1989
- Every Child Matters 2003
- SEAL 2004
- Steer Report 2005
- SEND code of practice 2015

The Education (No. 2) Act (1986)

The reform of the Education (No. 2) Act (1986) provides a demonstration of the law having an influence on school structure by preventing corporal punishment from being used in public educational settings. Historically, corporal punishment was perceived as the preferred method of disciplining pupils in schools (Department for Education and Science, DES, 1989). This form of discipline being used in schools was supported by the notion known as *in loco parentis* (Stuart, 2010; Hunt, 2002). This Latin phrase meaning *in the place of the parent,* provided teachers with something akin to parental responsibility, which allowed teachers to discipline children in their care as they believed a parent would.

The decision to remove this form of discipline from schools was opposed and challenged by many in the education sector at the time (Linton, 1990; DES, 1989; Northen, 1989). As a result of the reform, there were reports that pupils were increasingly resisting

instruction and direction and displays of violent behaviours were becoming more frequent (DES, 1989). Coinciding with the removal of this method of discipline, some education professionals raised concerns regarding this increase in challenging behaviour and the impact it had on the school environment and the effectiveness of teaching and learning (DES, 1989). The government responded to these concerns by establishing The Committee of Enquiry into Discipline in Schools. This committee aimed to explore these claims and provide recommendations to ensure schools maintained a positive and well-ordered environment essential for successful learning and teaching to take place. This resulted in the publication of the *Discipline in Schools report of the committee of enquiry chaired by Lord Elton* (informally known as The Elton Report) (DES, 1989).

The Elton Report (1989)

The Elton report influenced the way behaviour was considered in schools and highlighted the need to support children rather than to punish them. This report found that some educators viewed behaviour as the responsibility of the child and this within-child approach to behaviour was widely accepted within the profession (DES, 1989). The emphasis on behaviour being a within-child issue was rejected by the committee (DES, 1989) and in its place, they highlighted the relational aspects of development, learning, and the schooling environment. The report indicated that behaviour, and in turn, approaches to behaviour, were influenced by a combination of expectations, attitudes, policies, environments and society. Therefore, it would be reductive and detrimental to view challenging behaviour as entirely within-child and to exclude complex environmental and societal factors.

The Elton report also suggested that, at the time, educators considered the role of the teacher was primarily to teach and impart knowledge, and management of children was outside of their role and responsibility (DES, 1989). However, the committee stated that "teaching has never just been about the transmission of knowledge and never will be" (DES, 1989, p69). This response promotes a relational approach and shares similarities with Gergen's (2009) work regarding the process and purpose of education. Gergen (2009) discusses the dyadic nature of teaching and learning, in which these concepts are reciprocal, and one cannot occur without the other. Teaching, as a concept, is not effective unless learning also takes place and it is this relational interaction that develops knowledge and understanding, allowing sense to be made (Gergen, 2009). These conflicting ideas about education and the role of the teacher reflect the continuation of differing attitudes and approaches within the profession and society.

The psychological ideas within the Elton report highlighted a paradigm shift. It moved away from the behaviourist influence of using corporal punishment and offered an alternative view by focusing on the importance of personal, social and emotional development (PSED). The Elton report (DES, 1989) concluded that the social and emotional well-being of children was a crucial element for creating a supportive and effective learning environment. The report suggested that this was not clearly established within schools, and it examined the role of the teacher and found that a more pastoral role and approach was required. Alongside these findings, the Elton report had a huge impact in the way that Educational Psychologists (EP) practiced and supported schools as it was suggested that EP's have relevant knowledge that can support pupils with emotional and behavioural difficulties (EBD) (DES, 1989).

The Elton report created space for new and alternative ways for managing behaviour to be considered. Research claims (DES, 1989) that those who removed corporal punishment from their schools and practice years earlier had come understand the need for an alternative approach and had adapted well to this change. Whereas it was reported that those who encountered this for the first time with the publication of the Elton report, were perhaps reacting negatively because this change may have seemed forced upon teachers (Linton, 1990; DES, 1989). This indicates that understanding the need for change and having time to adjust to new ways of working, are significant factors in supporting positive attitudes towards change.

Despite the publication of the Elton report, the idea that corporal punishment still had a place within school settings continued to be found within contemporary discourse. Some believed that corporal punishment was "the language of the home" and children understood it (DES, 1989, p260). The immediateness of the method was alluring, and it was claimed that other methods were less efficient. Gow (1988) reported that the National Association of Head Teachers (NAHT) had implied a strong correlation between the increase in challenging behaviours in schools and parenting choices or styles. The NAHT (Gow, 1988) also suggested that the removal of corporal punishment was a strong influential factor in the increase of challenging behaviour. Gow (1988, p10) went as far as suggesting that teachers were "mourning the loss of the cane as a deterrent". The Elton report contested the validity of corporal punishment as an efficient method. These methods were often used repeatedly on the same pupils, which suggests that it was not working as a deterrent. In fact, it did little to alter the behaviour of these pupils and it would seem as though pupils were simply accepting this punishment (DES, 1989).

The Elton report was a government response; however, that does not mean that there was a consensus within Members of Parliament. Members of government maintained the view that corporal punishment was the most effective form of managing behaviour in schools and argued to reintroduce corporal punishment (Linton, 1990). Northen (1989) indicated that the Elton report (1989) did not consider the voice of the teachers and did not address their concerns. Contemporary research conducted by Jeremy Swinson (2010), that presented similar findings to that of the Elton report, suggested that violent displays of behaviour by pupils were rare and that the difficulties that teachers were facing could be better described as low levels of disruption. Swinson (2010) recognised that elements of low-level disruption (i.e., talking in class, talking back to adults, off-task behaviours) were taxing for teachers. He suggested that this led to an increase in reactive approaches to behaviour as opposed to establishing proactive strategies, which would put teachers in a better position to address and manage challenging behaviours before they took place.

Every Child Matters (2003/2004)

Following the publication of the Every Child Matters green paper (Department for Education and Skills, DfES, 2003) and the Every Child Matters: Change for Children (DfES, 2004) guidance, there was a further shift in policy emphasising the importance of the social and emotional well-being of children. A holistic and humanistic approach was advocated through this initiative by setting out five core outcomes for children (being healthy; staying safe; enjoying and achieving; making a positive contribution; and economic well-being) and set out policies that required there to be further collaboration across children and family services (DfES, 2004).

In order to work towards the holistic approach set out in the Every Child Matters policies, a programme was developed and piloted in a select number of local authorities before becoming the national programme rolled out across primary schools. This was known as Social and Emotional Aspects of Learning [SEAL] (DfES, 2005) and it was later rolled out in secondary schools for Key Stage 3 pupils (Department for Children, Schools and Families, DCSF, 2007). The establishment of this nation-wide programme indicated a systemic shift towards understanding the importance of promoting a healthy social and emotional development for children.

Social Emotional Aspects of Learning (SEAL) (2005)

The SEAL initiative is a whole-school curriculum based programme that aimed to promote positive social and emotional development through five topics: self-awareness, managing feelings, motivation, empathy and social skills (Hallam, 2009; DfES, 2005). A systematic review conducted by Green et al. (2005) concluded that promoting positive well-being at a whole-school level was more effective than the many individual prevention approaches seen within classrooms.

A review of the SEAL initiative (Hallam, 2009) found that this whole-school promotion of social and emotional development had supported teacher's understanding of the importance of this aspect of child development and the significant connection to successful learning. SEAL provided the opportunity for teachers to gain a greater understanding of their pupils and had a positive impact on the way teachers responded to behaviour (Hallam, 2009). Hallam (2009) also found that this had a positive effect on the pupil-teacher relationship. Emphasising the social and emotional aspects of a child's development supported a significant shift in attitudes, beliefs and practice. Embedding this into the whole-school curriculum provided the space for this aspect of development to exist alongside cognition and learning aspect of child development.

A review carried out by Wiglesworth et al. (2011) criticises earlier evaluatory literature regarding the SEAL programme. They claim that the findings are misleading due to limitations that they have pointed out within the studies, such as small sample sizes and the reliance on USA based literature and limited reference to UK based literature and studies (Wiglesworth et al. 2011). Wiglesworth et al. (2011) concur with the consensus that this area of develop is important and should be supported; however, they conclude that more rigorous pilot studies and evaluations are necessary for initiatives that are to be implemented nation-wide within schools.

The Steer Report (2006)

The Department for Education and Skills (DfES) published *Learning Behaviour: The Report of The Practitioners' Group on School Behaviour and Discipline (2006)*. This report is commonly associated with the individual who chaired the practitioners' group, Sir Alan Steer, and it is therefore more frequently known as The Steer Report. This report shares similarities with The Elton Report and the recommendations found in the Elton report continue to remain as relevant as when they were suggested in 1989 (Cooper, 2006; DfES, 2006; DES, 1989). One

overarching theme linking both reports was the significance of a relational framework and the effectiveness of positive relationships between pupil and teacher and families (Cooper, 2006). Other overarching themes were the value of whole-school approaches, similarly to what was seen in the SEAL initiative, and the success of promoting emotional well-being through a whole-school framework as opposed to at an individual-level (Cooper, 2006).

An important theme within the Steer report was the recognition that the fast-paced technological advances which have occurred in the 21st century will raise questions regarding the impact on learning, child development and behaviour (Cooper, 2006; DfES, 2006). This highlighted another influential factor for consideration when understanding children and behaviour.

Special Educational Needs and Disability: Code of Practice 0 to 25 years (2014)

The SEND Code of Practice (2014) is the final legislative document that will be touched upon in this section. This statutory guidance is central to the current guidelines and processes adhered to within the education sector and refers to Part Three of the Children and Families Act 2014.

This document informs school staff about supporting and identifying children and young people with special educational needs and outlines the process of assess, plan, do, review. The SEND Code of Practice accentuates the role, responsibility, and expectations for inclusive practice within education and outlines the process and legal time frames for decision making in relation to education, health and care plans (EHCPs).

In relation to this thesis, it is important to point out a shift in the discourse regarding behaviour which can be found in the current Code of Practice (2014) when compared with the previous version published in 2001. The SEND code of practice (2001) considered behaviour within the identified category of need; "Behaviour, emotional and social development" (2001, p93). The extracts below illustrate the view of behaviour found within the 2001 Code of Practice:

> *"...presents persistent emotional and/or behavioural difficulties, which are ameliorated by the behaviour management techniques usually employed in the setting" (p41).*

"…to secure advice on the possible cause and the effective management of difficult behaviour" (p45).

"Children and young people who demonstrate features of emotional and behavioural difficulties, who are withdrawn or isolated, disruptive and disturbing, hyperactive and lack concentration" (p93).

The discourse within these extracts reflect an epistemology of behaviour current at that time, although the words *emotion* and *behaviour* are coupled throughout the document, there is still an emphasis on behavioural development and management.

In contrast to the view of behaviour found in the 2001 Code of Practice, the current Code of Practice (2014) reflects the more recent understanding of behaviour. That is, that behaviour is a form of communication and as a result, there is a greater emphasis on understanding what behaviour tells us and less on the management of behaviour. The current Code of Practice (2014) acknowledges factors that influence or underpin certain behaviour as well as outlining what would be typical behaviours for a developing child. For example:

"The guidance sets out what most children do at each stage of their learning and development. These include typical behaviours across the seven areas of learning: [proceeds to list categories of need]" (p82).

"… housing, family or other domestic circumstances may be contributing to the presenting behaviour…" (p84).

"Delay at this stage can give rise to learning difficulty and subsequently to loss of self-esteem, frustration in learning and to behaviour difficulties." (p86)

"…which may manifest itself as disaffection, emotional or behavioural difficulties" (p96)

The inclusion of the category social, emotional and mental health (SEMH) difficulties in the current Code of Practice (2014), reconsidered and redefined how behaviour was to be viewed and categorised in schools. The word *behaviour* was removed from the category label in order to support practitioners to consider factors that underpin behaviour, as opposed to the presenting behaviours themselves (Unlocking Potential Charity, 2022; Lloyd, 2014):

*"**Social, emotional and mental health difficulties***

6.32 Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder" (p98).

The extract above places ADHD firmly within the social, emotional and mental health category of need. This is a new addition as ADHD was not referred to in the previous version of the Code of Practice (2001).

Concluding thoughts on historical context

The legislative documents and initiatives outlined above provide a glimpse of how behaviour has been considered in the school context over the last thirty years. They have all influenced and shaped the way in which children are supported in order to either promote or deter behaviours. These key documents have influenced professionals practice and how they respond to behaviour, which includes behaviour displayed by children with a diagnosis of ADHD.

So far, this review of literature has explored the historical and legislative context around behaviour. For the remainder of the literature review, there will be a focus on current frameworks used in practice to understand the experiences of children with a diagnosis of ADHD and the behaviours often associated with this diagnosis. The following themes will be explored:

- Pathologisation of behaviour
- Diagnosis of ADHD
- Treatment of ADHD
- Relational approaches to behaviour
- Critical approach to disordering children
- Dichotomous nature of behaviour and the diagnosis of ADHD

Pathologisation of behaviour

Many psychologists have contested the subscription of medical terms for non-medical concerns (Duncan et al., 2018; Mallett & Runswick-Cole, 2014; Billington, 2006; Billington, 1996). Pathologising behaviour that has a minimal biological or medical foundation is not a new concern and historically there have been many examples of applying this framework to human behaviour (Lee & Irwin, 2018). For example, sexuality, gender (ie., menopause; masculinity), and everyday human experiences (Lee & Irwin, 2018; Timimi, 2017). Viewing everyday experiences through this framework advocates the idea that these *conditions* require medical intervention and treatment. This promotes the concept of *illness* and a subsequent need for care and support from a medical professional to recover from the illness. Research (Goodley & Billington, 2017; Billington, 2006) sheds light on the adverse implications of pathologising behaviour and highlights the associated discourse which can follow an individual throughout their life and create social barriers.

Billington (2006, p44) argues that discourse associated with different psychopathologies can present the following implications:

- *"…exclusion from existing social relations…*
- *…a child being separated from future social possibilities and opportunities…*
- *…can serve to represent a child as separate from the processes of the social relations…*
- *…can represent a separate, individual characteristics which cannot possibly exist outside a child's own complex system of unities…*
- *…can act to separate a child from their abilities and intelligences (for example by failing to identify possibilities either inside or outside reductionist definitions such as behavioural difficulties or autism)."*

This medicalisation of individual difference has an enormous influence on the opportunities and outcomes for an individual. A crucial finding in Billington's (2006) research is that categorisation, such as ADHD, has the potential to reduce other features of a child and strengths can be overlooked or neglected. Inequality can emerge from the categorisation of children as they are subsequently considered according to the narratives and stigmatisation of the category in which they have been assigned. Medical model discourse infiltrates the way children are spoken of and written about according to their assigned category; this in turn, reinforces the narratives created (Billington, 2000).

Governmentality

The Foucauldian notion of governmentality can be explored in the wider context of power and relations governing society through policy and legislation (Foucault, 1991; Foucault, 1967). However, for the purpose of this literature review, it is relevant to concentrate on this notion in the context of the education system and the effect of governmentality on the lives of children.

Some psychologists (Goodley & Billington, 2017; Billington, 2000; Billington, 1996; Szasz, 1960) have explored the relationship between pathologisation and governmentality, and this research argues that governing powers enforce social and economic demands upon society by maintaining the model of *normal* and *abnormal.* Billington argues that the strong correlation between pathologisation of behaviour and governmentally "is linked to a social quest for the 'normal' in order that unreason, in the form of anonymised populations, can be controlled, regulated and made subject to economic and political powers" (Billington 2000, p28). This wider sense of governmentality is a continuing field of research and it is not possible to explore all of these ideas within this literature review. However, the concept of a normal/abnormal framework being used to categorise children is an important cause for concern that relates to my study.

In 1996, Billington postulated that professionals use the definition of normal and abnormal child development and/or behaviour to rationalise and defend school exclusions. The concern regarding school exclusions is as relevant today as it was then as the number of children experiencing fixed-term or permanent exclusion in the UK remains a cause for concern (Gov.uk, 2020). The data regarding permanent exclusions, shown in figure 1, suggests that there is a slight decline since the previous year. However, the data relating to fixed term exclusions, shown in figure 2, and other reports reviewing school exclusion suggest that numbers are continuing to rise (Gatenby, 2020; Gov.uk, 2020; Lereya & Deighton, 2019; Gill, 2017).

Research has found that children who experience school exclusions are more likely to experience relationship/friendship difficulties, poor academic outcomes compared to same-aged peers, and mental health difficulties (Gatenby, 2020; Lereya & Deighton, 2019; Gill, 2017). Even more concerning is the higher rates of exclusion amongst children with identified special educational needs (Gatenby, 2020; Gov.uk, 2020; Gill, 2017). If the normal/abnormal

model continues to be used to rationalise these exclusions, it will continue to have a detrimental effect on the most vulnerable children in our society as Oxley (as cited in Gatenby, 2020, pg1) states that exclusion can put children in "mental and physical harms way".

The data in figure 1 and 2 should be considered with caution as it relates to the number of cases (individual pupils) and not the number of exclusions received (incidents of exclusion). The 2018/2019 academic year was the last typical school year before the COVID-19 pandemic led to school closures and changed how children accessed education and their individual schools. Therefore, the most recent 2019/2020 statistical data was not included because the 2018/2019 statistical data is likely to have greater reliability regarding school exclusion than the 2019/2020 statistical data.

Figure 1.

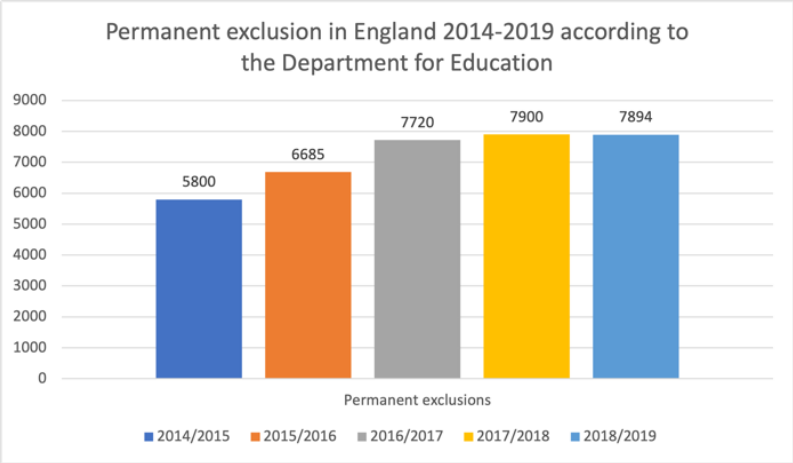
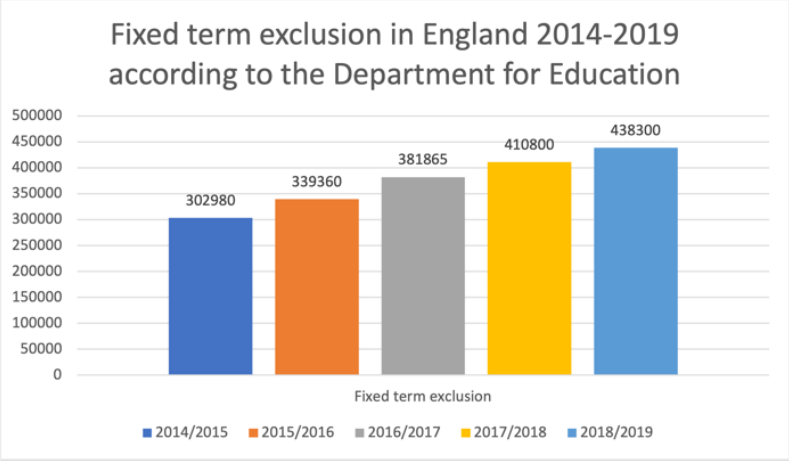


Figure 2.



(Gov.uk, 2020; 2019; 2018; 2017; 2016)

According to Gov.uk (2020), the most common reason recorded for school exclusion was persistent disruptive behaviour. Working within a range of schools as a Trainee Educational Psychologist, I have a unique perspective on the scope of behaviours that are seen as acceptable or unacceptable and this seems very much determined by each individual school and staff. Behaviours that are identified as a cause for concern can vary depending on the demographics of the school, the expectations, the policies, and the ethos and focus of the school. Discourse used to describe behaviour, such as *persistent disruptive behaviour,* can be a reflection of a school or teachers expectations and views of how a pupil should behave.

In my Local Authority work, recent paperwork submitted by a SENCo in preparation for a consultation meeting included the phrase *'he refuses to abide by school rules'*. An individual's choice of words has always intrigued me and I see phrases like this often in my role. I consider the term *refusal* to indicate choice and appears to invoke negative feelings regarding a child's behaviour. This phrase indicates that a child is purposely and knowingly opposing school rules and expectations, and leaves little room to consider what the child may be trying to communicate. During the consultation I unpicked this statement in order to understand the SENCo's perspective and concerns. It was at this point that the SENCo clarified the school rules that the child was refusing to follow; '*he has to say things as soon as he thinks of it and he just shouts out'.* The SENCo's expectation in this example was related to a child shouting-out her class. I considered that this behaviour conflicted with the SENCo's understanding of acceptable classroom learning and behaviour. Considering Billington's (1996) idea of rationalising and defending the exclusion of children, it could be proposed that through the pathologisation process, the SENCo was, perhaps unconsciously, assembling evidence to justify exclusive practice. The decision to seek external support allowed the teacher to access additional resources. In order to seek additional resources (i.e., funding or specialist advice) the process of categorisation usually takes place by implementing a normal/abnormal framework. Billington (1996) argues that this framework lends itself to absolving those with power from the responsibility for injustice by on-going social, economic, and health inequalities. Subsequently, this can meet the needs of schools and school staff through categorisation or identifying *disorder* within those that do not meet societal or school expectations.

Categorisation and pathologisation have foundations in the normal/abnormal framework and can be considered a contributing factor to school exclusion (Billington 1996).

These responses aim to govern the behaviour of children with significant consequences as mentioned above (Gatenby, 2020; Lereya & Deighton, 2019; Gill, 2017).

Diagnosis of ADHD

ADHD is described as a neurodevelopmental disorder characterised by a pattern of behaviours outlined in the Diagnostic and Statistical Manual of Mental Health Disorders fifth edition (DSM-V); a series of behaviours that are organised into two categories – inattentive and hyperactivity (Lee & Irwin, 2018; Mills, 2017; APA, 2013). There are no biological tests to determine if ADHD is present and there is currently no known aetiology (Mills, 2017; Toates, 2011). This is one of the core reasons why ADHD is such a controversial subject. As Timimi (2015) explains, this is not a diagnosis but rather a description of phenomena which he argues cannot serve as an explanation. A diagnosis of ADHD relies on parents, teachers, and children's accounts and observations of behaviour (Lee & Irwin, 2018) bringing into question the reliability of this diagnosis because of the subjectivity of the accounts.

ADHD is one of the most common disorders of childhood, and Mills (2017) and Polanczyk et al. (2007) estimate that around five per cent of all children have received a diagnosis. However, the prevalence of children with a diagnosis of ADHD is variable within the research (Meerman et al, 2017; Quinn and Lynch, 2016; Timimi & Leo, 2009). Despite this variability, a clear increase in diagnoses can be seen over the years, which has been described as "a national disaster of dangerous proportions" (Meerman et al., 2017, p1). Research (BPS, 2018; Mills, 2017) suggests that ecosystemic factors (i.e., low income, limited parent education, social class) are potentially contributing to this expanding diagnosis. In addition, a correlation between a new version of the DSM being published and an increase of children being diagnosed has also been suggested (Timimi & Leo, 2009).

Ramtekkar, et al., (2011) indicated that males are more likely to receive a diagnosis of ADHD with an approximate ratio of 4:1. Researchers (Hire et al, 2018; Ramtekkar et al, 2011) suggest that this finding may be due to boys being more likely to display hyperactive behaviours which can be perceived as disruptive, whereas girls are more likely to exhibit inattentive behaviours, which are less disruptive in a classroom.

Treatment

When considering the concept of behaviour and how people come to understand it and respond to it, it is important to explore the discussions that are taking place regarding the medical treatment prescribed for many children with a diagnosis of ADHD.

The prime response once an ADHD diagnosis is received appears to be to seek or provide pharmaceutical treatment (NICE, 2018). Just as the medical paradigm is the dominant discourse within the behaviour phenomenon, using pharmaceutical drugs to alter presenting behaviour is also customary. The NICE guidelines (2018, p35) imply that a review of a treatment plan should consider whether there is a need for "psychological, educational, [and/or] social" support only after "medication has been optimised". There are professionals who advocate the use of such methods (NICE, 2018; O'Sullivan, 2005) and there are many that continue to contest this (Timimi, 2017; Wilson, 2013; Akram et al, 2009; Rose, 2008). Rose (2008, p521) argues that "children being prescribed Ritalin are being drugged as a method of social control". Although Wilson (2013) suggests caution, and argues that forcing a social constructionist view of ADHD on individuals by suggesting that pharmaceutical treatment should not be an option, could trigger a threat response and lead people to instantly contest and oppose that view entirely.

What is the treatment?

There are currently five pharmaceutical drugs approved in the UK for ADHD treatment (NHS, 2021). Four of these drugs are stimulants and increase activity in the part of the brain related to attention and behaviour functions. The remaining drug is a selective noradrenaline reuptake inhibitor (SNRI), which also focuses on attention and reduces impulsive behaviours by increasing noradrenaline in the brain (NHS, 2021).

A stimulant drug called amphetamine can be found within the majority of drug treatments relating to ADHD. According to Lee and Irwin (2018), this drug was developed before ADHD was classified and has been described as "a drug looking for a disease" (Lee & Irwin, 2018, p245). This notion raises questions regarding the development of pharmaceutical treatments. The process involved in creating medical treatment would usually begin with research-informed data being provided to pharmaceutical companies in order to design a drug that alleviates symptoms; however, Lee and Irwin (2018) suggest that more often than not, this is not the case. As with amphetamine, some pharmaceuticals can be adjusted and rebranded to

fit with the everchanging understanding and renaming of medical disorders (Lee & Irwin, 2018).

Despite the dangers that this may suggest by implying that drugs are predestined to find disorders to treat (Lee & Irwin, 2018; Rose, 2007), the pharmaceutical business is in fact tightly monitored, and the development of medication is a multifaceted process. In addition to the many people involved in the process of creating a drug and the stringent trials that must be undertaken before they are considered safe for public consumption, there are governing teams that monitor and oversee the safe use of pharmaceuticals in the UK (i.e., National Institute for Health and Care Excellence, NICE).

However, stimulant drugs, not too dissimilar to those prescribed as a treatment for ADHD today, were not always only available by prescription and anybody wishing to stay awake for long periods of time could access them. This misuse resulted in fatalities in students (Lee & Irwin, 2018). There is a significant concern regarding the risk of providing children with medication that has proven dangerous and fatal in cases where it was not monitored (Nelki, 2018; Traxson, et al. 2018; Rose, 2007).

Literature suggests that medication for ADHD has beneficial effects on classroom behaviour and remaining on-task (Prasad et al., 2013; Rose, 2007). However, Rose (2007) argues that medication for ADHD is being used, not to treat illness, but to govern behaviours that are deems “a nuisance to authority”. Medication for ADHD, which is monitored and reviewed by appropriate professionals, are stimulant drugs and may support the performance of many people, including children that do not display behaviours associated with ADHD (Rose, 2007). Therefore, questions are raised regarding whether this response to behaviour is appropriate or at the very least, it strengthens the argument that pharmaceuticals should not be the first line of response.

Economic benefits

A predominant theme within the literature when considering why this treatment is maintained and supported, is the substantial economic benefits that depend on its continuation (Lee & Irwin, 2018; Armstrong, 2017; Wilson, 2013). Armstrong (2017) postulates that this economic advantage is a substantial force behind the surge in ADHD diagnoses and subsequent prescribed medication. This poses an ethical dilemma when considering the potential conflict of interest between pharmaceutical companies and those researching ADHD. The

advertisement of pharmaceuticals is a particular contention in the United States of America in which regulations allow direct to consumer advertising of both prescription and non-prescription drugs (Armstrong, 2017). However, the regulations in the United Kingdom are somewhat stricter and advertisement of prescription drugs to the general public is not allowed. In both countries, pharmaceutical companies are permitted to advertise prescription drugs to distributers and those in the healthcare sector, such as clinicians and doctors (Medicines and Healthcare products Regulatory Agency, MHRA, 2014). Armstrong (2017) discusses the vulnerable position doctors are in due to the mounting pressure from patients who see the advertisements and are convinced certain medications will help them. These demands can cause relationships to become strained and patients can seek multiple opinions until they receive what they have set out to achieve.

Another conflict of interest arises when research is financed by pharmaceutical companies. There is a danger that the outcome may be influenced by the financing body (Armstrong, 2017). In addition, these companies may only finance research studies in which they would benefit (Armstrong, 2017). This brings into question the ethical principles of the researchers and those working in health care.

Ethical dilemma

Akram et al. (2009) reported that clinicians are no longer hesitant to provide pharmaceuticals to children like they once were. Many professionals have been outspoken about the ethical concerns regarding the magnitude at which medication is prescribed to children and the dangers of medicating what can be described as common childhood behaviours (Lee & Irwin, 2018; Wilson, 2013; Rose, 2008). Kolata (1996) argues that if society is willing to provide children with medication in order to inhibit or alter certain behaviours to mould children into educational norms, what will be the next behaviour or characteristic that society deems undesirable? Kolata (1996) argues that this lays the foundations for another drug to emerge to seek to alleviate the next unwanted phenomenon.

O'Sullivan (2005) presents a contrasting view of the use of medication. He postulates that those without a diagnosis of ADHD should also be able to access this performance enhancing drug because of its effect on concentration which can lead to an increase in academic attainment. Similarly, the earlier work of Kolata (1996) suggests that giving medication to children to do better in school is comparable to adults wanting to do better in their job. In this

case, Kolata (1996) argues that ADHD medication would appear to be a suitable option for adults in this situation too.

Barriers to questioning this method

Wilson (2013) suggests that accepting this method of treatment without question and without discussing these ethical dilemmas, will have a detrimental effect on children. Wilson (2013) and Armstrong (2017) indicate that there are barriers to openly questioning this form of treatment. These barriers include

- believing that pharmaceutical treatment can open doors and lead to further resources;
- fear of harming relationships with colleagues or friends who disagree; and
- those who make a living from diagnosing and/or medicating ADHD will be less inclined to question it.

(Wilson, 2013; Armstrong, 2017)

Wilson (2013) postulates that individuals (e.g., doctors, parents, teachers, etc.) may compromise their ethical beliefs when considering medication for children if they find that it will provide access to further support and resources. This indicates that people seek internal justification for their decision to advocate for this treatment. Teachers may face a difficult time when having to contend with challenging behaviour daily in the classroom and colleagues or families who are adamant that medication is the most effective route. Rose (2008) argues that teachers may find it easier to agree with colleagues who are advocating the use of medication because ADHD medication is a stimulant drug and therefore will have some of the desired effect. It may be easier to agree with others rather than to challenge, however this does not mean that it is the best option or worth the side effects that the child must contend with.

Wilson (2013, p204) claims "disagreement about medicating children for ADHD is not intended as an assault on psychiatry but an appeal to a deep and shared disquiet about the growing trend towards medicating children unnecessarily". The National Institute for Health and Care Excellence guidelines (NICE, 2019) indicate that professionals, including teachers, should be knowledgeable about and be prepared with a variety of non-medical advice and strategies to support children. It is important that professionals advocate this as a preliminary approach for support and "only then can we claim that we first do no harm" (Sparks & Duncan, 2004, p37).

Relational approaches to behaviour

In this next section I am going to consider an alternative view to the medical and behaviourist model of understanding and responding to behaviour. The existing medical and behaviourist models present barriers to the exploration of this alternative, relational model. Mills (2017) argues that the medical view of ADHD, which present as fact, claims that ADHD is the result of a chemically imbalanced brain which requires a medical and chemical base treatment in order to repair the proposed imbalance. This conceptualisation of ADHD creates barriers and resistance to exploring alternative paradigms by which to understand behaviour (Williams, 2017). Harold (2017 p160) suggests that behaviourist approaches such as "sanctions and exclusions" prove unsuccessful in altering children's behaviour and perhaps more importantly, in making sense of this expression of communication.

Drawing on behaviourist concepts to support behaviour management methods has been the dominant practice in schools for over half a century (McNamee, 2019; Harold, 2017). This has provided an even greater challenge for the teaching workforce in moving towards a creative space to consider and draw upon alternative frameworks to understanding behaviour by moving away from behaviourist concepts, which may have been presented within their teacher training as the dominant response for classroom management.

Relational-orientated approaches

In contrast to a medicalised framework, a relational orientation creates the opportunity to explore various perspectives (Wilson, 2013) and offers an alternative means to consider behaviour. Drawing on social constructionist principles, this approach provides a context in which to explore the dyadic relationship between the individual and the environment (Timimi, 2017; Wilson, 2013). The increased emphasis on making sense of lived experience through the ableist/disablist perspective and highlighting the importance of the environment, provides additional tools and resources to move away from a dysfunction discourse (Winnicott, 1986, as cited in Wilson, 2013). This leads to recognising environmental barriers and empowering individuals to create more ableist spaces that no longer add to the distress of children. Timimi (2017) argues that this social constructionist perspective offers a more informed understanding and in turn provides a greater foundation in which to create support for children and their families. This notion provides an alternative to the medical-informed pathologisation of children (Timimi, 2017).

There are many therapeutic approaches that embody a relational orientation; a prominent approach seen in schools is restorative justice. The predominant purpose of this practice is to confront disagreements and struggles and to restore relationships that have been affected (Harold, 2017). The significance of being heard and listened to is abundant throughout the literature and creates a discourse aligning with behaviour as a form of communication as opposed to defiant or disordered children. Harold (2017 p162) stresses that an important element of this approach is the opportunity to change the discourse "from one that places fault within individuals to one which recognises collective responsibility", this is similar to McNamee and Gergen's (1999) exploration of 'relational responsibility'.

Upon reflection, I agree that some elements of the restorative justice method provide opportunities to move away from historical paradigms and punitive punishments, however there are some elements which can still be questioned. One of which is the undeniable parallel between the institutions that educate children (schools) and the institutions that house individuals that have been judged to have committed an unlawful act (prison) (Holmes, 2017; Deacon, 2006; Foucault, 1995). These parallels include views and responses to discipline, power dynamics, and authoritarian foundations (Foucault, 1995).

Restorative justice methods were established within the prison system and it is concerning that methods established to reform individuals who have been unlawful, has easily been transferred into schools. If these methods are being used in schools, it should be borne in mind how discourse and narratives may already be attached to the methods being used.

Timimi (2017) argues that the relational and contextual aspects of care are significant elements of support. He suggests that it is detrimental to rely on one method (ie., behaviourism and/or restorative methods) when considering support or understanding as individual needs differ from each other, and it is beneficial to draw from a toolkit of ideas and alternative perspectives (i.e., relational approaches, social constructionism, and/or biopsychosocial-cultural models) to best meet those individual needs.

Barriers to relational-orientated approaches

> *"I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail"* (Maslow 1966 p15).

The literature has identified many factors contributing to the resistance of alternative approaches (Harold, 2017; Timimi, 2017; Williams, 2017). Implementing change within a structure that has been dominated by a medical discourse for many years is a difficult feat (Harold, 2017). The concept of a 'quick fix' is appealing and captivating to some; however, as Harold (2017) points out, endorsing approaches underpinned by a paradigm that claims to provide a truth (i.e., medical) hinders curiosity and prevents further exploration for supplementary, additional or alternative concepts (Harold, 2017; Timimi, 2017; Williams, 2017; Wilson, 2013).

The engrained medical discourse appears to provide a natural succession to medication being the preliminary solution or treatment (Harold, 2017). Confronting this model and subsequent response to treatment is to challenge the idea of medicating children and the ethical position and considerations of this decision. It is clear to see the barrier created by the intensity of taking on this challenge and questioning a practice that is so embedded and endorsed by those perceived as experts in behavioural and/or medical fields (Harold, 2017; Timimi, 2017; Wilson, 2013). This is perhaps a battle that teachers do not feel equipped to face or perhaps the presenting behaviour of a child on medication is deemed more akin to appropriate classroom behaviour, as opposed to the behaviour expressed when that same child is unmedicated. Perhaps the additional conversations about the implications of medicating children are overlooked (Timimi, 2017).

Another significant challenge is the dominance of discipline being the prevailing response to behaviour. Harold (2017) postulates that limited resources and availability of therapeutic informed approaches may be contributing to the continued use of medical informed treatments and the use of pharmaceuticals, as they are more commonly available and accessible.

It is not only difficult to consider making changes which will have an impact on the practice of teachers, school attitudes and ethos, and require policy changes, but if alternative approaches are adopted there is the challenge of maintaining the changes in the face of further resistance. Timimi (2017) claims that barriers to successfully integrating therapeutic approaches include

- not providing enough time for the alternative approach to demonstrate success;
- impossibly high expectations for both the approach and the child;
- inconsistency of the approach;

- the apprehension of change; and
- a limited or absent support system.

Complex structures and additional pressure within schools can contribute to these difficulties, for instance, it is widely acknowledged that teachers are extremely busy trying to teach the national curriculum within the school day and there is enormous pressure to complete this task by the end of each school year. This leaves little space to consider alternative approaches and suggests that time may be one of the main factors in the decision to pursue approaches that appear to provide quick solutions and results.

Wilson (2013, p215) states that everybody has "… a duty to consider the ethical cost of failing to challenge features of practice detrimental to the psychological well-being of children". He indicates that the cost of yielding to the medically underpinned definition of ADHD would be significant and it would risk important psychosocial information being disregarded.

Critical approach

This study draws on disability study concepts to explore themes related to children who have been placed in the category of special educational needs and disability (SEND) and have received a diagnosis of ADHD. I would argue that one of the historical concepts that underpin and shaped current knowledge of disability is the eugenics movement (Saini & Pearson, 2019; Baker, 2014; Baker, 2002; Galton, 1909).

> *"… we must now pass from Negative to Positive Eugenics. It is as important that the right people should be born as that the wrong people should not be born… By the "right people" I mean not those who, in Herbert Spencer's phrase, are the "fittest to survive," but those who give most promise of "civic worth," that is to say, will be most likely to be at once useful to themselves in the way of enjoyment and self-support, and also useful to the community at large".* (Crackanthorpe, 1909).

At the turn of the twentieth century, the eugenics movement had gained an increased following and was shaping societies knowledge of disability, what it meant to be disabled and how the phenomena of disability should be managed (Saini & Pearson, 2019; Baker, 2002). The movement encouraged the categorisation of those perceived at the time as 'able' and those

perceived as ‘disabled’ creating societal inclusion and exclusion. The Eugenics Education Society (later known as The British Eugenics Society, and then The Galton Institute, founded in 1907), promoted the desire to adjust public ideology by including laws of procreating within their field of control, teach the public about hereditability with the objective of improving the race, and to ensure eugenic teachings were spread throughout society (Saini & Pearson, 2019; Baker, 2014; Baker, 2002; Galton, 1909).

At the time, the ideology of eugenics was reinforced through government legislation, such as the Mental Deficiency Act (1913), and supported by those of significant power within the political field, such as Sir Winston Churchill and William Beveridge. Under the Mental Deficiency Act (1913), many people that would today be identified as having learning difficulties or social, emotional and mental health difficulties, were confined to hospitals and institutions (Saini & Pearson, 2019). Confinement, segregation and sterilisation of people with disabilities was encouraged and supported through legislation and scientific movements. It was believed that those who were deemed different were less than, and therefore would lead to the degeneration of the human race (Saini & Pearson, 2019). This, alongside the study of eugenics (Galton, 1909), resulted in wide-spread acceptance of societal exclusion for those who were identified as different.

Through existing literature, the term ‘disability’ can initiate many discussions and depending on an individual’s epistemological stance, it can determine how people assign meaning to the term. The Equality Act (2010) defines ‘disability’ as;

“A Person (P) has a disability if –

a. *P has a physical or mental impairment, and*
b. *The impairment has a substantial and long-term adverse effect on P’s ability to carry out normal day-to-day activities.”*

(The Equality Act 2010, section 6)

Through a paradigm shift, knowledge of disability has changed significantly since the days of eugenics in terms of supporting people with differences as opposed to the view that offering support will degenerate the human race (Saini & Pearson, 2019). Looking further into the definition of disability outlined in the Equality Act 2010, ‘impairment’ is a strong descriptive term and generates a further discourse for how ‘disability’ is defined or perhaps

more appropriately, how it is perceived. Impaired, according to the Cambridge Dictionary (2021), is defined as "damaged in a way to make something less effective" (English), or "damaged or weakened" (American). Similar to historical paradigms, this idea of disability still implies the problem is within person. This promotes the idea that the impairment and responsibility to correct or support the impairment belongs to the individual. This reinforces the idea that, because the impairment is within the individual, there is nothing that can be done externally to address this. This does not foster a solution-focused concept that could be found through a social model of difference and society (Goering, 2015; Mallet & Runswick-Cole, 2014). Mallet and Runswick-Cole (2014) describe this stance as an "individual model of disability", an ideology that confines the impairment within an individual by identifying what they cannot do or an ability that the individual lacks. This paradigm can begin to create a picture which encourages people to start looking for what people cannot do as opposed to looking at what they can do and primes people to look for difference.

As culture and society has moved on, some argue that elements of the eugenics paradigm can still be seen today (Saini & Pearson, 2019; Baker, 2002) and reinvented methods of 'fix it and get better' treatments are being devised with "the hunt for disabilities and present classifying practices of schooling" (Baker, 2002, pp145). This discourse reinforces historical eugenics principles and maintains a discourse of the ableist/disablist concept (Goodley & Runswick-Cole 2010; Baker 2002).

Dichotomous nature of disorder

Similar to the normal/abnormal discourse within the eugenics movement, I found many examples of dichotomous thinking within the wider literature and discourse relating to special educational needs and disability (including ADHD research) (Stanborough, 2020; Pérez-Álvarez, 2017; Kaschak, 2015; Oshio, 2012a; Oshio, 2012b). In this case, this is the inclination to consider behaviour and ADHD in terms of "binary opposition" (Oshio, 2012b, p369). Examples of practicing dichotomy can be seen in everyday life; prime examples are when using the descriptors *good or bad; well behaved or naughty; us or them.* Research suggests that this *either-or* perspective can be limiting and creates space for cognitive dissonance, in which a person finds it difficult to hold views that appear to be conflicting or contradictory (Pérez-Álvarez, 2017; Kaschak, 2015; Oshio, 2012a).

Oshio (2012a) indicates that dichotomous thinking can be alluring because it can lead to quick thinking or decision making. In addition, Stanborough (2020) postulated that this polarised perspective has an impact on the way individuals view the world and can prevent people from understanding the complexities and the multifaceted nature of the world.

Chapter summary

There is an interesting story from historical legislation and initiatives that presents a social map of society's understanding of behaviour and special educational needs. This relates to my own interest in the way behaviour is considered, specifically the prominence of the ADHD discourse. As a Trainee Educational Psychologist (TEP), I am interested by how these societal views and both current and historic legislations are reflected in the education system and subsequently, in the practice of school staff.

This review broadened my understanding of this phenomenon, specifically the wider influences of society's understanding of behaviour. As a result of this interest and reflecting on the literature I explored in my review, I became interested in teachers' first-hand experience of ADHD in the school context and what influences the concept of ADHD. This enabled me to formulate the questions that drove my research study. Using these questions, I hope to further highlight the construct of ADHD and critically explore factors that influence this within a school context:

- *Research question 1*
  What are the dominant themes relating to ADHD?
- *Research question 2*
  What informs a construct of ADHD?
- *Research question 3*
  What factors maintain a construct of ADHD?

The following chapter will discuss the methodology of the research. This will include the ontological and epistemological foundations that drove my research, the qualitative method of data collection (e.g., semi-structured interview), and considerations I used to promote rigor in my research.

Chapter Three

Methodology

Chapter overview

This chapter will begin by detailing the ontological position and epistemological stance which underpin my philosophical assumptions as a researcher. Sullivan (2019) highlights the importance of understanding different methodological assumptions and approaches in order to acknowledge how they influence decisions and justify research choices. Within this chapter, I aim to provide justification for my research assumptions and how they influenced subsequent decisions relating to the research methodology and methods. In addition, Sullivan (2019) stresses the subsequent relationship between a researcher's position and the way in which they carry out research. Thus, I endeavour to be transparent and reflective as well as discuss social constructionist and relational concepts that align with my core values and beliefs and acknowledge the influence of these upon my research decisions.

Ontology

A relativist ontological approach underpinned this research study and within this section, I outline my considerations of alternative ontological approaches and provide a concluding explanation for the chosen relativist approach.

Within the field of philosophical, ontology studies the nature of reality, what there is to know and the different paradigms through which the world can be understood (Cohen et al, 2018; Thomas, 2017; Willig, 2013). Researchers adopting a relativist paradigm argue that reality is subjective, dependent on external factors, and influenced by an idiosyncratic interpretation of objects, events or phenomena, therefore indicating that reality would be different for each individual person (Cohen et al, 2018; Thomas, 2017; Yardley, 2017; Howitt & Cramer, 2014; Braun & Clarke, 2013; Willig, 2013).

In contrast, some researchers ground themselves within a realist paradigm. A researcher adopting a realist assumption would argue that there is one truth to be uncovered and that the world can be understood free from the influence of interpretation (Cohen et al, 2018; Thomas, 2017; Willig, 2013). Both relativism and realism acknowledge an external world, however,

relativism rejects the idea of a singular objective truth and promotes the notion of multiple perspectives (Thomas, 2017; Yardley, 2017).

In terms of my research, I too rejected the realist idea of a singular objective truth. Relativism focuses on how things are thought of and perceived rather than identifying right or wrong, or whether claims are true or untrue (Sullivan, 2019). My research sets out to listen to the experiences of teachers in order to understand how they perceive the concept of ADHD. It was important to listen to their stories and acknowledge them as individual truth, none holding more or less validity than another. A relativist ontology afforded me the opportunity to acknowledge multiple truths and explore their stories using an interpretivist approach (Cohan et al., 2018). Having a relativist position allowed me, through this study, to explore the experiences and differing truths of the participants, as opposed to trying to find a singular objective truth about ADHD.

Epistemology

Epistemological assumptions are concerned with how to locate knowledge (Braun & Clarke, 2013; Willig, 2013) and Cohan et al. (2018, p9) outlines the subsequent relationship between a researcher's ontological position and the epistemological stance adopted within the research. He explains:

> *"if one favours the alternative view of social reality which stresses the importance of the subjective experience of individuals in the creation of the social world, then the search for understanding focuses upon different issues and approaches them in a different way".*

As I had adopted a relativist ontological stance, my research would require a similarly alternative approach to understand and reflect upon the information collected that would align with this approach. Within this section, I justify the decision to adopt a position within a constructionist tradition and discuss why an alternative epistemological position, such as a positivist stance, was incompatible with the purpose of this study.

A positivist epistemology is underpinned by a realist position, and it aims to generate objective knowledge through research (Sullivan, 2019; Willig, 2013). Those aligning with this position would argue that a researcher can be detached from their research and produce data that is free from external or internal influence; thus, finding objective knowledge. The way in

which this could be achieved is through the methods used to collect data (i.e., standardised tools). Through a positivist lens, there are certain methods that can be used that would provide objective data regardless of the individual using the method (Sullivan, 2019; Willig, 2013). However, they do agree that individuals are subjective, and their interpretation of reality is influenced by experience and biases. Therefore, claiming that using objective methods to collect data is ultimately the most scientific way of ensuring validity in research as it will prevent individuals from contaminating the data (Sullivan, 2019; Cohen et al., 2018; Howitt & Cramer, 2014; Braun & Clark, 2013; Willig, 2013). In opposition of this view, researchers adopting a constructionist position would argue that there is much that we can learn about people and the world through understanding experience which cannot be quantified or measured through entirely objective means (Sullivan, 2019).

I would agree that a researcher's philosophical foundations, whether positivist or constructionist, has a subsequent impact on the decisions made when conducting research. For example, regardless of the position, a decision would be made as to which method would be the most suitable form of data collection. As these decisions are made by individuals and I would argue, as others have (Sullivan, 2019; Cohen et al., 2018; Willig, 2013), that these are subjective decisions and therefore cannot produce knowledge that is entirely free from the subjectivity of the researcher or participant.

In relation to my research, I rejected the positivist approach as I wished to explore the constructs that individuals had developed regarding the concept of ADHD. A positivist approach may have been appropriate if a piece of research aimed to identify a specific behaviour that is most commonly observed from children diagnosed with ADHD in the classroom. However, there are two points I would like to make here. The first, is that this type of research study would be in opposition to my core principles and my understanding of the phenomenon of pathologisation and therefore, it is not a research study that I would conduct. And the second point, is that the knowledge and discussion I wish to contribute to the field of psychology with this study is how a construct develops, how this phenomenon is interpreted by the participants of this study, and what factors influenced the developing concept of ADHD. This aligns with a constructionist foundation (Cohen et al., 2018).

In summary, the relativist ontology and constructionist epistemology that underpinned my philosophy as a researcher and the research that I carried out, allowed me to identify the

knowledge I wanted to share and provided the framework to address the following research questions:

- *Research question 1*
  What are the dominant themes relating to ADHD?
- *Research question 2*
  What informs a construct of ADHD?
- *Research question 3*
  What factors maintain a construct of ADHD?

As outlined above, certain philosophical foundations would not have been appropriate for my research as they did not align with my own position and therefore would not have led to authentic research. The chosen foundations lay the groundwork for subsequent decisions, starting with the appropriate research methodology.

Methodology

The philosophical assumptions that I align with are key components in the subsequent decisions regarding the methodological framework I chose to conduct my research (Frost, 2011). Consequently, the ideologies of relativist and constructionist assumptions were supportive of a qualitative research approach. However, it was important to consider the principles of various approaches in order to ensure that I was to make an informed decision.

Frost (2011) explains that qualitative approaches were once considered radical and lacking the scientific premise required for reliable research. This move away from the marginalised areas of psychological research was driven by a desire to explore human experiences in richer detail and provide new knowledge in a way that quantitative methods struggled to offer. In terms of my research, a qualitative framework provided the opportunity to collect detailed information about individual experiences of the teachers participating in the study. Quantitative approaches underpinned by realist assumptions can often be confined to identifying difference and locating solutions driven by a 'fix-it' paradigm (Parker, 2005). This does not reflect my philosophical position or the aims of my research, therefore it was clear that quantitative approaches would not have been appropriate for this research.

I was drawn to a qualitative approach and subsequent methods as I was able to elicit information relating to how teachers make sense of the world and how they construct meaning

around behaviour and ADHD. Willig (2017) explains that qualitative inclined researchers believe that individual choices and actions are purposeful and by exploring this, we can create further understanding about social and emotional constructs. Sullivan (2019, p22) concurs with this view and explains that "research is a subjective social process, influenced by the social and cultural context in which it is done…to understand people, we must understand the complex context they operate in and the meanings attached to things". Applying this notion to my own research, I was able to explore factors that lead to a particular view of behaviour and ADHD and factors that continue this dominant ADHD epistemology.

Choosing a data collection method

The subsequent stage was to determine the research method that would complement my philosophical foundations. For my research, I required a method of data collection that drew on a social constructionist approach and provided the space for comprehensive exploration of individual stories. Therefore, semi-structured interviews were used in the study as it promoted "a narrative mode of expression" (Hiles et al., 2017, p161).

The semi-structure approach was chosen, as opposed to structured or unstructured approaches, because it offered structure as well as allowing flexibility to adapt and ask follow-up questions as the discussion continued (Thomas, 2017). In terms of my research, the semi-structured approach was essential during the interviews as it provided an open space for the teachers to express themselves uninterrupted and to allow their stories to take shape, before waiting for an appropriate time to ask a follow-up question or prompt in order to add further detail to their stories.

In choosing an appropriate method, I was able to reject the use of a focus group which is another method often used within qualitative research. This method did not promote the aims of the study as I was keen to explore stories at an individual level, whereas focus groups would have created a space for stories to be influenced by others and it would not have been possible to separate the stories of the individuals (Thomas, 2017).

Rigorous and trustworthy research

The connection between qualitative research and interpretation has, historically, not been a strong one, with some preferring the term *analysis* as opposed to *interpretation* in order to strengthen the justification and validity of their research (Willig, 2017). The use of

interpretation within qualitative psychology is crucial as "qualitative data never speaks for itself and needs to be given meaning by the researcher" (Willig, 2017, p274). Consequently, interpretation is crucial within the process of making sense of qualitative data (Braun & Clarke, 2021; 2006). In terms of my research, consideration was given to reinforce the rigor and trustworthiness of my research (see in Chapter Five).

With the shift in opinion relating to interpretation, approaches have been established to support the trustworthiness of qualitative research and the use of interpretation within this process (Willig, 2017). Two common approaches are outlined below.

Reflexivity

Subramani (2019) claims that engaging in reflexivity strengthens the validity of the research and leads to a more effective and rigorous analysis, free from unconscious bias. Practicing reflexivity during this study allowed me to reflect on my core values and my positionality in relation to the research, which is fundamental within qualitative research (Hiles et al., 2017; Willig, 2017; Frost, 2011). In terms of my research, this was important to ensure that the paradigm in which I view behaviour, did not produce 'leading' questions or sway the discussion during the interviews as this would have reduced the space for participants to express their experiences. The practice of reflexivity ensured that I remained critical of my own decisions throughout different phases of the research. These phases included recruiting participants, carrying out interviews, analytically interpreting the subsequent transcripts, and drawing together points of discussion. I was able to acknowledge my own thoughts and feelings and the social constructionist position that underpinned them in order to be transparent about my interpretation of the data.

Bracketing

In addition to reflexivity, another strategy that I drew upon was 'bracketing'. This approach alleviated the possibility of biases and presumptions adversely impacting my research and strengthen the thoroughness of the study (Willig, 2017; Tufford & Newman, 2010). Willig (2017) advocates the use of this strategy as it "requires the researcher to scrutinise their own assumptions and investments in adverse particular ideas and perspectives, to be aware of them as something that belongs to them and to hold them lightly and flexibly during the process of data analysis" (Willig 2017, p282). It is important to touch on the influence of bracketing within

my research because I found many tensions within the literature regarding this method and I wished to explore whether or not it had an appropriate place within my research.

I considered Husserl's definition of bracketing which suggests that constructions and assumptions are put aside in order to seek an objective view (as cited in Dörfler & Stierand, 2020). Another position I considered was that of Gearing (2004, p1430) who stated that bracketing is when, "a researcher suspends or holds in abeyance his or her presuppositions, biases, assumptions, theories, or previous experiences to see and describe the phenomenon". However, reflecting on both of these concepts, I did not feel that they truly aligned with my social constructionist epistemology.

While debating whether or not an element of bracketing would align with the principles of social constructionism, I came across Heidegger's view of bracketing. He posited that gaining an understanding of an individual's view of the world is an interpretative process and therefore argued that, in order to gain a robust comprehension of the lived experience of others, bracketing was not favourable and perhaps not even possible (Tufford & Newman, 2010). These differing ideas relating to the origin and function of bracketing within qualitative research provides a continuum of bracketing, in which researchers are able to consider and contend with. Subsequently, forming a position along the continuum in regard to their own core beliefs and research approaches (Tufford & Newman, 2010).

I took the bracketing method into consideration during the interviews to ensure that my assumptions and biases did not guide the interviews. When considering this method, I was able to be respectful of the participants while they were sharing their experiences, ideas, and views regarding behaviour and ADHD. I would like to acknowledge that I did not practise bracketing according to Husserl's definition. Similar to Heidegger's notion, I agree that my social constructionist position is interpretivist in nature and therefore I did not seek a positivist-inclined bracketing approach.

Chapter summary

Overall, this chapter reflected on my philosophical foundations as a researcher and how I have embedded this within my research and the subsequent qualitative approaches that supported this. The rationale for using semi-structured interviews during this research has been outlined, as were the approaches that were explored in order to strengthen the dependability of the study. The following chapter will outline the procedures undertaken to carry out the

research, including information relating to the recruitment process, ethical considerations, the structure of the semi-structured interviews, and limitations during the research procedure.

Chapter Four

Research Procedure

Chapter overview

This chapter will outline the procedural aspects of the research, including participant criteria and recruitment, pilot interview and interview schedule. The chapter will also outline further reflections that took place during this stage of the research, including ethical considerations and limitations within research procedures.

Participants

After deciding that interviews were the most suitable method to use, the subsequent decision that was made related to the recruitment of participants (King & Hugh-Jones, 2019). As the study aimed to explore individual experiences of teachers, it was important to consider the exclusion and inclusion criteria for this part of the process (Willig, 2013). Participations were chosen because they expressed an interest in the topic area of ADHD and they were keen to share their real-life experiences on this subject. Therefore, participants were recruited opportunistically, as opposed to selected sampling (King & Hugh-Jones, 2019).

Recruitment process

This research study took place within the local authority in which I was the link EP responsible for a patch of schools. I was keen to recruit participants from schools in which I did not have a professional relationship with to ensure that the research could remain separate from my local authority work. This decision was made to limit the impact of the research study on the new professional relationships I had begun to form within my schools. Consequently, it was important to reach out to other schools and the first step was to identify teachers with a potential interest in being involved in the research. Through discussions with colleagues, I decided the most suitable method of contacting teachers was through the cluster model that was being used within the EPS. Each cluster of schools had a link EP who had a relationship and contact details for the SENCo of each school. I provided a recruitment email to the EPs within the team which was passed onto their schools. The email contained an overview of the study and what the interview was expected to look like.

Recruitment of participants for a research project can present a challenge for any project, however the corona virus pandemic presented an increased level of difficulty for this process. During the recruitment stage, schools were dealing with closures, uncertainty, staff and pupil illness, and learning new ways of working as well as practising these new ways of teaching. These additional pressures and changes led to added challenges in contacting participants and those who presented an interest in being involved, having the time to commit to being interviewed. As a result, the recruitment process took longer than anticipated, with one participant being recruited in September 2020 and two further participants being recruited in January 2021.

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The three participants involved in this study trained as primary school teachers, are current special educational needs co-ordinators for their individual schools and they have all taught or were currently teaching children or young people who have received a diagnosis of ADHD. It is important to note that one of the participants is currently holding a position in a social emotional and mental health specialist high school provision.

Ethical considerations

Ethical approval was sought and approved by The University of Sheffield Ethical Committee in March 2020 (appendix i). This ethical application included considerations to the General Data Protection Regulations (GDPR, 2018) and the changes necessitated to the research due to the COVID-19 pandemic and the government restrictions in place at the time, which included no unnecessary travel, a working from home order if possible, and social distancing rules if unable to work from home.

Participants were provided with an information sheet by email (appendix ii). The information sheet provided included an explanation about the study, the rationale for the research, what would be required of participants, and the participants rights to confidentiality and to withdraw from the study at any time. Each participant was reminded of their right to stop the interview and/or withdraw from the study at the beginning of the interview. Those who wished to be involved in the research were provided with a consent form (appendix iii) which explained what they would be consenting to, what the data was to be used for, and once again, reminded them of their rights to withdraw from the study.

To ensure the confidentiality of participants in the study, they were asked to provide an identification word/phrase on their consent form and they were asked to provide this at the beginning of their interview. This was to allow their interview recording and transcript to be located and withdrawn from the study if requested.

Semi-structured interviews

Pilot interview

As face-to-face interviews were not possible because of the pandemic restrictions, an initial pilot interview was carried out primarily to test the technological elements that were used for the interviews. These elements included: connecting to the online platform, sound and visual quality, and the recording feature available on the platform. In addition, the pilot interview was carried out to ensure that the interview schedule supported the aim of the study in creating a space for participants to share their experiences.

It was important to validate and respect the experiences of each participant who wanted to share their stories and add to this area of research. It did not seem ethical to ask a participant to share their experiences and views for the sole purpose of refining the interview schedule and testing the equipment. Therefore, the transcript from the pilot interview was included in the overall data set and was analytically interpreted alongside the other two participants.

Interview schedule

The development of the interview schedule initially contained detailed questions that I had hoped to touch upon with each participant. However, this became slightly distracting within the pilot interview and upon reflection, this had an impact on the flow of conversation. In addition, reflecting on the relational orientation that I aimed for, it was appropriate to be flexible with the interview schedule to allow the interview to be shaped by the flow of conversation and the information shared by the participant.

In the subsequent interviews with the two remaining participants, I relied less on the interview schedule and drew on the relational aspects of the interviews, allowing the participants responses to determine the flow of the conversation. This resulted in a more natural conversation to take place.

Each interview lasted approximately one-hour and the discussion points noted on the interview schedule (appendix iv) provided the opportunity to elicit conversation related to the participants experiences of behaviour and ADHD, how their knowledge of this has developed, and their thoughts regarding the diagnosis and the impact that the diagnosis can have.

Limitations of the procedure

As a result of the pandemic, the recruitment of participants took longer than anticipated and I had initial aimed to recruit a minimum of five participants. This was difficult because of the significant stresses and pressures that teachers were under during this time. Not only did it make contacting teachers more difficult, but it was also a challenge for teachers to provide their time to corresponding about the research and engaging with an interview while managing the uncertainties that the pandemic placed on their role as a teacher.

However, as this study acknowledges the individual experiences of each teacher and does not aim to make generalisations from the information shared, I felt that three participants were able to address the research questions through the rich stories and the experiences they shared.

Chapter summary

In summary, it was beneficial to carry out a pilot interview as it provided a space to explore whether all the aspects of interview went well together (i.e., technology, interview schedule, timings, etc.). In additional, the pandemic had an impact on some of the procedural aspects of the study, however, I acknowledge this in order to minimise the effect it had on the research.

The following chapter will explore how the research themes were constructed from the interview transcripts. This will include a detailed description of the framework used to analyse the transcripts; Braun and Clarke's reflexive thematic analysis framework (2021c; 2019; 2006).

Chapter Five

Reflexive Thematic Analysis

Chapter overview

This chapter will outline the analytical method I used to explore the research data and construct research themes; the Reflexive Thematic Analysis framework by Braun and Clarke (Clarke, 2021a; 2021b; 2021c; 2021d; Braun & Clarke, 2019; 2006). Braun and Clarke (2021; 2019) claim that themes are constructed by the researcher and they are a product of interpretive engagement with the data. This view contrasts the idea that themes emerge or are found within the data (Clarke, 2021a; 2021c; Freeman & Sullivan, 2019). I chose this method because it aligns with my social constructionist position. This method of analysis allows a researcher to be aware of the active role they play in research analysis as I actively applied meaning to the data set through my engagement with the data and the themes constructed were influenced by my understanding of relevant literature (chapter two) and my theoretical assumptions (chapter three) (Braun & Clarke, 2021; 2019; Clarke, 2021a; 2021b).

This chapter is structured according to the six-phases of the framework. This is to provide clarity and transparency at each stage and to stress how the themes were created (Clarke, 2021c; 2021d; Braun & Clarke, 2019; Maguire & Delahunt, 2017; Nowell et al., 2017). I will also draw on the initial framework by Braun and Clarke previously known as 'thematic analysis' before it was revised and 'reflexive' was added as they developed their understanding and framework further (Braun & Clarke, 2006).

Parker (2004, p95) suggests that criteria for rigorous and trustworthy qualitative research should not be a "fixed criteria" because this may present an inflexible approach which may be more appropriate in a quantitative field. Therefore, in order to ensure I carried out rigorous and trustworthy research, I considered work from the following researchers: Yardley (2017; 2006); Parker (2004); and Braun and Clarke (2006).

Throughout this chapter, I will refer to aspects that relate to Braun and Clarke's 15-point checklist for good thematic analysis (figure 3) and Yardley's research relating to demonstrating quality in qualitative research (figure 4).

Figure 3. A 15-point checklist of criteria for good thematic analysis

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
	4	All relevant extracts for all each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analysed – interpreted, made sense of – rather than just paraphrased or described.
	8	Analysis and data match each other – the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organized story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – ie, described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as *active* in the research process; themes do not just 'emerge'.

(Braun & Clarke, 2006 p21)

Figure 4. Characteristics of good (qualitative) research

Sensitivity to context
Theoretical; relevant literature; empirical data; sociocultural setting; participants' perspectives; ethical issues.

Commitment and rigour
In-depth engagement with topic; methodological competence/skill; thorough data collection; depth/breadth of analysis.

Transparency and coherence
Clarity and power of description/argument; transparent methods and data presentation; fit between theory and method; reflexivity.

Impact and importance
Theoretical (enriching understanding); socio-cultural; practical (for community, policy makers, health workers).

(Yardley, 2000 p219)

To put this chapter into context, it will be useful to reflect upon the research questions that I kept in the forefront of my mind during the interviews and when reviewing the transcripts and considering patterns in the data.

- *Research question 1*

  What are the dominant themes relating to ADHD?
- *Research question 2*

  What informs a construct of ADHD?
- *Research question 3*

  What factors maintain a construct of ADHD?

Phases of analysis

Braun and Clarke (2021; 2019; 2006) suggest that thematic analysis offers a thorough analysis of data and provides the space to manage the complexities of qualitative research. Flexibility is one of the key benefits of thematic analysis. However, researchers (Braun and Clarke, 2021; Clarke, 2021a; 2021b; 2021c; 2021d; Freeman & Sullivan, 2019; Maguire & Delahunt, 2017; Thomas, 2017; Braun & Clarke, 2006) argue that it is important to discuss how it has been used in detail in order to justify the choices made during the process of constructing themes. Braun and Clarke's later work referring to reflexive thematic analysis, stresses the importance of making conscious choices, remaining aware of how the researcher engages with the data and acknowledging theoretical assumptions (Clarke, 2021a; Braun & Clarke, 202019).

Since the publication of their 2006 framework, Braun and Clarke have continued to revise and develop their framework. When reviewing the impact of their method of analysis, Braun and Clarke (2021; 2020; 2019) found that they had underestimated how popular their method would be and discovered that elements of it were commonly misunderstood. This motivated Braun and Clarke to continue to develop their own analytical method, and one of the more notable changes made was the modification from 'thematic analysis' to 'reflexive thematic analysis'.

A common limitation of using this method of analysis is that researchers do not always describe how they used this method in enough detail (Nowell et al., 2017). This leaves the research project open to further scrutiny and may reduce the rigour of the research (Nowell et al, 2017; Willig, 2013; Braun & Clarke, 2006). Therefore, this chapter will be organised according to the six-phases of Braun and Clarke's reflexive thematic analysis method and I will discuss the choices made at each stage to clearly set out how the data was analysed using this method. It is important to note that the process in figure 5 derives from Braun and Clarke's

initial publication and the process remains relatively similar today. However, in their later work, they have made alterations to the names of the phases (Clarke, 2021a; 2021b; 2021c; 2021d; Braun & Clarke, 2021). I will refer in these alterations as the chapter progresses.

Figure 5. Phases of thematic analysis

Phase	Description of the process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

(Braun & Clarke, 2006 p12)

Phase one: Familiarise yourself with the data

As a result of the pandemic, the use of video calling and recording technology became common in the education sector. Therefore, teachers had become apt at using video calling and recording platforms. This was extremely beneficial when considering the first phase of the reflexive thematic analysis and being able to not only emersed myself in the audio data but also having the visual data from the semi-structured interviews to add to the overall information available during the analysis process. I consider myself to be a visual and practical learner, which meant that using video recordings of the interviews to familiarise myself with the transcripts allowed me to use my strengths in processing visual information alongside auditory information, rather than relying solely on the auditory information.

Braun and Clarke (2006, p12) claimed that "you will develop a far more thorough understanding of your data through having transcribed it". Therefore, I transcribed the semi-structured interviews without the use of transcription software, which provided a good start to be able to get to know the data. In addition, I double checked the transcripts alongside the video recordings to ensure accuracy. This relates to No.1 in Braun & Clarke's (2006) criteria for good thematic analysis and Yardley's (2000) *commitment and rigor* characteristic. It was during this process that I began noting down initial ideas and highlighting quotes from the raw data for

each interview that related to the research questions (Clarke, 2021c; Freeman & Sullivan, 2019). This allowed me to begin to make sense of the data. In addition, Freeman and Sullivan (2019) suggest that this step supports subsequent phases of the analysis and provides a connection to the coding process in phase two.

Phase two: Coding the data (previously generating initial codes)

> *"If coding manually, you can code your data by writing notes on the texts you are analysing, by using highlighters or coloured pens to indicate potential patterns, or by using 'post-it' notes to identify segments of data"*
>
> (Braun & Clarke, 2006 p14)

When considering how to engage with phase two of the analysis, I took into account Braun and Clarke's suggestion above as well as the experience of colleagues within my placement authority. Colleagues advocated writing codes on small pieces of paper and spreading them out on a large table or the floor in order to be able to view them all at once and to have the flexibility to move them around during subsequent phases of analysis. However, I was concerned that I may become overwhelmed with the many pieces of paper spread across a large area and I was keen to find a systematic way to organise and present these codes in a way that I felt I would have more control and be able to manage the data (Clarke, 2021a). I chose to use a PowerPoint presentation to emulate what my colleagues and Braun and Clarke had suggested.

After familiarising myself with the data and noting early ideas and thoughts, I was then able to create initial codes (Freeman & Sullivan, 2019; Thomas, 2017). I took an active role in the analysis by generating these codes (Braun & Clarke, 2021; Maguire & Delahunt, 2017). These codes were influenced by the research questions, my constructionist stance as a researcher and the literature that I had explored during this study (Yardley, 2000 *sensitivity to context*). This phase allowed me to further organise the data and begin to apply meaning to the raw data (Braun & Clarke, 2021; 2006).

An important element of coding using the reflexive thematic analysis method is to provide equal attention to each transcript and ensure to generate codes throughout the entire data collection with equal rigour (Clarke, 2021c; Freeman & Sullivan, 2019; Braun & Clarke, 2021; 2006). Clarke (2021c, 00:16:11) states that, "a code captures what is analytically

interesting about the data" and during the coding process, I highlighted elements of the data that stood out and could contribute towards the construction of overall themes during the subsequent phase of the analysis process (relating to No.2-4 of the criteria for good thematic analysis).

At this point, I found myself noting codes that appeared contradictory (e.g., *'poor attainment'* and *'bright students'*) which encouraged me to reflect on the research questions (Yardley, 2000 *transparency and coherence*). I did this to ensure that I did not omit or overlook a potential code if one appeared more dominant than another (Clarke, 2021c). It was important to provide a code for both, regardless of the differing nature, in order to ensure that the codes provided an accurate reflection of the data collected. Braun and Clarke (2006, p14) argue that "it is important to retain accounts that depart from the dominant story in the analysis". I chose to do this systematically and present the coding by collating all of the codes according to their association with the research questions.

Phase three: Generating initial themes (previously searching for themes)

Braun and Clarke are well known for publicising the idea that themes do not emerge from data, rather they are created by the researcher through the process of engaging with the data (Clarke, 2021d; Braun & Clarke, 2021; 2019). Therefore, in their later work they use this modified name for phase three to reflect this concept more accurately.

At this stage in the process, I looked at all of the codes across all three transcripts for each research question in turn (Freeman & Sullivan, 2019; Braun & Clarke, 2021; 2006). Starting with the codes for the first research question, I was able to merge duplicate codes and collate similar codes. At this stage, the three transcripts were no longer separated, and the coding presented an overall view of the research, organised according to the three research questions (Clarke, 2021c).

I found a variation of ease and difficulty during this stage of the process as some codes presented more obvious connections (e.g., *parenting styles, unstable home life,* and *parental attitudes*) and some codes took more consideration and thought to unpick and identify patterns. According to Braun and Clarke it is expected to "have a set of codes that do not seem to belong anywhere" (Braun & Clarke, 2006, p15; Clarke, 2021c). These codes took longer to group together with others as I went back to re-read the associated sections in the transcripts and moved the codes in and out of other groups to consider the suitability of merging them with an

established group or whether creating another group would be more appropriate. (Clarke, 2021c) (relating to No.5-6 of the criteria for good thematic analysis).

Phase four: Reviewing and developing themes (previously reviewing themes)

> *"[I]t will become evident that some candidate themes are not really themes ... while others might collapse into each other ... [o]ther themes might need to be broken down into separate themes."*
>
> (Braun & Clarke, 2006 p.16)

Braun and Clarke amended the name of this phase to emphasise the developing nature of creating themes. They acknowledge that, as a researcher processes the information and continues to interpret it in relation to the overall story of the research, it is natural to alter and change themes throughout the analysis process (Clarke, 2021c; Braun & Clarke, 2019).

At this point, I reviewed my themes so far by re-visiting the transcripts. I felt that some preliminary theme names did not appear to capture the codes or contribute to the story of the research. Braun and Clarke encourage researchers to "be prepared to let things go" (as cited in Clarke, 2021c, 00:37:04). Therefore, I continued to merge or omit codes that were either conveying a similar narrative or upon reflection, was not relevant to the research aims or questions. Subsequently, it was appropriate for some codes to form sub-themes to further organise the content of some of the overarching themes (Braun & Clarke, 2021; Freeman & Sullivan, 2019; Thomas, 2017).

In discussion with my research tutor, I queried whether the final theme names were clear enough and encapsulated the story of the transcripts. I was reminded that I was best placed to construct these theme names because the meaning and understanding of concepts and narratives in relation to the research questions occurred during the interviews and the themes names were decided upon through my process of engaging with the data. In addition, Braun and Clarke (2006, p16) argue that "… 'accurate representation' depends on your theoretical and analytic approach". Therefore, it is important to acknowledge that the construction of these themes are a reflection of the social constructionist position I took throughout this research (Braun & Clarke, 2021; 2019; Freeman & Sullivan, 2019; Braun & Clarke, 2006). (Relating to No.15 of the criteria for good thematic analysis).

Phase five: Refining, defining and naming themes (previously defining and naming themes)

During phase five, I aimed to review the names of the themes to ensure that they reflected the data appropriately and related to the research aims and questions. To do this, I briefly described each theme in short paragraphs to explore whether I could capture the essence of each theme (Clarke, 2021c; Braun & Clarke, 2006). This process supported my exploration of the story that my research was beginning to tell.

According to Braun and Clarke (2006 p18), theme names should be "concise, punchy, and immediately give the reader a sense of what the theme is about". Upon reflection, it took some time to establish names that I was happy with as I was concerned about whether the names would be clear enough to provide an understanding of each theme. Upon the conclusion of this stage of the analysis process, I was happy with the final theme names because I believe that they reflect the interesting elements of the data and capture the story that is being told through this research (Clarke, 2021c; Maguire & Delahunt, 2017).

An important aspect of this stage, as outlined by Braun and Clarke (2021; 2019; 2006), is to recognise interesting elements of the data and, in relation to wider research, consider why these are interesting additions to our understanding of this area of research. At this point, I did not just provide a description of what was discussed during the interviews (Freeman & Sullivan, 2019; Braun & Clarke, 2006), I constructed the story of my research by making sense of the data and applying meaning by drawing on theoretical assumptions and relevant literature (relating to Braun and Clark, 2006, No.7-9 of the criteria for good thematic analysis; Yardley, 2000, *sensitivity to context*).

Phase six: Producing the report

The final stage of Braun and Clarke's (2021b; 2021c; 2019; 2006) reflexive thematic analysis framework refers to the final product and presentation of the research. Freeman and Sullivan (2019, p180) stress that "this [phase] is where you bring the analysis to life for the reader". At this point the themes have been constructed and the story being told can be discussed in detail in response to the research questions. Braun and Clarke (2021; 2019) emphasis that themes can be continually reworked during the writing process. Whilst in the write up phase of my research, the themes and theme names continued to develop. This final stage of Braun and Clark's framework will form the next chapter, Chapter Six Research Themes.

Chapter summary

Braun and Clarke (2021; 2019) and Byrne (2021) suggest that the failure to thoroughly discuss how data has been analysed is a common limitation of using a thematic analysis method and can leave research open to significant criticism as the validity is questioned (relating to No.12 of Braun & Clark's, 2006, criteria for good thematic analysis; Yardley, 2000 *Transparency and coherence*). So far in this chapter, I have discussed how I engaged with the data and the process that I adopted to construct the themes in order to ensure that I have been thorough and transparent. The subsequent chapter will present and discuss the research themes using extracts from the data.

Chapter Six

Research themes

Chapter overview

This chapter has been called *research themes* as opposed to *findings* to maintain and demonstrate my social constructionist assumptions. My research questions are set out clearly in this chapter and the research themes are organised in relation to the three research questions.

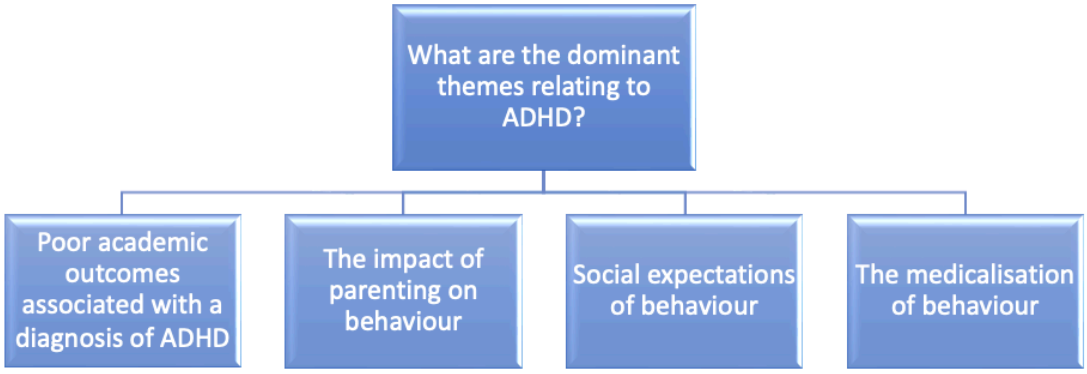
Within this chapter, four themes were constructed to explore the first research question, what are the dominant themes relating to ADHD? These themes are: poor academic outcomes associated with a diagnosis of ADHD, the impact of parenting on behaviour, social expectations of behaviour, and the medicalisation of behaviour. This section will explore the challenge of a *one size fits all* curriculum, the influence of parenting and a child's home life (including the concept of parental blame), the wider societal view of behaviour and the concept of conforming, and the medical response to ADHD (including labelling and medication).

The two themes constructed to explore the second research question, what informs the construct of ADHD?, are continuous professional development and external factors that inform the construct of and response to ADHD. This section will explore the participants experiences of teacher training programmes and the promotion of a behaviourist response to behaviour management. The external factors discussed will consider the restriction of behaviour policies and the continuation of a pathologisation model due to the influence other professionals.

The last section of this chapter will discuss the two themes constructed to explore the third research question, what factors maintain the construct of ADHD?. These themes are influential factors and access to resources. This section will discuss the pressure experienced by the participants to meet the expectations of the office for standards in education, children's services and skills (OFSTED) and the sense of relief that may be experienced because a diagnosis of ADHD provides a framework for understanding behaviours that appear to be in conflict with classroom order and management. This section will also explore increasingly sought-after resources that are often cause of discussion within schools and local authorities. This will include the education, health and care plan (EHCP) and specialist provision placements.

Research Question 1: What are the dominant themes relating to ADHD?

The four research themes related to question one can be viewed in the thematic map below:



Poor academic outcomes associated with a diagnosis of ADHD

The three participants reflected on the attainment of children experiencing behaviours related to ADHD. I identified a strong link between academic achievement and behaviour for learning within the transcripts. For example, Janet commented:

> *"Usually children with ADHD are, they are attaining below their age-related expectations….it may be more the hyperactive side that they can't sit still or that, you know, there's some behaviour issues, that impulsivity".* (Janet, Interview three, line 131-135).

In the extract above, hyperactive and impulsive behaviours are described in a negative light (*"issues"*), which suggests that these behaviours are in conflict with the expectations for effective learning and positive behaviours for learning. This would indicate that these behaviours would make it difficult to learn in line with the expectations of the national curriculum (Ellis & Tod, 2018). Deborah shared a more balanced view related to attainment:

> *"cognitively-wise they might be very good in one area and very poor in another….it's that really spikey cognitive profile [that] I think is typical of our children".* (Deborah, Teacher in an SEMH setting. Interview two, line 116-120).

When discussing attainment levels, Janet focused more so on the adverse impact on learning whereas Deborah introduced the possibility of strengths as well as difficulty. Both Janet and Deborah seemed to have a curriculum-focused approach in which the view of a child was influenced by their ability to engage with and achieve age-related standards within the national curriculum.

Janet, appeared to acknowledge the expectation of schoolwork whilst accepting that the expectation may not be met in a typical way:

> *"you may not get the quantity of work that you want. Orally they could tell you the answer but because sometimes, you know, it's like getting started, writing it down, that often seems to go hand in hand with, you know, with children who've got ADHD".* (Janet, Interview three, line 162-165).

From this, I interpreted a sense of pressure for teachers to ensure children produce a certain amount of work. This suggests that a great value is placed on evidencing progress through written tasks. There appears to be an expectation of how much work a child needs to produce by a certain time to evidence that learning has taken place. However, sitting for extended periods of time for a writing task requires the ability to sustain attention on a singular task. This would present a challenge for a child experiencing hyperactive or impulsive behaviours because these behaviours can result in attention shifting between different stimuli. This can often be described as fleeting attention and can result in children finding it difficult to concentrate in busy environments, such as the classroom (Armstrong, 2017).

Emma contemplated that the expectation for children to learn all aspects of the national curriculum may not be entirely appropriate. This was an interesting addition to the discussion regarding attainment as Emma contemplated the question, *"is this type of education the right education for them…should we be giving them life skills?"* (Emma, Interview one, line 415-416). When considering *the right education*, Emma appeared to be reflecting on the academic content of the curriculum, contemplating the elements of the curriculum that are perceived to

have a higher value than others, for example, the core subjects (i.e., English, mathematics and science). She continued to reflect on this is more detail:

> *"[I]s it really important to know algebra?, are they ever going to use it? Do you understand what I mean? Is it absolutely necessary for them to speak French if they can't speak English?".* (Emma, Interview one, line 416-418).

At first glance, I considered this to indicate that there was a lot of value placed on certain subjects and that the national curriculum leaves little room for children to succeed when they find these subjects difficult. It seems that the national curriculum exudes a *one size fits all* model. However, with further consideration, I also considered it to be indicative of a restrictive model. The idea that it would be beneficial for children with hyperactive and/or impulsive behaviours to be taught different skills rather than some of the curriculum-based subjects, has remanence of previous models that determined how the British educational system was organised (e.g., Tripartite system, institutions, segregation). Contemplating this, it seems that a model such as this aims to use categorisation and prediction in order to determine those who will struggle with certain subjects. This, as seen in the past, would ultimately limit the opportunities that a number of children would have access to and predetermine their future opportunities. This would also promote the within child paradigm and encourage exclusive practice by removing children from the opportunity to learn about certain subjects because of the methods used to teach them.

I considered this to indicate that the curriculum is not inclusive for all children which means that there will always be a number of children that will experience failure simply because the curriculum systemically sets out expectations about what knowledge children should have and the age at which they should have this knowledge. Similar to concepts discussed by Gergen (2009), I believe one of the barriers for many of these children to achieve successful academic outcomes relates to how the education system is constructed and what the educational system believes is valuable knowledge. If this is the case, surely the solution should not be focused on excluding children from subjects, peer groups, or settings (Billington, 2000), but should focus on the adaptation of subjects and learning methods within the classroom, peer group, and setting.

The impact of parenting on behaviour

A strong theme that I construed from the transcripts related to the relationship between behaviour and a child's home life. The two key elements that this theme was based upon included the influence of parenting styles on behaviour and ADHD, and the concept of a stable environment and how this has an impact on presenting behaviours. Within this theme, I felt a strong power dynamic between home and school with the two seemingly incongruent with each other.

The influence of the parent and parenting styles were elements of the discussion within all three transcripts. A difference in presentation in school and at home was discussed and I sensed a tension between the two environments. Reflecting on her experience, Emma stated the following:

> *"[T]hing's that we were being told this child suffered from, you know like, had to deal with at home, was not being shown in school so that's a difficult situation to try and get across to parents as well saying well it may be happening at home but my area is making sure that child is safe and is happy and is engaged as much as can be [in school]".* (Emma, Interview one, line 179-182).

Behaviours that are perceived as challenging in school would be viewed as a concern and result in further exploration or intervention if there was an impact on teaching and/or learning. When considering this further, I constued the extract above to imply that school staff may not view elements of the home as within their responsibility, similar to ideas discussed in the Elton report (DES, 1989), unless it begins to impact a child's presentation and engagement in the classroom or if it was a safeguarding concern and posed a risk to a child's safety.

Emma described the behaviour of some children to be attention-seeking behaviours, which she related to an increased need to gain adult attention and suggested that this may be due to not receiving attention at home. Emma stated that "*it's like attention seeking for a lot of the children…you know for one reason or another that they may not get the right attention outside of the school environment"* (Emma, Interview one, line 77-79). This appears to be underpinned by the idea that children with a diagnosis of ADHD continue to seek adult attention in school because they may not be receiving sufficient attention elsewhere. This idea shifts slightly from the within-child model to a within-home model. I believe that this concept

promotes the idea that school may be restricted in supporting a child because it does not encourage a holistic view, in which society, school, home and child would have equal consideration.

The discussion with both Emma and Janet were quite similar in this aspect, with Emma continuing to state, *"if parents could learn to manage situations a little bit better then their difficulties might not be as pronounced as what they seem to be"* (Emma, Interview one, line 248-249). Likewise Janet said, *"I've seen children who literally walk out our school door, they see their mum outside and it's like a switch is is is flicked an they're.. you know they're like… it's like Jekyll and Hyde"* (Janet, Interview three, line 46-48). This seems to suggest that parenting styles or choices would be linked to the presentation of ADHD. Emma indicates that school would prefer more parent support but that this is not always possible and that this may subsequently have an adverse impact on the child.

> *"We ask for parental support but then you know some parents turn round and say 'I've not been able to do anything…they've refused to do things at home' you're caught between a piler and a hard place in a way erm… and that child, sort of, is fighting in a way… not quite a losing battle but they're stuck because they can't be helped at home and there's very little extra that you can do for them at school"*. (Janet, Interview three, line 219-224).

The above extract supports my previous point regarding school and home not being considered equal partners when it comes to supporting the overall development of a child. It also indicates that there is an expectation that parents will engage and support school, but this does not seem to be a reciprocated from school to home.

The discussion extended to consider the difference between the home and school environment, with Emma indicating that school was the most stable. I consider this idea to suggest that the home life is less stable or unstable. This insinuates a negative discourse regarding the family home and creates a tension between the two. In addition, this could lead to invalidating parents' experience and impact the crucial relationship between school and home. I sensed a strong power dynamic was present in Janet's extract below:

> *"I think school is very stable environment for him … he's made a lot of progress in that that short time, academically. So I think sometimes parents there, they have it*

in their head … they can be quite closed minded to perhaps schools experience so we just have to work with her really". (Janet, Interview three, line 280-284).

This could be interpreted as undermining a parent by suggesting that school have a more accurate understanding of a child and their behaviours. Once again, this seems to encourage the within-home model, identifying the cause of what may be considered as a 'problem' within parenting.

In contrast to this concept of a stable school environment, Deborah suggested that many mainstream schools can be an unstable environment for some children diagnosed with ADHD. Deborah provided a different perception of a mainstream setting and a specialist setting and reflected on the experiences that her pupils have had in some mainstream settings. Pupils often find themselves in specialist settings because a mainstream setting was not able to meet their need. This means that children often experience increased levels of distress as a result until they are able to access an alternative setting if there are places available. Reflecting on Deborah's transcript, I believe that some of the expectations and policies within mainstream settings can be exclusionary for some pupils, which Deborah suggested creates an unstable environment for those children. Two elements that supports Deborah to promote stability in her school are the approach to the school uniform and the relationship between staff and pupils. Deborah wanted to emphasise that the approach they used to introduce the uniform in school was a gradual process and used to promote belonging as opposed to representing conformity:

"the uniform when walking around our school is as good as any mainstream uniform but because we went there slowly and it was all about we want a uniform for community wanted a uniform so you can everyone can be proud of where they come from, not you will wear our uniform [referring to mainstream] and that's the different approaches". (Deborah, Teacher in an SEMH setting. Interview two, line 353-356).

It would seem that the different expectations placed on school uniforms elicit different responses from pupils. For example, rules regarding how uniforms should be worn and presented at all times leaves pupils open to receiving sanctions. This provides teachers with a policing role which ultimately has a negative impact on the teacher-pupil relationship.

Deborah highlighted that the relationship between staff and pupils is a significant factor in creating a positive environment in which a child can feel stability:

"the first part of building that relationship is recognising that here's somewhere that you can actually be trusted now. Like here you've got a clean slate". (Deborah, Teacher in an SEMH setting. Interview two, line 382-383).

Taking into account the views of stability from teachers in mainstream settings and a specialist setting, I understood this to indicate that it is not the setting, system or structure of that supports stability because these include rules, policies and practices that promote exclusion. Instead, it would seem that it is the relational approaches and responses that appear to be significant in providing validation and belonging.

Social expectations of behaviour

This theme was constructed due to the discourse within the transcripts that related to societal expectations and constructs about children and behaviour. Within each interview, the participants drew upon societal norms to discuss what is expected from children and how teachers are expected to respond to behaviour. These societal expectations generate a framework for how difference is understood and responded to (Saini & Pearson, 2019).

Whilst exploring the three transcripts through my social constructionist approach, I associated some of the participants discourse with constructs of what may be considered as socially acceptable within society. When reflecting on the influential factors of children struggling at school and presenting with behaviour that others find challenging, Deborah stated:

"I think [it] massively reflects how children are being brought up these days and the interaction with the parents and communication over the dinner table and how everyone's given an iPad at two years old and all of that lacking in communication and emotional literacy is really starting to come through now with our Year 7's". (Deborah, Teacher in an SEMH setting. Interview two, line 32-36).

I considered this to suggest that the changes in society and the presence of technology in homes and schools within the last twenty years has had an impact on interaction and communication skills. From Deborah's experience, it seems to me, that an excess of technology at such a young age restricts important relational skills from developing. These difficulties in communicating and emotional literacy are noteworthy factors in the behaviour that is observed in classrooms and described as challenging. Deborah stated that people believe *"there must be some sort of chemical imbalance when actually no, this child has had no interaction since they*

were three years old" (Deborah, Teacher in an SEMH setting, Interview two, line 43-44). To me, Deborah is expressing a relational orientation and applying that to her understanding of behaviour, wider difficulties, and ADHD (Williams, 2017; Timimi, 2017; Wilson, 2013).

An alternative view of behaviour was presented by Janet, she stated, *"I think you can you, you can, learn to follow social rules and expectations and a lot of children seem to do that in school"* (Janet, Interview three, line 49-51). I considered this to imply that expectations relating to behaviour in the classroom is influenced by an understanding of what is socially or not socially acceptable. This view would fit with a behaviourist paradigm, implying that there is a need for children to learn social rules and can be conditioned to follow these expectations. She recalled an incident where a child had a "meltdown" in school and stated, *"we gave him an internal exclusion basically he'd be working one to one with his TA to do his work for the two days"* (Janet, Interview three, line 324-325). This example would suggest that a child may have received an internal exclusion as a consequence for expressing that he was struggling and the way in which he expressed this, was not in line with classroom or teacher expectations.

Janet's comment about children learning to follow social rules and that most children do, made me think about the children that find it difficult to follow or learn to follow these rules. I was struck by the response to a "meltdown" and the ease at which exclusion of the child was spoken of. This suggested to me, that this was the typical response to a "meltdown", and I considered this ease was a reflection of how engrained this response is in schools today.

Another social construct that was discussed was gender and the influence of gender when contemplating children's behaviour and a diagnosis of ADHD. The constructs relating to behaviour that may be considered appropriate for a boy or a girl creates different expectations of behaviour and what would be societally acceptable. Janet discussed the differences in her experience relating to those diagnosed with ADHD directly by highlighting examples that indicate this difference. Whereas within Deborah's interview, the influence of gender was more indirect and came through when she continually discussed different examples by referring to pupils as *'he'.* I associated this with the common assumption that children who experience difficulties in school relating to behaviour are boys. Emma appeared to be more aware of this bias and used language that was not gender specific for the majority of her interview, such as *the child, other children,* and *person*. This suggested to me that Emma has an increased awareness of theoretical assumptions and was able to acknowledge this when discussing her examples (Braun & Clark, 2021).

Janet spoke about identifiable indicators for boys when they are struggling, for example Janet reflected:

> *"often you see boys and they're, you get a signal that they're not coping in class with the learning because they're [growled/mimicked screaming/hands up]… walking around, hiding under the table, running out, bashing somebody".* (Janet, Interview three, line 91-94).

I considered this to mean that this is what would be expected behaviour from a boy with a diagnosis of ADHD. In contrast, Janet suggested that girls tend to internalise frustration which suggested that this is in fact more difficult to notice because they are not expressing themselves in a way that may disrupt classroom order. Deborah reflected on her own experience:

> *"so everyone when I started working here was like 'Oh have you got ADHD as well' and I went 'Oh maybe, maybe that explains a lot. Undiagnosed ADHD but then girls mask it so I don't know*". (Deborah, Teacher in an SEMH setting. Interview two, line 75-77).

Deborah referred to her old school reports, *"all my school reports when I was in primary school was like 'lovely girl but can't sit still and fidgets*" (Deborah, Teacher in an SEMH setting. Interview two, line 73-74). This appears to suggest that these behaviours were noticed but not identified as a significant concern because they did not have a much of an impact on the classroom or her own learning. It seems that Deborah has used her understanding of behaviour that may have been viewed through the ADHD lens in the classroom today and applied this knowledge to the behaviour that was described over 20 years ago. Deborah has now considered herself through this lens because she has knowledge of the label and she used this as a way of understanding her behaviours now as an adult.

Another point relating to gender was raised by Janet when she implied that there is an element of choice and awareness for girls when it comes to behaviour and that boys do not have the same awareness of themselves. This was demonstrated when she stated:

> *"[they] might just be being channelled back inside themselves rather than, letting it out because maybe they don't wanna annoy people or they don't want to be perceived as being naughty" (line 96-98) … "girls typically, typically have got*

better social skill development that is small social creatures or they want to. This, they're usually better communicators as well and so that that helps make better relationships with their peers when they're young" (line 77-79). (Janet, Interview three, line 96-98, 77-79)

This idea of choice was interesting to me because I thought about what it meant for boys and to consider this idea, it would suggest that boys either want to annoy others or do not care about annoying others, and do not want to be social creatures. When considering this viewpoint, it seems that gender influences the story that can be told about children with a diagnosis of ADHD; and in turn, this has an impact on how adults respond to them. The idea that girls do not want to annoy people, seems to suggest that they are able to learn social expectations and have a desire to be more socially accepted. This notion would inevitably influence the choices adults make in responding and/or supporting children experiencing difficulties in school. This indicates an element of choice in the presenting behaviour, however the diagnosis of ADHD according to the DSM-V (APA, 2013) does not suggest that children are able to choose when to be impulsive and/or hyperactive. Surely if choice is present, we cannot be talking about a 'disorder' within a child.

The medicalisation of behaviour

I sensed a strong medical paradigm throughout the transcripts, and even just by the nature of this thesis (as ADHD is a construct within the medical paradigm) the medical paradigm had a large presence in this research. This theme consists of key points regarding the ADHD label and a pharmaceutical response to the diagnosis.

When discussing the diagnosis of ADHD and the impact on pupils when attached to the label, Emma expressed the detrimental effect that the label has, not just on a child but actually on the staff that they interact with. In her experience, finding out that a child had a diagnosis of ADHD had a negative influence on the way she thought about a child before she had even met the child. She explained:

"You automatically think it's going to be negative instead of thinking right I've got 31 children, what am I going to, this is what I'm going to do, right let's get on with it". (Emma, Interview one, line 312-314).

Emma reflected on a time when a pupil stated that they could not listen to her instructions because they had ADHD:

> *"I stopped and my jaw must have dropped, and I said to him "no you're in school, you have agreed to come to this game, this activity, you're doing it with me "but I've got ADHD".* (Emma, Interview one, line 448-450).

Firstly, I considered that this pupil must have heard adults discuss ADHD in this manner and that this was probably a reflection of an adults understanding of ADHD, therefore, this pupil was just reciting what he has heard and learned. But upon further reflection, I felt as though this response was dismissive of the child's lived experiences and would not have helped him understand his differences. This, to me, implies that this child was told off because of something he most likely heard an adult say. This is an example of how children absorb the language that they hear and absorb the understandings of the people around them which highlights the importance of adults being aware of their own understandings and assumptions. A further example of this can be found in the extract below:

> *"sometimes you if you do it too soon they could give you a false reading and what you don't want, you don't want that child to have…. some people ….we wouldn't see it as a label but you know children could have that that label for life."* (Janet, Interview three, line 195-198).

Within this extract, I felt a sense of tension from Janet. To me, it felt as though Janet was saying what she thought she should say *("we wouldn't see it as a label <u>but</u>…").* The quote also included a medical influenced discourse *("…a false reading"),* which seemed somewhat contradictory to the idea that the label could be detrimental. If this is language use in everyday discourse then it is inevitable that children will pick this up, but what they would perhaps struggle to pick up on, is the internal conflict that an adult may have when prescribing to a medical description but also having an awareness of detrimental aspects of labelling and medicalisation. Children would not necessarily be able to read between the lines and unpick or challenge the language used. This means, as seen in the two extracts above, that children would use this language quite transparently, whereas adults have the ability to alter their discourse depending on the situation and who they are talking to, and they are able to take into consideration alternative viewpoints more easily than children.

The medicalisation of behaviour is common practice to the point where it is not necessarily noticed by some. When discussing the relationship between behaviours perceived as challenging and a diagnosis of ADHD, Deborah stated:

> *"I don't think you have one without the other now. I doubt you to find a child that has an ADHD diagnosis who've not had negative behavioural reports in their past."* (Deborah, Teacher in an SEMH setting. Interview two, line 648-649).

The adverse experiences children with a diagnosis of ADHD encounter in school, to some, would indicate that ADHD is the problem. However, from my viewpoint, I would suggest that the structure and model of education perpetuates ADHD in schools. Therefore, the systems around the child are more likely to be creating space in which ADHD is constructed as a method of explaining behaviour. The model of a school is excluding those who may present with hyperactive and/or impulsive behaviours. The impact that these negative experiences have on a developing child are excessive and unnecessary. Our education system is not just for those who are willing or able to conform to standards, rules, and boundaries determined by societal influence. This governmentality fails to provide the opportunity for all children to learn and instead, provides those who are willing and able to fit into the model of a successful pupil and learn the way governing bodies believes reflects intelligence (Billington, 2000; Foucault, 1995; 1995).

Children diagnosed with ADHD are usually prescribed medication. The discourse of ADHD goes hand in hand with accessing medication as a treatment response and elements of the transcripts reflected this:

> *"a lot of children not just within our school but within the area all seemed to be put on medication, to calm these children down and I'm thinking… I think you know, parents, if they push too much… it was almost like just shut everybody up and this'll quieten the children down".* (Emma, Interview one, line 358-367).

From this, there seems to be an implication that medication is being sought after by the parents and that there is an over prescription of medication when it may not be required. Deborah also said something similar:

> *"I think parents like ADHD is a label because of medication, of having a medical name for whatever the issue is. I would much prefer not to have this* (line 693-

695)… *in school it has no impact and I think it's the same for ADHD. The only thing the diagnosis does is give medication and there's a question whether they really do need it with the right support."* (Deborah, Teacher in an SEMH setting. Interview two, line 700-702).

Deborah continued with the following:

> *"Most of my children by the time they're 16 are completely off their meds. It's rare for us to have a child leaving us at 16 that are still on their meds they tend to stop taking it around about year nine when the hormones start kicking in and they start growing because the meds don't affect them anyway the same way and then the child is much more independent and recognise that I don't like the way it makes me feel it makes you feel dopey I feel much better without it and so we often support parents in helping him get off those meds because we've got the right interventions in school to support them getting off those meds because we've had it for years (line 702-709)… So for me the actual diagnosis is pointless if they don't need meds and I would argue and strongly that lots of our kids don't actually need any medication at all they just need the right support."* (Deborah, Teacher in an SEMH setting. Interview two, line 717-719).

Deborah's experience reflected in the extract above was a thought-provoking addition to the research. She provided a viewpoint from the position of a setting that holds different priorities as it is a specialist setting and therefore has access to alternative and/or addition knowledge and intervention related to social, emotional and mental health development. I took a moment to reflect on this idea of children who take medication being able to discontinue taking it because they have had access to intervention and support to learn vital skills that enabled them to do so. From this, I wondered about the function of the diagnosis if learning additional skills resulted in successfully no longer relying on medication. It is perhaps a slightly easier process to stop taking medication than it would be to have a diagnosis reversed or withdrawn. If certain strategies or interventions support children to the point where they are able to stop taking medication, then surely this should be the preferred option and potentially the goal for these children.

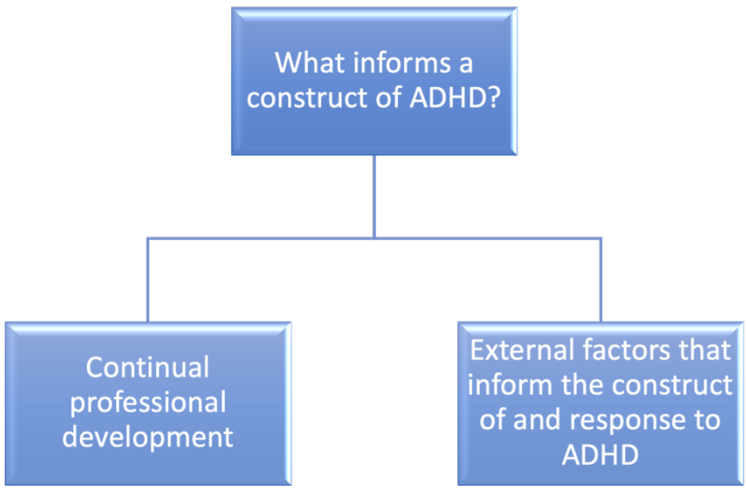
Reflection

From my analytical interpretation of the three transcripts, I considered the four themes presented above to encapsulate the dominant stories and ideas relating to the diagnosis of ADHD (poor academic outcomes associated with a diagnosis of ADHD, the impact of parenting on behaviour, social expectation of behaviour, and the medicalisation of behaviour). These themes reflect the story of dominant ADHD epistemologies presented through my research.

It is important to understand strong constructs, such as ADHD, in order to identify how to influence a different epistemology and how to create space for different stories and approaches to be considered. The following section will explore influential factors that form constructs of ADHD.

Research Question 2: What informs a construct of ADHD?

In reviewing the transcripts and taking into consideration the second research question, the two overarching themes were as follows, *'Continual professional development'* and *'External factors'*. These themes can be viewed in the thematic map below.



Continual Professional Development

The theme, *'Continual Professional Development',* represents an element of the transcripts that I felt was important to highlight when considering factors that inform the ADHD construct. For example, Emma expressed the view that, *"...teachers still need to be educated depending on the particular child that you've got because not one ADHD child is the*

same" (Emma, Interview one, line 274-275). This acknowledged that every child is different and therefore, there is a need for knowledge and understanding to continually change to account for the different experiences that teachers encounter.

I considered the training that teachers receive, and Deborah shared her experiences of teacher and SENDCo training. She described a limited input relating to special educational needs and ADHD. She pointed out the importance placed on behaviour and classroom management, she added:

> *"you have to do the reading yourself and* (line 556-557*) ... even on the SEN course you don't learn about ADHD, you don't learn about specifics* (line 558-559) *... there's not enough time in a curriculum"* (line 567). (Deborah, Teacher in an SEMH setting. Interview two, line 556-567).

Considering her views on her teacher training course, I was drawn to the idea that behaviour management in classrooms is a topic that is highly emphasised. It would seem to me that if a culture of accessing a behaviourist ideology is prominent throughout teacher training, then it would be feasibly expected for this knowledge to be reflected in schools. Deborah suggested in the extract above that *time* was a factor in this dilemma. This would imply to me, that managing behaviour is seen as a higher priority than potentially understanding what is underpinning the behaviour or what the behaviour may be communicating because it would seem there would not be enough time to go into detail about both.

Another key element of this discussion that I'd like to highlight, is the limited input relating to special educational needs. This was evidenced when Deborah stated, *"I remember doing like literacy booster and numeracy boosters for kids that where behind but nothing about [SEN]"* (Deborah, Teacher in an SEMH setting, Interview two, line 547-548). To me, this sets a precedence for potential teachers and demonstrates what their role as a teacher will or should look like. The exclusion of special educational needs (SEN) within the curriculum of teacher training courses would perhaps not be providing future teachers with the awareness and understanding of how to successfully support children with additional needs within an inclusive classroom. I believe that it would not be unreasonable to suggest that the exclusion of SEN within teacher training courses may have a connection to the practice of excluding children due to behavioural concerns that are often accompanied with a diagnosis of ADHD.

This implied that a contributing factor that informs the construct of ADHD is the prominence of behaviourist ideals and the insignificant time dedicated to awareness and understanding of SEN in teacher training.

External Factors that inform the construct of and response to ADHD

This theme, represents a significant aspect of the transcripts. Within this theme, I have collated the influential factors that appear to have contributed towards the participants constructs of ADHD; for example, school policies (e.g., behaviour policy) and knowledge from external professionals.

The discussion regarding behaviour policies was initiated by Deborah (the SENCo within a specialist provision). I thought this was an interesting addition to the research because it highlighted different approaches within policies that appear to be informative in terms of what is acceptable and unacceptable within settings and procedures for responding to behaviours. Deborah recalled an experience of a discussion about behaviour policies at a Head Teacher meeting in which an adverse comment was made, *"...well your kids get away with everything don't they"* (Deborah, Teacher in an SEMH setting. Interview two, line 305). To me, this reflected a sense of negativity towards the approach of the specialist provision, with no understanding of the relational approaches that informs their policy. There was an acknowledgement at this meeting that the reason for detentions and exclusions included not having the top button done or shirt tucked in. But what surprised me was that this increase of detentions and exclusions was rationalised because it meant that they were upholding the school policies and therefore exclusions appeared justified. However, Deborah presented a valid point and questioned the link, of lack thereof, between a top button or untucked shirt, and a child's education or ability to learn. Deborah described some mainstream behaviour policies as:

> *"... all about control, assimilation, everyone being the [air quotation marks] norm where in our school it's about an ethos of respect, a culture of - we all know we're different and we all know we have our issues, but we also respect and will support each other".* (Deborah, Teacher in an SEMH setting. Interview two, line 315-318).

Considering this viewpoint, I was drawn to the notion that conformity to certain rules and expectations are causing additional barriers for a child being able to access education. Yet even more interesting is the idea that some teachers and/or professionals are justifying this and

consider this to be the better approach. To me, this implies that this is one way of upholding a power dynamic within schools between pupils and teachers. It seems that the *respect* that teachers are expecting from pupils is not being reciprocated in terms of management of pupils in school. This overly controlling policy can hinder relationship building between teachers and pupil, which in turn is not helpful for either the pupil nor the teacher considering that these relationships are important factors in educational outcomes.

Another external factor I considered was the influence of other professionals. Emma and Janet discussed the involvement of other services which I associated with the concept of an expert model (Gergen, 2009). For example, Emma discussed teachers in the light of knowing their pupils better than external services or professionals and Janet placed a lot of value on the external role of an ADHD nurse, referring to it as *"a super role"* (Janet, Interview three, line 357).

> *"she is there, she is a presence in the school, she's brilliant so there's that connection now between the paediatricians and schools so you get this the strategies you get that connections that that improve communication so everybody knows what's working what's not working not and you can you've got a dialogue an she's she's you know her knowledge is very up to date"* (Janet, Interview three, line 342-346).

Considering Janet's views regarding the ADHD nurse, I believe that prescribing to the expert model and the title *ADHD nurse* had certain implications. I consider this to suggest that a nurse was there to fix something and the *problem* they are there to fix, as their title suggests, would be ADHD. From the perspective of a Trainee Educational Psychologist, I found this to be unhelpful because in my role I work with teachers and suggest alternative ways to consider and respond to behaviour. However, this becomes increasingly difficult when another service maintains the concept that ADHD is a problem that requires fixing, especially with their job title.

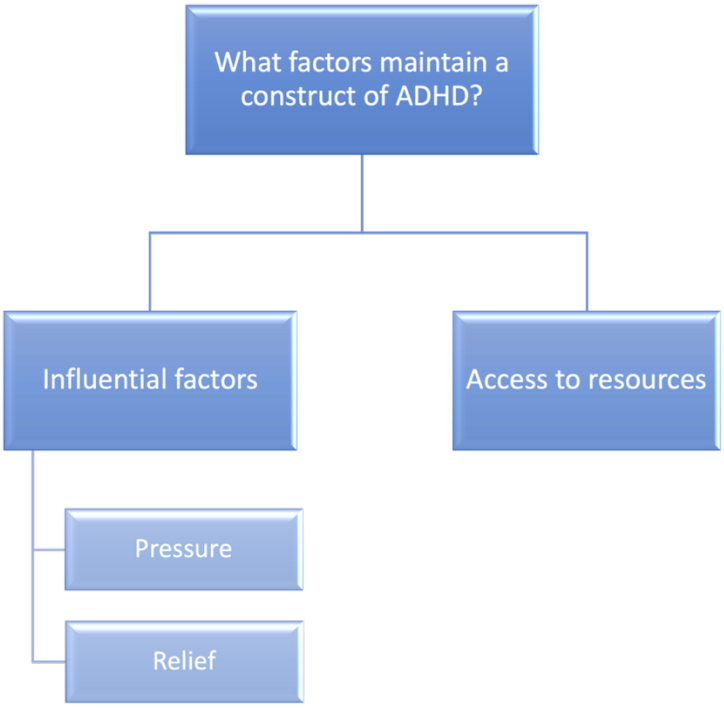
Janet highlighted another reason that she thought highly of the role of an ADHD nurse, *"she has offered to come out and support in other areas and to do reports because that was helping us get an education health and care plan…."* (Janet, Interview three, line 367-369). This seems to suggest that there is an increase in value associated with people or resources that can help a school secure an EHC plan. An ADHD nurse can have an influence on a teachers

construct of ADHD through a medicalisation and treatment model. After this interview took place, I reflected the role and title of an 'ADHD nurse' in comparison to the role and title of an 'Educational and Child Psychologist'. I considered that perhaps the former role is more easily accessible than the latter.

With the changing role of educational psychology since the days of Cyril Burt, the field of psychology and the role of the EP has changed and expanded dramatically (Leadbetter & Arnold, 2013). However, in my experience, there are still remanence of historical beliefs about the role of an EP amongst school staff and perhaps this it because they are not working within the field of psychology directly and their contact with EP's is limited. In comparison with an ADHD nurse, it would appear that their role could be more easily understood and provides a sense of certainty. In my current local authority, the ADHD nurse appears more available to schools than EP's, therefore, it is somewhat expected that the medical paradigm remains dominant.

Research Question 3: What factors maintain the construct of ADHD in schools?

The two themes comprised in relation to research question three are, '*Influential factors'* and *'Access to resources'*. These themes can be viewed in the thematic map below.



Influential factors

The theme, *influential factors,* represents the internal and external factors that I felt were important elements of the story in relation to research question three. Within the transcripts, I sensed that the teachers felt pressure as a result of the high expectations placed upon children's learning and education in this country. Another aspect that I was drawn to, was the sense of relief due to an ADHD discourse providing a framework for viewing behaviour.

Sub-theme: Pressure

Emma referred to OFSTED when discussing the pressure she felt to achieve and maintain a high standard in her school setting. I sensed a feeling of injustice when she acknowledged the socioeconomic differences that children experience. For example:

> *"there's no consideration for areas where people live, you know, like deprivation, and obviously the barrier from the wealthy side where children have a wider outlook on life and wider experiences" (*Emma, Interview one, line 399-401).

The pressure experienced to ensure all the children in a class achieve targets set by government standards, may increase the likelihood of teachers identifying difference and searching for reasons to explain why some find it difficult to meet these targets.

Deborah discussed the pressure she felt, however, it seemed she experienced this pressure differently. Deborah considered OFSTED to be moving away from placing a higher value on attainment data and towards a more balanced outlook on individual progress. This was evident when she said:

> *"...personal development has enough weight now as teaching and learning, and it's finally recognising that we're not just teaching kids to do maths, English, XYZ, we're teaching them to be young adults and citizens and to be able to contribute and be able to support one another".* (Deborah, Teacher in an SEMH setting. Interview two, line 505-508).

Reviewing this extract, I considered this to mean that the pressure to adhere to the governing body was still present, but she spoke positively of the latest OFSTED framework which appears to relieve some of that pressure to meet previous expectations related to attainment data. She then went on to say, "*luckily we seem to be in a position now where were*

moving away from, you know, summative assessments to prove progress." (Deborah, Teacher in an SEMH setting. Interview two, line 479-481).

This change seems to be an important shift for children who experience difficulties relating to social, emotional and mental health development, which according to the SEND code of practice (2015) includes a diagnosis of ADHD. This change may create a space in which teachers may not feel pressured to refer to the medical model to seek an understanding of why a child may be struggling to achieve the expected attainment.

Sub-theme: Relief

Mason (1993) suggests that it is human nature to search for certainty and strive to order things that appear chaotic. This was evident when Emma was discussing how she thought parents felt about their child's behaviour and the ADHD diagnosis:

> *"In a way it gives them an answer for behaviour….it might make them feel a little better, oh well they're misbehaving because they've got something wrong with them"* (Emma, Interview one, line 243-245).

Emma appeared to be implying that one of the maintaining factors of the ADHD construct is the belief that the behaviour of a child is a reflection of poor parenting. This concept has roots in societal views throughout history (Stormshak et al., 2000). The ADHD construct appears to provide a sense of relief and an understanding of behaviour, which subsequently reinforces the construct. I use the term 'understanding' here because the construct of ADHD offers answers for people and allows individuals to make sense of behaviour that is steeped in negative connotations. It is not referring to my own personal 'understanding' or view of behaviour or the diagnosis of ADHD.

Access to resources

The second theme I constructed from the transcripts was, *'Access to resources'*. This had a significant presence within all three transcripts. This theme represents the sense of connection, that I felt, between the ADHD construct and coveted resources within schools.

Emma discussed the educational health and care plan that can be provided for children who have been identified as having special educational needs. She said:

"*... it was going down that route [EHCP] so there was a lot of observations, recording of that to pass on so that we can start the ball rolling in getting them in the right…erm… well I suppose the right support really*". (Emma, Interview one, line 123-125).

It was the use of the words, *"...get them <u>in</u> the right…",* that seemed important to me and appeared to imply that *<u>school</u>* was going to be the word that followed. I considered this to mean that there is a belief or culture that promotes the idea that children experiencing behaviours that are often associated with ADHD belong in an alternative setting. This is also reflected in the number of children with SEN and/or experiencing persistent disruptive behaviours receiving fixed-term or permanent exclusions (Gov.uk, 2020). I sensed an underlying belief that a child experiencing these types of difficulties would have their needs met more appropriately in a specialist setting. Whether or not this is the case is, in my experience, the question that is often driving conversations. However I would argue that a more appropriate question should be, does this promote inclusion? Deborah stated:

"it's exclusive yeah absolutely, but they're not saying it that way. So, they're saying that it's all about inclusion and they think that it's discriminatory for children to not have access to mainstream education with their peers so by that, actually the argument is that special schools are in themselves exclusionary". (Deborah, Teacher in an SEMH setting. Interview two, line 242-245).

Similar to Emma, Janet said, *"we just don't have enough resources to make it completely bespoke"* (Janet, Interview three, line 390-391).

To me, this reflects the narrative that children experiencing behaviours associated with ADHD require resources and support that is beyond that which can be provided in a mainstream setting. However, I believe that this should imply that the environment needs to adapt, rather than suggesting that the child requires a different environment. Considering whether approaches and resources in specialist provisions can be emulated in a mainstream provision, Deborah said:

"...no, because they don't have the resources. If they were set up like we were then I would say yes but they're not. They would need, particularly up to Year 9, they would need those children on meds so they can conform to that classroom because mainstream is about them conforming to there. Whereas we are about person

centred approach, so we adapted to the child, whereas they expect the child to adapt to them." (Deborah, Teacher in an SEMH setting. Interview two, line 714-728).

Deborah has highlighted the different cultures and approaches to education within mainstream and specialist provision. It appears that resources and approaches, that are more often found within specialist provisions, are currently seen as out of reach for mainstream settings. This suggests one of the reasons that the ADHD construct is maintained, is to access resources or knowledge relating to alternative approaches that currently does not seem widely available in a mainstream setting. Reviewing the transcripts, it appears that this may be due to limited time, funding, or support in order to emulate approaches from specialist provisions.

Chapter summary

This chapter reflects on the experience and views of the three participants who took part in this research. When exploring dominant themes relating to ADHD, the main themes from my analytical interpretation included, poor academic outcomes associated with a diagnosis of ADHD, the impact of parenting on behaviour, social expectations of behaviour, and the medicalisation of behaviour. These themes represent stories associated with the concept of ADHD. The discussions relating to factors that contribute towards and maintain the construct of ADHD were fundamental for this research. These important discussions provided the space to critically explore these factors further and develop an understanding of why and how the ADHD construct continues to be prevalent in schools. These themes included, external factors that inform the construct of and response to ADHD (i.e., policies and other professionals), continual professional development, influential factors (i.e., pressure and relief), and access to resources. Using my research questions to guide this study, I would conclude that there appears to be limited access to understanding behaviour and ADHD through a relational lens and that a significant amount of value has been attached to the ADHD construct.

The next chapter will reflect on the existing literature explored in Chapter Two in relation to my research themes and discuss three key concepts that form part of the story that this research presents. Those concepts relate to the dichotomous nature of ADHD, rationalisation of exclusive practice and current barriers to considering behaviour through a relational lens.

Chapter Seven

Discussion

Chapter overview

Within this chapter, relevant literature from Chapter Two (Literature review) will be considered in relation to the key conclusions from this study.

This study was guided by three research questions; What are the dominant themes relating to ADHD?; What informs a construct of ADHD?; and What maintains a construct of ADHD?. The interview schedule was written with these questions in mind and aimed to elicit teachers understanding of ADHD through these questions. The themes constructed in order to address these questions were explored in the previous chapter.

The research themes in their entirety, provided valuable information relating to underpinning assumptions of ADHD from the perspective of three special educational needs co-ordinators with experience of working with and teaching children and young people with a diagnosis of ADHD. Even more importantly, these themes unpick some of the factors that inform understandings of ADHD and a rationale behind why categorisation of ADHD is maintained (i.e., what makes it seem beneficial or necessary in the school context).

Dichotomous nature of behaviour

Within my analytical interpretation of the transcripts, I identified dichotomous thinking embedded within the discourse. This is consistent with previous research in this field (Stanborough, 2020; Pérez-Álvarez, 2017; Kaschak, 2015; Oshio, 2012a; Oshio, 2012b). Participant one and three, *Emma* and *Janet,* reflected on the influence of parenting styles and choices but also discussed the use of medication. These two notions should be incongruent with each other. If parenting is thought of as a significant influencing factor for behaviour related to ADHD, then surely medicating the child would not be the appropriate response. The multifaceted complexity of human nature shone through during these discussed as each participant, to some extent, acknowledged that external factors have an impact on children's presenting behaviours; yet they also described ADHD as a difficulty that determines behaviours and/or actions, in which medication is then considered. There seems to be a compelling force to identify children's behaviour as *good* or *bad,* or even rationalise children's

behaviour by considering *behaviours as a choice* or *considering them to have a neurological explanation (ADHD).* However, Stanborough (2020) postulated that dichotomous thinking can stop people from being able to see and understand these complexities.

Another example of the limitations of dichotomous thinking was the idea that children demonstrating behaviours related to ADHD experience poor academic outcomes. All three participants reflected on their experiences of teaching and concluded that children demonstrating ADHD-type behaviours do not perform as well as children of a similar age in the core subjects. Therefore, resulting in poor academic outcomes, which have a significant impact on the opportunities they have in their further education and career. Yet interestingly, all three participants discussed areas of the curriculum that these children demonstrated strengths in. It seems to me that the dichotomous nature of ADHD assumptions may be an influencing factor in why children are not measured according to their individual strengths, and rather ranked alongside their same-aged peers. If children were not judged by the core subjects alone, then this dominant narrative of 'poor outcomes' would not have such a high standing and would provide space for more positive outcomes and experiences of success within the school structure.

A surprising element of this is that it seems individuals do not always hold a singular understanding of ADHD (i.e., it is a medical condition, or it is a result of social expectations; the behaviours are a result of parenting, or they are a result of schooling). Within this research, the participants incorporated views regarding ADHD-type behaviours that would appear to create a cognitive dissonance. It seems that draw on different influencing factors and/or explanations when considering this phenomenon. However, the dominant response, appears to overlook some of the views in favour of the medical paradigm and pharmaceutical response (Richards, 2012). The *normal/abnormal* framework used when considering children's behaviours, which is the epitome of dichotomous thinking, appears to be underpinning the narrative of ADHD.

Some researchers have expressed a preference for considering ADHD through a biopsychosocial-cultural model which challenges the dichotomous discourse (Pham, 2015; Salamanca, 2014; Richards, 2012). This framework stems from Engel's 1977 model of a similar name but also incorporates principles from Bronfenbrenner's ecological and later bio-ecological model (Bronfenbrenner and Ceci 1994). This model hypothesised "that lifespan development is shaped by multiple interacting systems that are bi-directional and reciprocal in

nature" (Pham, 2015, p55). This notion draws attention to the multifaceted and complex nature of individual development, therefore advocating the need for an increasingly holistic and relational view of an individual. The biopsychosocial-cultural model considers a diagnosis of ADHD as a consequence of social factors, genetic influence, experiences, and biological factors (Goldstein, 2012). Subsequently, the biopsychosocial-cultural model offers a more inclusion view of an individual and allows for the exploration and consideration of the interactive and relational nature of the individual and the experiences they encounter throughout their life (Salamanca, 2014).

Rationalisation of exclusive practice

The themes incorporating factors that inform and maintain the construct of ADHD presented a concerning notion within my analytical interpretation of the transcripts. I highlighted an element within my interpretation that I considered to be examples of exclusive-thinking and creates a narrative of rationalising exclusive practice. I drew on Billington's (2006) description of the impact of pathologisation when considering exclusive practice, which incorporates exclusion from social interactions, relationships, and opportunities, as opposed to the term commonly used the education system (i.e., *fixed-term and permanent exclusion)* which focuses on exclusion from the school environment.

Considering these two definitions collectively creates a wider understanding of exclusion and exclusive practice. Within this research, all three participants reflected on times when children have been physically excluded from a school setting; however, only *Deborah* explicitly acknowledged exclusive practices within school settings. I find it intriguing that exclusive practices are common within schools but appear to sit under a banner of *inclusion*. It seems the dominant understanding of inclusion remains associated with physical inclusion and omits the wider understanding of inclusion. The systemic structures of the education system (i.e., policies and procedures) do not always foster inclusive practices, as discussed by Deborah when considering school policies.

This is consistent with Billington's (2006) suggestion that categorising children and pathologising behaviour is a method of rationalising and defending the exclusion of certain children. It seems discussing children in this way and pathologising behaviours, is acting to rationalise practice that is in fact excluding children from social interactions, relationships, and opportunities as well as justifying exclusion from education settings. Two of the participants,

Emma and *Janet,* appear to discuss what I would interpret as exclusive practices. For example, they spoke about the need to conform and the behaviours leading to internal exclusions, losing playtime, reward time, etc. It appeared that these ideas are embedded within the school structure and teacher training courses. Perhaps it's the dominance of behaviourist approaches in schools that drives teachers to continue to respond to behaviour by aiming to ensure children conform to behaviours deemed more congruent with classroom order.

Within my experience, I have heard comments akin to; *the child's needs would be best met with specialist support; s/he was not coping so we called parents to come and pick her/him up.* Comments such as these, appear to provide an argument that the actions taken are <u>for</u> the child which underpins a rationale for methods that involve social and/or physical exclusion. However, underpinning connotations from my analytical interpretation of the transcripts suggest that there are other factors that may influence these decisions as seen in the themes relating to maintaining the construct of ADHD; *influential factors (pressure and relief)* and *access to resources.* The pressure from external agencies and limited resources as discussed in the previous chapter appear to act as underpinning drivers for maintaining exclusive practice that perhaps some individuals are not aware of.

American psychologist, Leon Festinger (1957), described this as 'cognitive dissonance'. He claimed that rationalisation is used to reduce the discomfort of holding two conflicting beliefs at the same time. As a result, individuals seek to justify decisions and actions through rationalisation, for example, a school embodying inclusive practice and also having a behaviour policy that includes pupil exclusion. The term 'exclusion as a last resort' has a clear rationalisation within it, 'as a last resort' implies the school has done everything they could to avoid exclusion which demonstrates an attempt at justifying exclusion. Harmon-Jones and Mills (2019) argued that rationalisation is a strategy that individuals use in order to adjust their stance and to support their decisions and actions. Therefore, the discomfort felt from cognitive dissonance will reduce. This could be seen in the discourse of the transcripts, and I have come across many more examples of this in my time as a Trainee Educational Psychologist consulting with a wide range of school staff.

Barriers to considering a relational approach to behaviour

The within-child view of behaviour and approaches to ADHD is prominent within the themes identified throughout this research. Despite socio-economic influences being

acknowledged as factors that impact behaviour, it appears that, the behaviourist approach remains the prime response and is embedded into the foundations of schooling and teaching (McNamee, 2019; Harold, 2017). There are many contributing factors that underpin and reinforce the behaviourist approach and the medicalisation of behaviour (e.g., ADHD nurse, behaviour specialists, etc.), which make it difficult to provide alternative points of view on the when working with schools. Within the role of an Educational Psychologist or Trainee Educational Psychologist, it is often the case that our time with school staff is limited and not often do we have access to wider school staff, usually restricted to contact with the school's SENCo. This, once again, limits the opportunities to, not only provide those alternative perspectives to wider school staff, but also to support school staff in understanding what an alternative perspective of behaviour means in their role and how to integrate alternative perspectives into their practice. There are a number of practices that are common and widely used within school settings, such as fixed-term and permanent exclusions, isolations, rewards and sanctions, and behavioural contracts. Considering an alternative perspective on these, for example exploring a relational approach to behaviour, would require time and support because the behaviourist approach is so engrained.

As mentioned in the literature, the behaviourist approach is not an effective way of understanding behaviour (Harold, 2017). However, from the discussions during the interviews and from my experiences as a Trainee Educational Psychologist working with schools, these methods are continually relied upon as the prime response to behaviour. What was surprising was that there is an understanding of the importance of relationships and an awareness of the many underpinning factors; however, it would seem that teachers are not provided the tools or time to consider alternative approaches. Timimi (2017) suggested that this leads to barriers to implementing and maintaining a change.

To make schools truly inclusive, I believe it would be important to find ways to examine successful methods and approaches within specialist provisions and transfer this knowledge into mainstream settings and teachers. This would make these successful approaches more accessible to the wider community and create a more inclusive environment rather than to perpetuating exclusive practice.

Chapter Eight

Conclusion and implications for EP practice

This final chapter reflects on the aims of the research and research limitations will be considered. Finally, the thesis will conclude with a discussion regarding how this research can be implemented in the practice of educational psychologists.

The review of relevant literature and my analytical interpretation of the research transcripts have explored the three research questions that I set out to consider:

- What are the dominant themes relating to ADHD?
- What informs a teachers construct of ADHD?
- What factors maintain a construct of ADHD?

By focusing on these questions, I was able to discuss important factors that underpin a construct of ADHD and the use of the diagnosis within a school context.

While reviewing the transcripts and developing the research themes, I was surprised by the concept of the rationalisation of exclusive practice. I believe that this concept may not be widely known by those using it. It is difficult to challenge or discuss something that has not been made explicit as it can often be hidden. This prompted me to return to my introduction chapter as it shone a new light on my earlier experiences working in early years. By exploring this idea, I was able to develop my own understanding of peoples constructs and the challenge in adjusting them. As this thesis is about the construct of ADHD, it was important to focus on exploring ADHD from individual perspectives because this influences how a person responds to children with a diagnosis of ADHD, how people talk about the child, and how people work with children who have received the diagnosis.

Throughout this thesis I have captured how three special educational needs co-ordinators with a teaching role have come to experience ADHD and how their experiences have constructed their understanding of ADHD and their response to it. Their awareness and keenness to be more relational is there but the system does not foster that new growth. I believe it is possible as this knowledge is out there within the workforce but perhaps support is required to collate and disseminate this knowledge more widely. It would be beneficial to search for

ways to integrate relational approaches in mainstream schools rather than excluding children and placing them in alternative settings. This exclusion limits social opportunities, future opportunities and more importantly, it allows a child to experience exclusion, rejection, broken down relationships and forces them to try to rebuild relationships and understand new boundaries and systems in a new setting. This is detrimental to the child and their experience of education. It prevents them from having the opportunity to share the same experiences as their peers and friends.

Reflecting on the social constructionist influence within the research

My appreciation for social constructionist ideals grew throughout the research and my understanding of this approach developed further. I was conscious that I wanted to have this approach reflected throughout each stage of this study. In doing this, I was able to continually reflect upon my own practice and discourse and I found that I was actively resisting more commonly known terminology that, in my opinion, would have diminished the integrity of the qualitative research I was striving for. The controversy of the validity of qualitative research as a science has been argued historically and I felt the ease at which it would have been to use quantitative terminology within the research almost unconsciously. Whereas maintaining this approach at the forefront of my mind allowed me to be fully aware of the decisions and language I used as this is important in creating and developing constructs.

By implementing social constructionist principles, I was able to communicate to the reader that this research is driven by my analytical interpretations of the experiences of the teachers involved in the research. Therefore, if another individual had instigated this research, with different knowledge, experience, and understanding, it is likely that it would have led to different analytical considerations (Freeman & Sullivan, 2019; Frost, 2011).

Limitations and considerations

Whilst writing this thesis, I considered whether teachers without a specialised role (i.e., SENCo) would have been an interesting addition to the story of the research. The majority of schools have one SENCo, whose role includes being aware of and having an additional understanding of additional needs. However, it would have been interesting to explore the views of teachers that do not have access to this addition information because it is not their specialist role or a requirement for their job. This would have provided additional teachers the opportunity to share their understanding and experience of ADHD and behaviour from the

perspective of teachers without a specialist role. Additionally, it would have been interesting to explore the views of a headteacher and/or senior leadership members of staff from the perspective of being able to influence and change policies and procedures regarding behaviour often associated with ADHD.

There are researchers (Howitt & Cramer, 2014; Frost, 2011) that would consider the lack of generalisation and transferability of this research as a limitation. However, I would not consider this a limitation but I do acknowledge that others may; therefore, it would be important to address it. Generalisation and transferability are principles of quantitive research which aims to use the results of small sample research projects to conclude ideas on a wider scale (Thomas, 2017). These are not principles of a qualitative piece of research and would not have a place within a social constructionist driven qualitative research project. Therefore, as addressed in in previous chapters, I considered criteria for good qualitative research to ensure that the research I carried out was trustworthy and rigorous (Yardley, 2017; 2006; Braun & Clark, 2006; Parker, 2004). Approaching the research and the writing of this thesis in this social constructionist way allowed me to have more consideration for my words and descriptions. This allowed me to truly think about the decisions I was making and the words that I used. I was aiming to remain authentically interpretivist throughout this process and this deliberate decision to use terminology that strays from that which is commonly used within research. I made the conscious decision not to use terminology such as *my research found…, the findings suggest…, the analysis found…,* or *themes emerged...* I did this because I wanted the thesis to reflect social constructionist ideas and immerse the reader in the interpretivist epistemology that underpinned this research.

Educational Psychologist practice

This thesis set out to further understand the construct of ADHD from the perspectives and experiences of a small number of teachers. In doing so, my research discussed the value that has been attached to this specific categorisation. Educational Psychologists are in a significant position, in which their role affords them the opportunity to advocate and promote inclusive practice within schools and bring awareness to arising issues that may challenge inclusion and inclusive practices. They have the scope to provide a service at an individual-level, group-level, or systemically offering support at a whole-school level. This increases the opportunities for Educational Psychologists to contribute, influence practice, and make positive change.

Reflecting on this study, I have considered how this research can have an impact and be utilised by Educational Psychologists (EP):

- EP's have significant links with schools and can utilise their unique position to disseminate their knowledge and understanding of ADHD, as well as influence the concepts that form to develop the construct of ADHD and how to respond to behaviour.

- Consultation is an effective tool that EP's use in their work. The local authority in which I completed my trainee placement, used consultation as their main service model. This provides the opportunity to implement change through discussion, promotes the sharing of different perspectives, and provides a space to empower people and develop our continuing understanding of children and young people's experiences.

- It is important to consider how we speak and write about children in our reports. Similar to other narratives told by individuals, an Educational Psychologist report provides a narrative about an individual based on psychological research and understanding. This is why it is important to consider our discourse carefully.

- There are many established services that are situated in and led by a medicalised paradigm (e.g., doctors, ADHD nurse, pharmaceutical companies). Psychologists have access to research and psychological-based theories that provide an alternative to the medicalised response to behaviour and ADHD. With the rigorous training that Educational Psychologist undertake and the capacity to work systemically, it is possible that the latest research and up to date alternative ideas relating to behaviour and ADHD can be disseminate though training opportunities.

Further study

During the semi-structured interview with *Deborah*, I was interested to hear about her experience of discussing behaviour policies with colleagues. I would be interested to explore the differences in behaviour policies across a range of schools (including both, behaviourist-informed and relational-informed policies) and examine what is expected by pupils and what is viewed as acceptable across the different settings. I would also be keen to explore how these expectations support or hinder the inclusion and progress of pupils.

Final reflections

Since my experience of working in early years as outlined in the introduction (Chapter One), I have wanted to carry out research in this area. I have completed many assignments in the acquisition of my three degrees; BA in Teaching, Learning and Mentoring; MA in Psychology, and Doctorate in Education and Child Psychology, and over the last decade, these degrees have provided the opportunity to develop my understanding of where my interests lie and to grow as a person and as a practising psychologist. However, until now I have never had the opportunity to carry out research that was driven entirely by my passion to contribute to research related to this area. I found the thesis process eye-opening and helped me to further understand my own ideologies. To me, this thesis not only serves as a requirement for the doctorate degree, but it also serves as a personal reminder of why I wanted to become an educational and child psychologist in the first place.

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Appendix i

Ethical approval letter

Downloaded: 31/01/2022
Approved: 20/05/2020

Kiera Howarth
Registration number: 180107430
School of Education
Programme: Doctor of Educational and Child Psychology

Dear Kiera

PROJECT TITLE: A critical study of a relational approach to ADHD; teacher's accounts
APPLICATION: Reference Number 034342

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 20/05/2020 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 034342 (form submission date: 15/05/2020); (expected project end date: 31/08/2021).
- Participant information sheet 1078427 version 5 (15/05/2020).
- Participant information sheet 1079432 version 1 (15/05/2020).
- Participant consent form 1079429 version 1 (15/05/2020).
- Participant consent form 1078429 version 2 (27/04/2020).

If during the course of the project you need to deviate significantly from the above-approved documentation please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

Anna Weighall
Ethics Administrator
School of Education

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.671066!/file/GRIPPolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

Appendix ii

Information sheet

The University Of Sheffield.

Information Sheet

A critical study of a relational approach to ADHD; Teacher's accounts

You are being invited to take part in a research project. Before deciding whether or not you wish to take part in the study, it is important for you to understand why the research is being carried out and what will be involved. Please take the time to read the following information carefully. Please contact me if you have any questions or would like further information. Thank you for your time.

The aims and purpose of the research

The research project aims to explore teachers' thoughts, ideas, and experiences of children who have been described as having ADHD. The study will focus on what ADHD looks like from the perspective of the teacher and what experiences add to a teachers understanding of ADHD.

The project intends to provide teachers with the opportunity to discuss their thoughts and experiences of teaching children who have been described as having ADHD; shedding light on where these stories come from and how these stories are influential. This information could potentially lead to further understanding of ADHD within the education system.

This research is to be carried out as part of the Doctor of Educational and Child Psychology course at The University of Sheffield. I am currently undergoing a training placement within the Educational Psychology Service in your local authority and will carry out the research within this service. This project may lead to the publication of a research paper. If you wish to participate in the study and the research is to be published upon completion, you will be contacted beforehand and asked whether you wish for your data to be included in the paper that would be published.

Why have you been chosen?

You have been invited to take part in this project to provide information about your experiences of teaching children who have been described as having ADHD and your knowledge of what ADHD looks like and impacts children in school to further our understanding of ADHD from a teacher's perspective.

What will you be asked to do?

The interview will be carried out using video calling technology 'Google Meet'. I will provide support with setting up the video calling technology that will be used. You will be asked to share your story, thoughts, ideas, and experiences of ADHD within your teaching practice. The interview will last up to an hour and will be arranged for a time that is convenient for you. The information you share will allow me to explore a teacher's perspective of children who present with behaviours that have been described as Attention Deficit Hyperactivity Disorder; such as hyperactive, impulsive, and inattentive.

The main topic to be discussed within the interview is;

- Your experience of a child who has been described as having ADHD.

Where will the interview be conducted?

Due to the current COVID-19 pandemic, teachers are working both in schools and from home. The interview will be conducted in a convenient confidential space. This may be a room in school or from a room in your home. If you are happy for the interview to be video recorded, please be mindful of the location and environment in which you choose for the interview to be carried out.

What will happen to the data collected?

As we are unable to conduct interviews face to face during this time, I would like to video record and transcribe the interview. The only people with access to the video recorded interview will be me, as the researcher and yourself, as the participant. The transcription of the interview will be anonymised and presented within the research. The interview will be video recorded as it will allow me to be fully present within the interview.

All recordings will be stored on a password protected google drive. The data will be analysed, and findings will be reported within a doctoral thesis. Data will be stored for a maximum of two years after the completion of the course, in which all data will then be destroyed (by August 2023).

How is confidentiality maintained?

All the information collected during this study will be kept strictly confidential. You will not be identifiable from the research; therefore, no names or school names will be used.

What happens if I change my mind?

At the beginning of the interview, you will be asked to think of a word at random to be an identification word. If you change your mind and wish to be withdrawn from the research project, you can contact myself with the identification word and this will enable me to locate and remove your data from the study. You will be free to withdraw at any time without needing to provide a reason. Contact details are below.

Contact details for further information

If you have any further questions, please email **Kiera Howarth** on the following email address:

Researcher:
Kiera Howarth
Trainee Educational and Child Psychologist
khowarth2@sheffield.ac.uk

Research supervisor:
Tom Billington
Professor of Educational and Child Psychology
t.billington@sheffield.ac.uk

School of Education, University of Sheffield, Edgar Allen House, 241 Glossop Rd, Sheffield S10 2GW

Thank you for your time.

Appendix iii

Consent form

The University Of Sheffield.

Participant Consent Form

Title of Project: A critical study of a relational approach to ADHD; teacher's accounts

Name of Researcher: Kiera Howarth, Trainee Educational Psychologist

Participant Identification word for this project: _____

Please initial boxes:

1. I confirm that I have read and understood the information sheet for the above project and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time. ☐
3. I understand that my participation will be anonymised throughout the project. ☐
4. I understand that the data collected will be included in a doctoral thesis as part fulfilment of the requirements for the Doctor of Education and Child Psychology degree. ☐
5. I am happy for the interview to be recorded using video recording technology. ☐
6. Upon the event that this research study leads to a publication of a research paper, I am happy for my anonymised data to be included in a research paper. ☐

_____	_____	_____
Name of participant	Date	Signature

_____	_____	_____
Researcher	Date	Signature

Appendix iv

Interview schedule discussion points

- **Can we start with a little bit of information about yourself as a teacher? What's your role in school, how long have you been teaching for?**

- **How would you describe ADHD?**

- **Can you talk more about your experience of ADHD?**
  How have these experiences shaped your practice? What did you learn from these experiences? Can you think of something in particular that you've learned from these experiences that has gone on to shape practice/you've then used/ implemented that next time you had an experience?

- **Can you talk a little bit about how you've built or added to your knowledge of ADHD?**
  Where would you say your understanding of ADHD has come from? Can you think of anything else that you think could have influenced your understanding of ADHD?

- **Have you ever come across a time when your understanding of ADHD was challenged?** For example, it could be when you've met a child and thought that the diagnosis didn't quite fit. Or have you ever come across a time when people were talking about a child saying they may be ADHD or are ADHD and you've thought differently?

- **I'm also interested to hear your thoughts around the diagnosis of ADHD and what that means?**
  How important do you think receiving a diagnosis of ADHD is?
  Why do you think receiving the diagnosis is important?
  Who's it important for?
    - How important is it to the child?
    - How important is it to the teacher?
    - How important is it to the school?
    - How important is it to the families?
    - How important is it in the wider community? That an individual has the diagnosis
- **In your experience, have you come across any negative effects of somebody receiving a diagnosis?**

- **Have you found that the diagnosis influenced you or the way you approach something or how you interact with a child?**

Appendix v

Interview one transcript (verbatim)

Interviewer: *Kiera*
Interviewee: *Emma (this is a pseudonym)*

Kiera: There we go. It should be recording now. So could you say the identification word just for the recording for me?

Emma: Michael

Kiera: Fab. And can we start with just a little bit of information about yourself as a teacher, what's your role in school and how long you have been teaching for?

Emma: Well I've been teaching for 14 ye.. this'll be my 14th year coming up. I was late getting into…erm… teaching. I'd always wanted to do it from when I was about 14 15.

Kiera: hmm

Emma: Ermm but when I came to doing my GCSE's, I didn't do as well. Although I was predicted to do well, I just don't do very well at exams. I go to pieces. Emm and then when I had my children, I used to go in and help out erm at school and then one of the teachers there said to me, you know, do you want to go into teaching? You should do it. Anyway I took, sort of like, some gentle steps and then eventually I plunged into it. Emm and here I am, I've been at the same school, [change of tone-almost laughing] I won't leave that school. And ermm there's high and lows obviously and erm I've had a number of children who have come…oh gosh, just bare with me for a moment there's somebody at my door. Are you okay to hold on for a moment

Kiera: Don't worry about it. That's fine.

Emma: one tick

Kiera: Yep

Emma: sorry. My son's friends just turned up. [laughing] They can't even come in now can they with this.

Kiera: ahh.

Emma: So… yeah ermm I've had a number of children come through. I used to teach in reception. That's where I started. Ermm I've taught year one, year three, year four, and year six for a year for just for one day. Erm so there's been a number of …erm… children. I've got erm…one child at the moment with ADHD, erm… one child whose considered autistic with some ADHD elements there. Erm and last year for the duration of the school term that we had…

Kiera: hmm [nodding]

Emma: …we had erm there were three children with ADHD and one … being diagnosed as ADHD so that was a bit of an erm a challenging year shall we say or challenging time. Erm but obviously it all finished in March [*due to school lockdowns/COVID19*] so…

Kiera: yeah…

Emma: … [laughing] that's a little bit about me.

Kiera: So last year, it was from September to March wasn't it, so you had three children did you say. One of them had a diagnosis and two of them where…

Emma: no, three of them where ADHD and one was being diagnosed … with ADHD.

Kiera: Right, a fourth one?

Emma: yeah, a fourth, yeah

Kiera: ah right okay.

Kiera: Do you know if… if that person's been diagnosed now or is it …

Emma: as far as I know, not yet, because of obviously everything that's happened [meaning COVID] so I think the process was still in place. I know just before… just at July I think it

was, there was a message from our SENCo saying that erm things were still in place and could she have a bit of a report about this child. Erm so no it's still in the process.

Kiera: Yeah, but that must be a challenging year then having that many children the one class

Emma: [nodding]

Kiera: Yeah I can imagine. So if we…I was…hold on a moment my computer seems to have froze a little bit.

Kiera: So yeah if I asked you for a little bit of an association question really. So what kind of words would you associate with…erm the term ADHD?

Emma: erm in what way do you mean? Erm..just my general perception of ADHD?

Kiera: Yeah erm… maybe what words would you use to describe ADHD or talk about ADHD?

Emma: erm challenging err difficult disruptive, yeah err theres a lot of negative words isn't there but also quite rewarding as well, erm… yeah [giggle]. I think also lack of friendship erm… for some of those children.

Kiera: ah right, that's interesting what would you say is kind of contribu… might contribute to that lack of friendship?

Emma: erm trust issues, friendship issues, they…[paused]

...can't relate to people I suppose, other people can't understand erm why they can sometimes be disruptive and noisy and misbehaving. Erm and sometimes they don't want to be associated with the children who display those particular attitudes and behaviours. So that can be difficult. So I know particularly last year there were a lot of social work being done trying to get children into groups, you know working groups, and but also some of those children… erm found it very difficult to… erm… to be with others. They didn't like that closeness, they didn't like... they preferred to be on their own.

Kiera: hmm [nodding]

Emma: and erm… I think some of it you know could be learned behaviour as well because erm, I suppose in a lot of ways they've been isolated from things and maybe families don't

understand and they've been pushed to one side, especially if they've got siblings, so there's been some difficulties.

Emma: Yeah so er erm you think that… you mentioned learned behaviour, so you think that's kind of a erm a wider thing maybe, how other people treated the child has taught them to maybe to isolate themselves or to act a different way?

Emma: yeah I'd say probably, to act a different way and I think, it's like attention seeking for a lot of the children I've come across, erm… because either they, you know for one reason or another, that they may not get the right attention outside of the school environment. Erm or, which, you know, they get the attention but it's always negative. Maybe being told off over things and just …er consistently being shouted at and erm I think that that has been very difficult. Any attention is better than no attention for some children so they will act just to cause some reaction from somebody whoever that might be, whether it's a peer or another adult erm a parent erm yeah so a lot of tension in there.

Kiera: right okay. So you've told me a little bit about your experience of ADHD last year and some of the children that you taught… erm and some of the words that you'd use to describe ADHD, erm how about, I was wondering how it makes you feel? Erm because I know you've said things like erm it can be… as a teacher, from a teachers point of view, it can be challenging, erm there could be disruptions in the class and things like that… how does it make you feel when you've got a child with ADHD in your classroom?

[screen froze for a few seconds]

[checked that the participant heard the last question and was happy to continue]

Emma: erm it can be quite frustrating, you know, when you are giving out the instructions and delivering your lesson, erm your either having to repeat it consistently which is then…erm the other children are then getting a little bit frustrated and want to move on but you've got to repeat and instruction or you've got to try and draw a child to focus so that their engaging in what you're saying so that they can go off and do their task erm and… a lot of the time you find that you are over running with lessons, and you know, you are on a schedule to try and get things done and it is sort of like…often a case of saying 'just hold on I'll come to you in a moment, lets get the other children done' and then you'll go off to try and re-explain and you know re-… go through again and support that child and then you've

got to break away because some of the other children need support because they may have missed something and lost their train of thought through the disruption that you've had… which you know, probably a lot of the times isn't erm… done deliberately, it's just because, I suppose, their condition.

Kiera: right, yep, okay so it can be very frustrating in the classroom with all the kind of- it's almost…erm the impact of a child with that condition being in your class, you know, you are thinking about the impact on the rest of the class as well and how…the routine of the class maybe… how your lesson goes and thing like that

Emma: hmm, like if you've got…erm you can't obviously, can't always teach to the particular skills and talents erm but when you do get lessons that they thrive in you see a completely different child [laugh] and then on the reverse side of that you've got somebody, another child in the classroom who's got no interest in that particular topic who then starts to misbehave because they're not interested so there's a lot of swings and roundabouts with it all so and it, teaching in general is a challenge and erm… it…its trying to find… it's trying to find a balance for everybody which, you know, isn't always possible.

Kiera: no, it's difficult when you know, 30 children in a class, all kind of individual and different, they can have many needs within the 30 couldn't they really.

Emma: …and last year's class it was 31 and the one that arrived a little bit later was somebody with ADHD. Whereas we started off with three erm two… we then got a third and obviously this fourth child displaying the sypmto... [participant stopped mid-word and made an adjustment] …not symptoms, displaying behaviour patterns of erm of erm…a hyperactive disorder. So it was going down that route so there was a lot of observations, recording of that to pass on so that we can start the ball rolling in getting them in the right…erm well I suppose the right support really

Kiera: yeah, yeah, I suppose it's a lot about evidence building isn't it when it comes to that kind of… erm medical/doctor process of receiving a diagnosis so that puts a lot of- I suppose a lot of responsibility of those in school..er to gather that evidence. Erm you mentioned about erm lessons that you sometimes find that children like this would thrive in, that they absolutely love, that other children maybe don't like as much erm…what-… have you noticed what kind of lessons they would thrive in?

Emma: there obviously...the non-…erm what are called, I forget what we call them now – the foundation subjects so not the core curriculum ones so art, music, sometimes the- well one particular boy a couple of years ago was just absolutely enthralled in geography and you know just- in fact- I could have stood him in front of the class to teach because he had such a wide knowledge and he was able to explain it a lot more clearly to the children than sometimes I could get across and that was a really buzz for him because id say during some sessions erm 'right come on, you show me and tell everybody all about this particular aspect' and he was a very nervous child, a very quiet child and didn't like to speak in front of people so you had to pick your moment for- he know it, but wouldn't always necessarily stand up in front of somebody. Here was a child who had very significant difficulties as well as the ADHD erm but in school showed no sign of any hyperactivity at all- any disruption at all at school but they were all displayed at home. So it was a lot of conversations with parents erm… but for him, he left last year and hopefully he will be able to go through high school find but he could go down that route where he was- he did have some strong skills in. erm and one of the children last year was extremely good with music so we use to get her to share- they'd been learning the recorder- some of the little songs that they were practicing at home because she could do it. She could turn round and say I can't do it, I don't get it and as soon as she said that, that was her turn off and no amount of saying 'yes you can you can try it' she just refused to erm even attempt to try anything. If she saw a word on the board 'no I'm not doing it' English Maths 'not doing it' timetables 'not doing it I can't do it' and that way, you've come up against a brick wall and no amount of persuasion or coercion can often get through that so. Again it's one of those challenges. It would be lovely to do music everyday [laughing]…

Kiera: Yeah [laughing]

Emma: …and art everyday but unfortunately you can't [laughing]

Kiera: …and I suppose that's kind of the way the national curriculum is set up, it's that we do have those core subjects that need to be taught can be difficult. It's that kind of erm that focus on…

…core subjects that- like you said- would prefer the foundation stages- erm foundation subjects. Erm so what- we've spoke about your experience just before, which will obviously have led to the picture that you've build of ADHD and what…

..ADHD means to you. Is it that anything else has influenced that kind of- that picture of what ADHD means to you?

Emma: erm I know for one particular child last year, there was a lot of family erm parental issues. One person last year had a sibling who was in a special school so a lot of the behaviours that I saw looking through the details from the sibling which it was only details that you know the parents had shared with school obviously nothing confidential. Erm a lot of the things that we were being told at school were happening at home and not being displayed in school and you know one of the parents was particularly forceful in saying we're not giving that child what they need and they're coming home and saying they don't understand, they are not supported, erm they are just being left on their own, they have no one to talk to, when that's never been the case and erm like obviously you can't be with them …erm didn't always have a TA in class and you can't be with one child consistently. Erm but things that we were being told this child suffered from, you know like, had to deal with at home, was not being shown in school so that's a difficult situation to try and get across to parents as well saying well 'it may be happening at home but my area is making sure that child is safe and is happy and is engaged as much as can be and is doing what they can do erm at the level that they can achieve the objective I've set for them' and if they're doing it and fine, I've achieve my task, they've achieved their task, they're happy, they're going out at play time and they're quite happy chatting to their friends, they're not sitting in and struggling on their own and pulling themselves away- this particular child anyway- …

Kiera: hmm [nodding]

Emma: …So I do think parent's perception as well of what's expected for if they have a diagnosis of this. I think you know, personally, I think a lot of parents expect that well my child got this diagnosis, they have one to one support and that's it and that person is going to be with them and they're going to teach them erm and they're not gonna be with anybody

else and that seems to be happening more and more as funding seems to have been cut back and is very tight erm parents are fighting for- they're being told 'yeah you've got this diagnosis' but in actual fact things aren't improving in the way of support for erm the children that they have an idea if it will- if that makes sense to you…

Kiera: Yeah, so it sounds like erm the parents… erm perception of the diagnosis or the parents expectations of what comes with the diagnosis is in fact… might be different than what happens in the actual setting or what happens in reality…

Emma: Yeah, I think in a mainstream school as well, that is very difficult because we are teaching to the majority and you've got those on the outside, whether they are you know- the gifted and talented and all those with special educational needs you are reaching them at whatever level you can get just trying to balance things as best you can for all and hope that erm at some point, you know, they will make progress. At the end of the day that is what the child is trying to make- progress at the level that they can, obviously if you can get more than expected progress for that particular child then that's great because they'll have achieved more than what was initially… erm envisioned for them. Also it's the gaps in there learning sort of like where and when where they initially erm identified and what steps are being put into place for them. Erm and lots of these things come you know, I know we've seen in the past that when they've had private provision say for example at a nursery, but not attached to a school, that's just like a private nursery there seems like there's a lot that doesn't get noticed and past up when they're coming through the mainstream education system that things are being identified so it's, I suppose it's age as well with the children with the stages of development but then when their gaps are being identified, how well are they being plugged, are they being filled, in what time scale can they be done. Erm we know that the government have said now that intervention for these children is obviously the you know the teachers are the first and foremost one and any other waves need to be put in. They can't be taken out of English- erm sorry- they can't be taken out of French to go and do more English or Maths, the support has to be put into the subject that they're being taught. So that is also a bit of a challenge if there are huge gaps where can you fill them. We ask for parental support but then you know some parents turn round and say 'I've not been able to do anything…they've refused to do things at home' you're caught between a piler and a hard place in a way erm… and that child, sort of, is fighting in a way… not quite a losing battle but they're stuck because they can't be helped at home and there's very little extra that you can do for them at

school. Erm so yeah you know it is a difficult position for them and I suppose that's why some behaviours can… escalate with some of the children not all but some can escalate.

Kiera: yeah, right, so I- some of what you were saying then I was picking up on that- the idea of erm the importance of that early identification for the child's outcome, you know what I mean, later on and you mentioned private provisions I suppose there's different pressures isn't there from or not pressures sorry …erm… you might receive more information about a child from a different provision than you would from somewhere else so there are different…erm….I don't want to say different standards is there…it's more like… im trying to think what the word is…

Emma: …it's different expectations…

Kiera: It is, its different expectations from different places and other peoples knowledge as well, the knowledge within different settings that could help that child earlier, like you said, identify things earlier so the earlier things can get identified the earlier those gaps can be plugged like you mentioned before. So similarly on the same lines… I was wondering what you think the importance of the diagnosis of ADHD would be to erm… well if we start with the family because you mentioned the family just a minute ago you know the different expectations that families might have, how important you think the diagnosis of ADHD is to families or parents?

Emma: In a way it gives them an answer for behaviour which you know I suppose it might make them feel a little better oh well they're misbehaving because they've got something wrong with them… erm well when I say wrong that's probably what a parent would say that's why they misbehave because they've got a condition that causes them to do it and I don't know I suppose I'm a bit old fashioned and think well you know I think if you managed situations, if parents could learn to manage situations a little bit better then their difficulties might not be as pronounced as what they seem to be erm you know children are very good at playing one against another they you know they watch and they learn themselves and they see what can irritate and aggravate and they paid for that as well so having firm boundaries seems to- it seems to work quite well with some of the children that I've had going through the school because if you say no you mean no and it's not… well you've been told not to do it and then it's like a reward that it's I'm going to tell you again if you do it again if you do it and it could go on about 10 11 times before anything happens whereas once or twice it's sort

of like a warning if you haven't done what I've expected you to do then there's a consequence to this and it's done right away and it's dealt with right away and then it's brought back that come on let's get back in that's forgotten let's move on and I think erm that sometimes hard for parents because I suppose at home it's different it's a more difficult situation whereas in school I think you could follow those through a lot more because we do have certain rules and regulations within the school that are set and set in stone and erm…So what you think that that makes things a little bit easier I'm not saying that the children are going to stop shouting out and I'm not gonna say that you're going to get children to engage and watch and listen some children do have to tap to some children to have to fiddle with things some children do have to make noises but it's trying to control that in a way and then explain that again when they say 'I told him that they're going to lose their Xbox for a week' but that's not really addressing a problem it needs to be a short sharp erm response that they can see so that there's a warning a consequence and then move on. And it's that bit there that I think some parents can find it difficult to follow through. I've done it myself as a parent you know- one of my children misbehaved like that's it you know… I'm cutting the plug off your Xbox bloody blah and you're not getting it back and then I found that you know two weeks down the line I'm thinking I'm gonna have to buy a new one because I can't fix the plug. So it's I suppose it's like education everybody knows teachers still need to be educated depending on the particular child that you've got because not one ADHD child is the same, you know they're all different, they're all different difficulties, different challenges, and the different qualities and talents there and it's trying to address them very very early on in your meeting with that child and relating that back to the parents and not always being negative with the parents and saying you know they have had a fantastic day and doing this and been able to show that so it's getting them to reward and getting them to do that activity at home when things are a little bit more difficult…okay stop your spellings for ten minutes and draw a picture, you know, and trying to get them to work that way so that they are still learning but just doing it in a different way. Erm and I know, I know some families in particular that have had some siblings when they've been in special schools erm I think they've expected that same one to one or small group work to be done with that child and the ADH[D] child is seeing how they- shall I say for a better word- kickoff and get what they want and then this child's thinking well then I'll kickoff and I'll get what I want and then I suppose you end up in a circle or a spiral that then starts to go out of control, you're back to square one with the next day and you've got to start again in school with getting them settled and talking through their emotions and then engaging them, getting them on your side and say 'right come on

let's start again todays a new day lets go' giving them the expectations, you know, this is what I want to happen erm… how are we gonna get through it together erm who's gonna help you to do this and try your best to do that.

Kiera: Yeah, so school then do you- or the teachers- how important do you think it is for the diagno- for a child to have a diagnosis of ADHD? Erm compared to maybe a child who is displaying behaviours that are characteristics like hyperactivity and impulsivity and things like that, how important do you think it is for the teacher, that a child actually has a diagnosis, do you think it makes a difference or…

Emma: …well I don't think it should, I think every child should be treated as an individual erm you know you try and group…I know in our school we don't have top middles and bottoms, we mix the children so that they are being supported by their peers so erm… I really don't think that we should be sort of pressured in a way as to treat that child any differently because at the end of the day they're a child in a mainstream school in a- I've got year 4 at the moment- in a year 4 class, this…we have to teach them and this is how I'm going to get there, I might have to put something else in erm so no I just feel as if sometimes it's an excuse that 'oh well they're not gonna be that because they're ADHD' and I don't think that's fair. Erm I don't want to treat any child any differently I want to treat them all together I want to get them all the opportunities, I want them all to have, you know, they can't all stand up share their work but they can take turns in doing that. So no I don't believe an ADHD diagnosis is very beneficial to me personally, other teachers may think differently. Erm sometimes I think it's more of a erm a detriment in a way, particularly to me last year, to think 'oh gosh three plus another on the way oh my goodness me'. You automatically think it's going to be negative instead of thinking 'right I've got 31 children, what am I going to do, this is what I'm going to do, right lets get on with it'. Erm and I feel sometimes that you are stopped from doing the flow that you want to do with your class erm because they're people looking over your shoulder, 'well why haven't you done this a different way for that child' erm so I suppose in a way I'm negative over people having a particular diagnosis and don't think it does… erm any good.

Kiera: hm yeah …

Emma: … 'oh well they're like that because they've got this', I don't think that should be the case at all.

Kiera: Right, so you think it can sometimes give people preconceptions about what a child should be like…

Emma: …Yeah…

Kiera: … or you know, it changes the expectations of what someone might expect of you because you're the teacher of a few children with ADHD and things like that…

Emma: …yeah and particularly for the boy I was talking about before who flew at geography erm… people before- in classes before- 'awful, won't do anything, doesn't do this, doesn't do…' so when I had him I was like 'oh he's not gonna do anything' sort of like, you're picking your battles as how to go about it and actually, I didn't have a problem with him, and yet I'd gone thinking 'I'm gonna have a challenge here' sometimes I would but no more than I would with a child without a diagnosis. But it was no- they were no different, he was no different to any other child in my class…in…on a daily basis. You know some of the better behaved children would cause fights at playtime- he wouldn't, but he would go home and do that outside of school. He followed the rules within school and I couldn't have asked for a better student really because he did everything I wanted him to do and when other people come in and when I had student teachers, like obviously having to show them- so one time I held back on saying that he had a diagnosis and I think for about half a term, so about a quarter of a term erm and I said to them 'what is your opinion of this child?' and they said 'he's fine, nothing' 'oh well that child's got a diagnosis of ADHD plus this that and the other' they were like 'I wouldn't have known' and I think that, you know, that changed that students perception on how he dealt with him afterwards. I think that was wrong because although it wasn't a significant difference, he was more babying him then to try and make sure that he didn't upset him in case he exploded within the classroom and we weren't seeing that explosion in the classroom so I think, you know, you do get these ideas and think 'oh well if I don't tread nicely or if I say the wrong thing to them they could explode' whereas I think as a teacher you just have to go with your gut instinct and go in and deliver your lessons and deal with situations at it happens then…

Kiera: Yeah I think that's really interesting that it changed the behaviour of someone else. Did you say it was a student teacher?

Emma: …Yeah [nodding]

Kiera: yeah that's really interesting that you could see a change in their behaviour or the way they taught, maybe, the way that they approached the child because of just the idea that they now know that there is a diagnosis whereas thinking about it, it was the same child as it was before erm but obviously now the student teacher now had more information as to now he has a diagnosis of ADHD it changed his behaviour, so yeah I think that's a really interesting and important kind of reflection that you've had there in your class…

Emma: …I think as well…because there was an incidence as well that…a lot of children not just within our school but within the area all seemed to be put on medication, to calm these children down and I'm thinking…like one child who'd been in my class was given medication and there was no way, you know, there was no way, he was diagnosed with ADHD and that child was no way, in any way shape or form, at home, at school – hyperactive erm in fact he was the other way [laughing] it was like you have to encourage him to do things to speak to erm and sometimes I think you know, parents, if they push too much…erm I'm not saying that the doctors will just give in, I'm not saying that in anyway but I felt, and about that particular year- about five years ago I think it was- erm it was almost like 'just shut everybody up and this'll quieten the children down'. Whereas it did have a detrimental effect on the child in question and they were about a year maybe nine months into it, was taken off that medication and that child fortunately was fine from it. But I just think 'why, why do doctors just give them medication to erm quieten them down and steady them' isn't there another road or route that you can go through because erm if they've got attention difficulties, you know, how can we engage them, what else can we do for that- so…look I'm not a medical professional at all, I've got no idea on that side but it is a challenge in school and we don't want to have docile people come in who are just gonna be 'yes miss no miss okay miss' because that's not people in general anyway…yeah sorry I went a bit off book there didn't I [laughing]

Kiera: no that's fine because that's erm really important kind of topic when talking about ADHD really, is about medication and you know the experiences of children on it and that's quite a large debate isn't it really whether or not medication is the right thing for children and whether or not it's it's the right thing for the individual child you know like you said it works it might work for some you know but not everyone but then it could become a concern that in order to find out whether it's going to work for that child you have to put them through it so you know you have to give it to them it could possibly change their behaviours it might have

a detrimental effect and then they have to come off it and you know that could be months of disruption within that child's life or you know within, whatever the medications doing to the child so yeah it's it's definitely a kind of an ongoing debate is now well the idea of medication and it sounded like you would when you were talking then that you that you were talking about kind of an alternative or wanting an alternative to the medication you know what else can we do to support the child because like you said that specific child wasn't hyperactive but was given medication um so is there an alternative to support that child with his attention rather than having to give him medication so I think that's um you know an important kind of thread to follow really is that can we seek out alternatives to medication maybe that's not to say that medication is always wrong or always right but you know it's great to have an alternative.

Emma: and I do think, as a teacher and you've got these expectations that children have got to achieve all these targets I think you know you're under pressure you've got to get that because obviously if you don't perform in that way then you're in just relative you know you job so the government expectations are extremely high and I suppose the job reflect in areas as well there's no consideration for areas where people live you know like deprivation and and obviously the the barrier from the wealthy side where children have a wider outlook on on life and wider experiences like some of our children have never been on a train cause there's no train track by us there's no rail line and you know they they probably don't ever go on a bus if the lucky though they might have a car but if the you know unlucky they'll have to walk everyone saying they're not unlucky it's it's good fitness then. But you know I know you should all be treated, well I've probably contradicted what I said, everybody should be treated the same given the same opportunities but then things from wealthier, children from wealthier areas and affluent affluence will achieve these probably more easily than somebody who's got so many struggles and I don't think that's taken into account through government expectations, obviously school would know what those children are like and if they're making progress then that's the best that we can hope for if they don't achieve it, they don't achieve the year 4 targets at the end of this year then that's impacting on the Year 5 and then obviously it will impact on year 6 so it's what every year group that they're not achieving their targets, it's a bigger hurdle for them it's turning the children off and the children are thinking well I didn't get it when I was in year 2 and I'm never going to get there. So is this type of education the right education for them you know what should we be giving them life skills where, is it really important to know algebra? are they ever going to use it?, do you

understand what I mean is it absolutely necessary for them to speak French if they can't speak English. You know if they don't know the phonemes what's the point in teaching them another language if they can't read and you've got that battle we're told to do it, we've got to do it, we try our best to do it but at the end of the day you weighing up what is actually important for that child to know and to achieve at the end of this year so yeah. Sorry I'm just on one.

Kiera: No it's all it's all really relevant because there's there's a lot of research that that discusses what education used to be and what education and school kind of was built for and you know it was that kind of to help guide children to become, you know, to go out in society and give them all the skills they need in order to go out in the community and things like that and then I think, like you said, the pressures from government or outside pressures that children should know a certain thing by a certain time and and then there's a lot of maybe judgement on, you know, school data and teacher performance and you know there's a there's a lot of different pressures involved that that mean that, you know, you might have to, like you said, teach French to a child who can't speak English. Even though you know, you know, is it really the right thing to do right now, does the child need help to learn English more than to speak French. So it is really relevant relevant point to the topic. I think I think, I've got two, we've probably addressed this throughout the previous questions and things to some extent but I've got just two final questions that are very similar and once again it's kind of it's about the label of ADHD. So the first one is do you think the label ADHD is important <u>to</u> the child and then the second one is do you think the label ADHD is important <u>for</u> the child. So in terms of the first one, I know you've mentioned that you don't believe it should be important, but do you think that the label of ADHD is important to a child?

Emma: well it baffles me why, this happened when I think I was about four or five years into teaching and I was… I became the PE coordinator and I had to take a group of children after school, it was an after school club, and I had to do the key stage two and one child had just gone into key stage two so they got into year three and we were doing some some games with hockey sticks in the Hall and I'd said to him "now you need to listen so that you know how to hold this and what we're going to do" and he just put the hockey stick down and put his hands up in the air and he said to me "I can't listen I'm ADHD" and started turning around in circles. I stopped and my jaw must have dropped, and I said to him "no you're in school, you have agreed to come to this game, this activity, you're doing it with me "but I've got ADHD"

and I said “well I've got spots so get on with it” and I thought just why why would he turn round and say that to me. And I just think, this is why I'm thinking like why why are parents pushing for these because what effect is it having on the child and for him, anything that he didn't want to do “but I'm not doing it because I've got ADHD”. I've seen that a lot more now because a lot more children are being diagnosed with different… autism… you know, they're like “well I can't do because I'm autistic… I can't do this because I'm ADHD” and I'm thinking “well but you can, you know, you've got arms and legs and you've got ears, you can you can do everything, you might not be an expert at it, I'm not an expert at it but you can do it”. So I don't think children should be defined by the diagnosis that they've been given and I don't think it it should sort of cause a hurdle for them.

Kiera: yeah so it sounds like it sounds like that just the label itself is…

Emma:…it’s an excuse isn't it…

Kiera: yeah it's it's it's kind of impacting that the way they see themselves, like you said, you know “I'm ADHD so I can't do that” so then they don't do it and then they don't learn whatever it was that you teaching them in PE and it's kind of that cycle isn’t it, like the the label of ADHD is actually informing the behaviour of the child and not the other way round which is kind of what diagnosis is supposed to be isn't it supposed to be this you've got this you know these set of characteristics and that would equal ADHD whereas it's almost the other way round it's like well you've now got ADHD and then it's and then he started to behave the way he thinks ADHD is supposed to behave.

Emma: it's very difficult when some of the things are, they've got to have minimum distraction you know whether sat by a window no window or there's no outside sounds coming through and with the best will in the world you you can't do that you we've had children who've been sat at the back of the room… when one particular child last year sat at the front of the room it was easy because there was non verbal contact to say, I just had to put my hand on the table so that they know they need to focus on me or when there was the touch inside when we could do it was like my hand would be on the shoulder or the head so it get them to engage. But then the mum and the senco came through and then we had outside agencies saying “absolutely no, not, that child needs to be at the back just put them at the back” and the worst thing that could have done because that child just decides to do whatever they wanted to do because I couldn't get to her. Picking things up, cutting things on the.. no

idea where they got the scissors from because the scissors were at the front of the room but they have things that pencils just sharpen a pencil with a pencil sharpenings all over the place getting them flicking them up in the air. I'm thing "I can't get to you you know when I can see you doing that I could just while you were at the front I could've just put my hand down and so bringing them back". So sometimes I think, you have to be with that child and this is no disrespect to you and anybody from the profession but you have to be with that child to know "right this is going to work in the classroom environment I've got" and go with what the team like obviously we need advice on how what they need to be able to do but sort of in a way… leave it with the teacher to manage within the classroom if you know that they're going to be disruptive with somebody then let them use that area but not be specific and say "they have to be sat at the back" when clearly it's not going to work and that was a huge battle for me last year and I dug my heels in at first but then it all came in writing that had to do it so I did it and it was I thought you know that child now gone three weeks an hasn't done anything whereas the six months they were fine and they were achieving something at least in a sentence and whatever. So that was a bit of a frustrating element on my side…

Kiera: Do you know why they told you the child had to be at the back?

Emma: … well it was more mum was saying because they keep turning around and they're not concentrating they're not listening and not doing what…. they are…. you're not in class seeing it. So well you know a lot of it seemed to be that we had outside people come in and record for five minutes of what was going on and then that was it sort of like all the teaching side was incorrect for that particular child but that was one out of 31. 26 of those children were all getting what needed to be done, three of them needed a bit more support and those other two children, then you know. And two of those were the ADHD ones, well both were girls with ADHD and yes they just need the extra support but being stuck at the back of the classroom where they couldn't get it and it was too far away from the board for them to access. So there was a lot of, yeah I'm going to say, there is a lot of anger, inward anger from me because I'm thinking I'm being stopped from doing what I know I think is best for this child while I'm with them. Other people coming in they got a five minute, sort of spot, to say "Oh yeah well this…", that might work for 90% of children with ADHD but this particular child it doesn't and that's why I say sometimes I don't think it's right that we need to know that this child has got this that and the other because they shouldn't be treated any differently you know the children with poor eyesight who can't sit at the back but because of that the

way that the classroom was structured one had to move further away in able to in order to allow another child to sit closer to the board so you know a lot of the time, leave it with us until we need the help and we can seek the help and the advice and then have it there ready for us to say "well why not try this" rather than dictating to us that this has got to happen. And again like one of the one of those children involved was… it was the sibling who was in the special schools so special school set up differently to a mainstream school so you can't expect the same things to happen in a special school where there was one, one, sorry two adults to five children but she was one to 31 with a part-time TA. It's not going to work the same.

Kiera: yeah so they're very different situations aren't they the environments… and I understand what are you saying about kind of people from the outside that come in and kind of say it's almost like generalising if someone comes into your classroom and says that you know all children with ADHD learn better from the back of the class and the front so therefore you have to put the child at the back whereas you kind of personally know that child and you know that the little things that you've been doing while the child at the front of the class actually works better so in that sense it you know sounds like a an adverse effect on the child that having that label of ADHD….

Emma: hmmm and you know the standing out as well, having a table on their own having a workstation with boards up so that they are not disrupted by… when a lot of these children don't want to be different, they want to be classed as the same as their friends so why would we want to stand them out by "well you can't come to this area because you've got to have a workstation with a specific timetable just designed for you when you can't join in that particular thing" and you know I think that I said earlier on didn't I, yes you need to differentiate for them or not to the extreme where they are standing out because anybody walking through, walking into my classroom I'd want them to see that all children are given exactly the same, they're not treated differently, not made to stand out for whatever reason and that's a difficulty where… I suppose I've gotta get across you know I've got I've got across that boundary because there are experts in the fields of these these children's difficulties who may know better and that's a huddle I might need to be a bit more open to and more welcoming to and having tried it, it hasn't worked and it's not worked before and I'm not going to say it's never going to work because it might work for some but I just don't think it's it's right to say that "well their ADHD so they've got to be treated in this way" just

get them all together and get them to learn at the at their own pace until their own progression.

Kiera: yeah so it sounds bit like that that category of ADHD kind of takes away the child's individuality you know that you are kind of being told not to look at the child as an individual like you would the rest of the 31 children you know you're looking at the child in a category of ADHD it's almost like that ADHD lens you know looking at the child like through the ADHD lens therefore this is who they are and this is how he will learn and this is what you need to do as a teacher in your classroom for this child rather than kind of relying on the teachers knowledge and of that child and I…. I was wondering cause I was wondering just from our conversations it sounds a little bit like the the term ADHD seems to almost take away that child's… like I said before… that kind of child individuality you know it almost puts something on the child but the child, you know you mentioned before about learned behaviour the child then learns that they are ADHD and this is how people with ADHD have to learn. Is that kind of something that that you would agree with, that that's it's almost like the label is put on to the child?

Emma: yeah absolutely: yeah, right, well thank you very much for the having these discussions with me today. It's been really really interesting to get your perspective and hear your experiences of the children that you have taught and even the idea of having three possibly four children that have been given diagnoses of ADHD in a class, I think is probably something I didn't expect. I didn't expect that you would possibly be have four in a classroom you know but like I said I'm not in classrooms everyday. So yes thank you for sharing your experiences. If you are interested in where this research goes or what happens at the end of the research, I can, I can email you about that if you're interested in what comes out of it. I can send a follow up email about the research. So yes thank you very much for and I'm going to see if I can stop the recording now.

Appendix vi

Interview two transcript (verbatim)

Interviewer: *Kiera*
Interviewee: *Deborah (this is a pseudonym)*

Kiera: There we go so the recording's started erm okay so could you for the recording could you say your identification word please?

Deborah: Egan

Kiera: Thank you. And could we just start with a little bit of information about you and your role err and and how long you've been teaching for?

Deborah: Yeah sure, I started teaching in… 2013 is when I finish my induction year I'm actually trained as a primary school teacher [connection broke up]

Kiera: I think things just broke up a little bit there sorry I missed that little bit

Deborah: yeah sure I'll start again, so I started in teaching, 2013 is when I finish my induction year. I actually trained as a primary school teacher realised it wasn't best suited to my personality and decided I was never going to teach again and it's horrendous. And then I did do supply in a special school in a residential special school SEMH school as a teaching assistant and I thought well I love that let's go back to that. So I applied for a job here, ironically it wasn't actually here is it was in the primary because the schools split in it was 11 to, sorry 5 to 16 age at that time and it was split into two different sections and moved into two sites so I applied for the primary and somehow got ended up in the secondary section and thank God for that because I was still a TA then and then I just worked my way up. So I think that was back in like 2007-2008 and then see from 2008 to 2012 what I've been doing is a lot of cover and covering lots of lessons just because of my background and everything and then I finish my induction in 2013 and the school has changed massively since my induction year. I'm SLT now, SENCo, I'm assistant head, I still teach 40% timetable and designated teacher for looked after children as well so I wear lots of hats. For I think this school where it was the old EBD as they used to call it, emotional behaviour difficulty school when I started an now it's a social emotional mental health school and that change in the designation for mental health I think really shows the change in attitudes towards children with ADHD and how

they’re recognising that actually there not all just.. you know.. it's learning difficulties and emotional difficulties aren't just one. There not in different columns it’s an umbrella term and children with ADHD often have ASD as well as ODD or PDA or it’s this spectrum of needs that they’re on an I think our school is now less of their behaviour school and more of a social emotional and mental health school. We support across the spectrum. We have loads of speech and language needs as well, speech to language communication has increased by 40% in a year which I think massively reflects how children are being brought up these days and the interaction with the parents and communication over the dinner table and how everyone’s given an iPad at two years old and all of that lacking in communication and emotional literacy is really starting to come through now with our Year 7’s so you know 11 and 12 year olds coming through just do not have the literacy needs at all, the communication needs, the emotional literacy needs, their behaviour, they can't talk to one another they can't look at one another they can't understands non-verbal communication and then you get all the behaviours because of the sensory needs as well. So I think they think why that's been diagnosed as ADHD for the last 5 years is more down to actually like sensory needs and lack of visual intake and lack of communication rather than just looking at the behaviour going on this child is acting out there must be some sort of chemical imbalance when actually no, this child has had no interaction since they were three years old. So sorry, I went off on a tangent there.

Kiera: No it's alright there was a lot of information in one go but it's very kind of interesting erm some of the kind of themes that you just touched on. Just to go back to the kind of one of the first things you mentioned you said that you started as a TA kind of in primary school decided you never wanted to teach again..

Deborah: yeah so yeah it was primary trained teacher so primary… I basically got bullied by my head teacher who then went on to have a nervous breakdown so that made me feel loads better knowing it wasn't me. But yeah it was a horrendous first term experience she had one term I was brilliant in my like my degree in my PGCE I did, my degree was ancient history and archaeology so I went ooh I’ll be a history teacher and then no I’ll be a primary teacher cause I want to do art and wanted all these different things and then no that first experience was absolutely horrendous. So I was like I’ll never teaching again this is awful the pays not worth it and I thought it was me and then I later found out, so I met the deputy head on a training course a few years later on the educational visits training course it was, an she just come up to me and give me a big hug and apologise and she went ‘Oh my God I'm sorry I

abandoned you and we went through all this stuff after you left..' and it just made me feel so much better

Kiera: yeah

Deborah: it's like okay so everything happens for a reason because if it wasn't for that I wouldn't have gone 'OK I'll be a teaching assistant' and then back onto my track of being a teacher after that.

Kiera: yeah, you said that it didn't kind of match your personality?

Deborah: yeah, I am definitely not for young kids, young kids was just a bad choice I need..I think it was all the.. cause I'm not a parent myself and I wasn't brought up with lots of siblings or cousins or anything like that and I thought I had the patience of a saint, when you've got like 5- to 9-year-olds like whinging and crying and going like 'he's just hit me' and all of that sort of stuff, I was like 'Oh no that's not me'. I need older kids and then you come to a setting like this, and you've still got that when they're in year 11. It's just one of those things, it's circles and roundabout but I think to be fair I think I myself have like..because obviously I speak fast and my brain jumps around a lot and all my school reports when I was in primary school was like 'lovely girl but can't sit still and fidgets.. and you know.. doesn't raise her hand' and they weren't the best so everyone when I started working here was like 'Oh have you got ADHD as well' and I went 'Oh maybe, maybe that explains a lot. Undiagnosed ADHD but then girls mask it so I don't know

Kiera: yeah so just kind of picking up on what you mentioned there where people have maybe asked you if it's something that might be might be kind of undiagnosed ADHD if you kind of imagine that I didn't know anything about ADHD and I asked you what is it, how would you describe ADHD to me?

Deborah: erm in children or in adults? see often there's a very different things between children who are who who have it and have been labelled with it and then adults who live with it, is two very different things. Erm and I think in a child, if a child was trying to describe to you their ADHD they would say 'I feel the impulse to move, I do things without really thinking about it, I get upset and I don't know why, or I laugh when it's not appropriate'. I think they'd describe things like that. For me as an adult living with it I would say it's a concentration thing and I actually think now it's more of a superpower because I can

do lots of different things at once. The amount of work that I churn out and the speed I do it at is ridiculous compared to other adults in school and even people are my on my level. I do think it's I've got that ability to like compartment..ch.. ch.. ch.. and box things off and I look outside the box as well so I think of it more as a superpower now. Unfortunately the amount of times I'm in meetings like this and I'm having to go 'okay I'm just going to take a breath or I'll let you catch up I'm sorry I'll speak too fast' and then it's a massive thing and in professional meetings I'm always have to say 'you can just tell me to shut up or you know just slow down and that coz I just my brain goes away with me and I'll just go jump jump jump from one topic to another, which again is what kids will say their brain jumps from one topic to another so they might be concentrating on English and then they've been reading, I don't know, about storm and they suddenly see the blue and blue will make them think of their jacket and then the blue jacket will make then think about wearing it with their dad last night but then dad upset me last night and then they'll get really angry and that's where the emotions and the behaviour comes in and that shows that other kind of things in your head

Kiera: yeah, yeah, do you think those kind of characteristics in you has helped…

Deborah: …the way I teach and deliver interventions? Absolutely…

Kiera: How you kind of understand the children that are in your school?

Deborah: Yeah and I think and even to the point of.. not even just understanding how the brain works and understanding why 'okay you're reacting that way but that's not really that's not really to do with me let's look at what it's actually to do with' or even just the about think that's coz obviously you've got ADHD, it's like for me, it's like a quick thing but in some pupils it's actually like a slow processing thing. So they might need more take up time, their working memories poor, their short term.. actually my short term memory is not brilliant, long term memory is, short term it's not that good so I'm constantly writing lists and reminding myself about things. So I'm very good departmentalising, I've got to do this, this, this and this, I've usually got a list telling me what I've got to do well here there and everywhere. Erm and lots of children their working memory is quite poor. Cognitively-wise they might be very good in one area and very poor in another. So verbal reasoning might be brilliant but actual verbal skills are quite poor or their spatial awareness is amazing but then quantitative-wise it's not very good and it's that really spiky cognitive profile I think is atypical of our children.

Kiera: right okay erm you mentioned as well just before some of the.. in your kind of experience.. some of the training that you've had and what you've trained for, can you, can you talk a little bit more about how you've built your knowledge about erm your understanding of ADHD? what's kind of influenced how you look at.. how you describe ADHD now?

Deborah: you actually need to do quite a lot of different training at different levels so like I'm a special educational needs coordinator so you think oh you know everything about special educational needs. Ahh no, I know about coordinating it in a school and writing reports and doing referrals but to actually understand the different types of needs especially in our schools with such a broad spectrum, you have to do an awful lot of background reading looking at the latest research because it changes all the time so I do a lot of online learning and a lot of online training so I could do maybe 20 or 30 hour and a half online training courses throughout a year so it's nearly one a week, just spread out over the year but I have to, you have to keep on top because like a few years ago when they were talking about oppositional defiant disorder that was the latest thing to come out and it always got lumped under.. oh he's got ADHD and conduct disorder and oppositional defiance disorder and then you've got now PDA pathological defiance disorder and you treat those so differently the strategies you use for ODD, you won't use with PDA and you wouldn't use, some of them, you wouldn't use with ADHD or especially with someone who's got autism because their need for like …routines and structure, repetitiveness and building on somethings. You can't expect to child with PDA to actually do that because any type of demands or expectation is what they're fighting against so it's almost like you're tricking him into finding strategies that work. So and again so specifically with ADHD mean it used to just be called ADD, the hyperactivity part wasn't part of it and so you've got some strategies work really well with hyperactive but actually don't work well with the ones who are struggling with the attention deficit and because the working memory is quite poor you might think I'm gonna try this strategy but then if you've got a child who's got a poor working memory but then are quite hyperactive as well but that strategy is not going to work for both of those times or areas of need and so the biggest thing for us as well apart from doing all the different with keeping up to date with the learning is actually unpicking the child themselves. So when they come to us we have a massive transition period where we will start off having like video calls now remotely but it used to be telephone calls home, visits in the school, home visits with their parents, unpicking the backgrounds looking at the behaviours, how do they behave when

they're eating their dinner, how did they behave when they're watching telly, how did they behaved in school, how do they behaviour with their friends, how do they behave with people that don't like and then we pick it up from all of that strategy plan and then the kid will start and you'll have a two week honeymoon period where everything is really good if you're lucky. Then you start seeing different ones and we're like well we didn't expect that behaviour, so it's like plan do review all the time and trying all these different strategies with different things to match that pupil but then again I've got another child of exactly the same diagnosis and none of that would work. So it's constantly.. it's the plan do review cycle has to be part of your training as well

Kiera: yeah so you mentioned there about the research, that.. all that research that you've got to do for each individual child even if they've got the same diagnosis or like you mentioned additional kind of coinciding diagnosis, they're just so different that you've got to kind of keep up to date with that research and that kind of.. it seems like a lot of experience.. you're experiencing these children every day and that's adding to your understanding of their particular needs…

Deborah: .. and that experience is your research so if my cohort changed and I'd have less of one or more of another then obviously I'll be looking to meet the needs of that cohort so what I'll go looking for is based on the experiences I have in school. I've now got a child who've got erm what was the latest one I had, it's a sensory one, I can't remember what it's called but it's a sensory one I've never heard of, that I've seen in an EHCP plan and I was like wow I've not gone and seen that before so I had to go and do a load of research on that to try and meet that child's needs. And the way I mean as an EdPsych you'd be writing plans and doing all these reports to go into plans well however they see that need is so different. So one EdPsych's report can be so so different from another one and both were talking exact about the same child and the information that they get can be so different as well so it depends on what mood mum and dad was in that day whether they're given a positive outlook on that child or a negative outlook. Whether that child's just thrown the Xbox out the window so suddenly every day is the worst possible day and the missing all that really key information about captured really good points that can really help you in the classroom and really help you build relationships but they've just thrown their Xbox out the window so they're not going to tell you about the good stuff and it's all so contextualise it's unreal.

Kiera: Yeah and I think, in terms of that, just picking up on writing EP reports it's it's a difficult one because what.. even though as an EP you would be in the room to kind of look at strengths and needs, you're in the room because of the concerns everybody has so it's very much people kind of blurt out needs and they blurt out all those things that it's almost easier to talk about what somebody can't do and it's you know you sometimes you have to dig a little bit deeper to find out what is it they can do and…

Deborah: … all of human nature is conditioned is to look at the worst though first even in the media and in news reports it's always the bad news that sells and so it becomes really difficult then if you're trying to put in a strategy plan to make the change and help this child and actually give them strategies I mean we were looking at a child that comes in at 11 and at 16 that same child has got to be able to start managing their own life might be having babies by then looking at going to work and so we've got to have a strategy plan that developed from 'okay you've got ADHD as a child and you can't sit still, and you need to focus, you need to do your GCSE's but then actually you need to be able to go out into a workplace and have a conversation with somebody who says something critical and you don't punch him in the head. We've gotta get him from that stage to this stage and so everything is constantly evolving with that child as well. [yeah] which is fun I don't know why I do my job [laughing] it's insane.

Kiera: yeah I mean just kind of listening to to what you said so far it seems that you're.. the understanding that you have of children with needs like this is kind of so if you don't come across every day you don't come across… because I was gonna I was going to ask kind of my next question next lead on question was going to be that kind of research that you do into all the needs that come through your school and then you've mentioned keeping up to date and all the experience that you've got do you think that that's kind of a possibility for a teacher in kind of a mainstream primary school …do you think…

Deborah: …absolutely not, absolutely not, and this is the problem with the inclusion strategy that the government have at the minute so you know yes special schools are expensive and they are the very expensive and independent ones are even also and but there is no way and being, coming from a primary teacher background and being in that classroom and having 120 books to mark on a daily basis, there is no way they can meet that child's needs like we can in our setting. In my setting there is 10 children in the class and will have, we got eight classes, I mean we're actually increasing numbers but we got 81 in the whole school so are

teachers teach two subjects across the year…across the school curriculum so they got their specialism and another. So when I was a full time teacher I was English in Art and now reading, erm so your full timetable was half and half, your specialism and another but that's still 80 odd so 160 books over a week but kids with all those needs so you've got to differentiate, not just three ways but five ways, let's be honest, in the classroom and then you've got the marking and then on top of that we've got EHCP reviews or PEP meetings. We've got assessments every term, we have meetings with parents, we make phone calls in our setting, we have a weekly phone call with our parents, every week no matter what. They'll also get more if they've done some particularly good or or there's been an issue but without doubt you're on the phone to your parents for 20 minutes every week which takes out even more time and but our parents and our children need that contact, they need to know that the strategies we use here, they're going to use at home and be backed up and supported otherwise you're not going to make change with two different things going on at the same time. There is no way you can do that in the mainstream school, no way, and they do fall a bit out the net and now the government wants.. they want to get rid of… well they're not saying they want to get rid of special schools but the way they're making it quite difficult in finding places now, they do want inclusion to be in a mainstream. What they actually want is actually multi Academy trusts that all then have their own little units that can dump all their problem kids [air quotation marks] in and in that one unit as part of that trust and they fund and solve everything amongst themselves rather than different main and special schools.

Kiera: right so that I mean what you've described there with the trusts and then kind of having a hub where they would put you said kind of the problem children [air quotation marks-copying her actions/words] in, that would, I mean to me, that's that seems a very kind of an exclusive..

Deborah: yeah.. an exclusion, its exclusive yeah absolutely but they're not saying it that way so they're saying that is all about inclusion and they think that it's discriminatory for children to not have access to mainstream education with their peers so by that, actually the argument is that special schools are in themselves exclusionary. That's.. that's the argument for it and that's you know mainstream schools should be able to provide the same support that special setting should either by having a hub or a unit or something else or interventions. But even in our setting, which is a specialist setting, we still have interventions as well because our just basic provision of lessons we have 10 children in, a TA in, a teacher that's trained in all those

needs, erm is not enough to meet their needs so all of my children have extra interventions. I've got a staff of eight who do nurture, WILLOW, emotional literacy, behaviour support, social skills, speech and language therapy, I'm soon going to have an OT on sites, a catch up literacy and numeracy, a specialist teacher for dyslexia, I have a whole THRIVE team which is all of their behaviour management, anger management, mindfulness, mental health side, or doing that as well as teaching so all my kids have got two or three interventions a week on top of that. How on earth are you meant to do that in a mainstream.

Kiera: yeah because all of those you've just listed then, there all the resources that your school, your particular provision, has access to and kind of is able to provide for the children in your school whereas if we're looking at putting .. you know … if it's possible to put those kind of resource is in a mainstream school or..

Deborah: …but it'll just get sucked up in the budget so I get my money by increasing the bandings on the EHCP's so they got them coming in with their normal money the chunk of money that you get per pupil placements and then by their provisions so if I say this child's going to need speech and language twice a week, put it thought, that's an extra two grand a year so increased the banding. Oh this child is going to need three interventions or THRIVE a week so another £800 over the year so you increase the banding and that's how you get it that way. And we actually put ourselves in a big deficit first to put all this in place then prove it and then go and get the money off SEND for it which is quite a big job to do. We got there we've done it but it's it's quite scary thing to do just to be able to meet need but before without without the interventions we wouldn't be, we wouldn't get the success that we get in supporting pupils, in supporting themselves, and in making progress and dealing with their mental health and dealing with their hyperactivity and and everything and actually supporting them to get to functional levels in maths and English. Some of them will never do GCSE's, so some of the will be doing functional skills maths and English along with BTECs and then we have another pathway of GCSE's for those that do but some have been, whose their behaviours …being out of school, attendance issues… they come to us with levels that you find in key stage one even, in year two and three of primary school and they're coming to us like that with with those levels so we have to get them to so they've got adult literacy skills which is usually where actually lower than Year 6 in primary now. Your basically adult literacy skills you looking at 4 to 5, if they can you write a sentence, understand basic

comprehension, you know basic math skills and it takes five years to get them there. I can't imagine trying to do it without the intensive interventions at the heart

Kiera: yeah without all those kind of resources that you've got access to. So in the.. just thinking a little bit more on that, I've picked up there some kind of barriers that kind of them being… that children at your school being in a mainstream school, what barriers would you say they would run into if they're all kind of sent back to mainstream school?

Deborah: the first one, for ADHD, if just concentrate on ADHD, the first one with the fact that they would be years, chronologically years behind their peers in just the basic skills so they go back into the classroom where straight away they don't understand what's going on around them because they years behind with no TA support, with then that peer pressure with 30 in the classroom, lots of them can't hack busy noisy crowded environments, they live a go one of two ways, they live a shrink down and could become withdrawn and not engage in the learning that way and either just do like what you see in primary school where kids are just copying peoples answers and stuff or they'll go the other way they'll kick off to avoid doing the work and show that they can't do it and avoid it that way. But what you wouldn't get is them actually stimulating and getting the works or it will be avoidance in one way or the other because they can't access it.

Kiera: yeah and if they do avoid it in terms of kind of have a kick off what do you think would be, you know what would come next after that?

Deborah: usually mainstream schools behaviour policies, and it would be good for your appendix this, to actually pull out some behaviour policies from mainstream and then specials likes ours and you can see their massively different. I went to a heads meeting where we were actually analysing each other's behaviour policies and one comment that was made to me was "well your kids get away with everything don't they" and I went 'well I've had no exclusions for two years how many have you had?' and it was just one of those, 'yeah but we give a detention for not having you know the lapel on your shirt sorted out' so I went 'well what's that got to do with behaviour and learning if your shirts hanging out'… 'it's about respect!' and I thought that's not about respect, respect his you know saying please and thank you to teacher when holding the door open and respect is not turning round and like slagging him off to the mates when they turn round the corner. Every single one of my children respect me, they wouldn't dare say anything offensive and rude to me. They might talk to their mates

awfully but there certainly wouldn't do it to a member of staff in my school. And can you say the same about yours because they don't have those relationships. The behaviour policy is all about control, assimilation, everyone being the norm [air quotation marks] where in our school it's about an ethos of respect, a culture of - we all know we're different and we all know we have our issues but we also respect and will support each other. And like if a staff member walks into a staff room and knocked a chair over, you wouldn't then scream at them to pick the chair up, you'd go 'Oh my God are you OK what's happened' but with children, if a child walked into a classroom and pulled the chair and knocked it over 'how dare you, put that chair back' how is that helpful, it just doesn't make any sense to me but that is a mainstream school because it's you know they're reacting and they want.. they want some attention or xyz, there's always some negative reason for that not 'Oh my God there is a negative reason for that, let's find out what the causes is and that's the difference. If you just go through the behaviour policies and find out. We would give a detention for somebody.. well first of all if you're not doing your work in your lesson that's what you get detentions for and you catch up that working in the lesson. If.. if for some reason you've been avoiding or like now everyone thinks on a computer because of covid so there's not a lot of writing the books so if they've been on the computer we've missed out the fact that they've been flicking between games and they've not actually got the work done then that's why you get a detention. In a mainstream school, it could be because their ties not long enough and it's just … or the wrong shoes are on and actually just seems ridiculous to me that it's not focused on the learning or the support

Kiera: yeah so it's… you're describing there the differences in expectations and what…

Deborah: …absolutely…

Kiera: ..and also the attitudes towards expectations that you mentioned there that meeting that you went to, it didn't seem like what you.. what you would value in your school, [yeah] you know it was almost like erm if the children in your school didn't have that tie done up, shirts tucked in, then that means you're letting them getaway with everything …

Deborah: … Yeah letting them get away with murder. Yeah it's another thing with our type of setting is… go back a few years you didn't have school uniform and actually that many PRU's don't have school uniforms still because kids are in and out the doors than a lot of independent special schools don't have school uniforms the kids just wear what they want

every day and we were like that years ago and when we brought in the school uniform we had to like phase it in slowly so it started off with like black pants and a shirt and then we gave… and we still do… we give the blazers with a shirt and a jumper like when they first come then you buy your next ones thereafter. Almost like drug dealers… you get your first one for free just to get into the school uniform [laughing]. But the way it is now like walking around school erm you have the odd ones and we've got to cater for sensory needs some kids are not going to wear a jumper because of their sensory needs and they really just can't stand the fabric on them and fair play. But if you walk around our school, most of them have had, the girls will have like the tartan skirt and the jumper and the tie and some will have the blazer on, some won't, but the uniform when walking around our school is as good as any mainstream uniform but because we went there slowly and it was all about we want a uniform for community wanted a uniform so you can everyone can be proud of where they come from, not you will wear our uniform and that's the different approaches

Kiera: yeah so do you think that, in kind of mainstream settings, I think the idea of uniform is for what you just said is for community is feeling like you belong…do you think that that has been lost on.. so the children in mainstream schools aren't really aware that that's what it's supposed to be for…

Deborah: yeah, it's almost like it's there but it's almost like a loss of freedom now. The mainstream schools they make me wear it just because, where as I should be free to wear what I want. Where in our school it's like I wear this uniform because you know I'm proud to be here and sometimes it's quite honest I just can't bother thinking what's weather next day but you can have that conversation with our kids and go 'how much easier is it knowing that you know what you're wearing the next day and you don't have to iron anything it's all sorted and it's done' and you know but we can have those conversations as well yeah it's not like we're taking their freedom away, which I think is what a lot of mainstreams now… well some children are absolutely fine you know, wouldn't even think about arguing about wearing the uniform, well I just think it's the whole approaches towards that individualisation and freedom is is what's different between mainstream because it's all about conformity in a mainstream were here it's all about recognising differences

Kiera: right yeah.. you also.. you mentioned that as well about the relational approach within your, you know, your behaviour policies and you said as well that your children can kind of, they can talk to you and have those conversations that wouldn't necessarily be had in

mainstream school between pupils [yes, yeah] how important do you think that the relationship element is for children with ADHD?

Deborah: what you often find with children with ADHD is they've very negative experiences of school. They've either had many school moves or they've had a behavioural incident which has been very negative where maybe where someone's got hurt or they've had to be restrained and so when they come to us their already dealing with some sort of of damage in the backgrounds so the first part of building that relationship is recognising that here's somewhere that you can actually be trusted now. Like here you've got a clean slate. Like, I know, I know what's gone on in the background. In fact everybody here's the same, we've all got something going on in our backgrounds but it is a fresh start and I've got one particular pupil [laugh] he's very ADHD, he takes medicines on site everyday, he was at PRU and he came to us for a visit and I look around with his mum and he went back to the PRU and there was a major incident where the police was called and it was like a a restraint gone wrong and the police was called and he was arrested. And thankfully the cameras were up so they went to look at the cameras and it was badly managed by the staff but before we knew all this, mom and him phoned up crying going you know 'I've just got back from the police station does that mean you're not gonna offer us a place anymore because of this incident at this point'. And we went, 'its got absolutely nothing to do with us of course you still.. yeah no we'll see you next week like you know it's got absolutely nothing to do with us we will be informed by the police obviously you know what happens next because of sharing safeguarding information but no of course you can come'. And when he came and we'd already found out from the school what happened and mom and basically he was being restrained as somebody went up in his face quite threatening so he slapped her because she was right in his face and it's something you would never do. Like if a child was that anxious you certainly won't go up for screaming in the face you wouldn't do it to anybody else so you can understand where he's come from but it took him about two months to actually start opening up and describing it and saying how embarrassed he was by it and then he just lost it and he never thought we'd give him a place here and it's that type of.. they come with that negative experience so they just think everybody is the same and every every… because obviously experiences build on feelings which then builds on the emotions it's that conflict spiral which goes up and up and up and so what we do is we try to change that experience as soon as they come. Yeah okay this has happened and we understand this is what happened and you know what if this is our school, this is what we do to make it better and in our school

we have restorative justice so they have these RJ meetings if anything goes wrong and you know if it's two peers, it's run by a member of staff and it's basically what happened in the incident three questions, what happened, how did it make you feel, how did make your family feel, how it impacted your life like, what you need to get better and then move on. And when we bought that it, behaviourally it had massive impacts across the school because you finally addressing the cause and like giving him the voice and then there helping him out their skills to realise conflict resolution is possible and actually quite easy with support and by the time they're in Year 11 they don't even need us anymore the go and sorted out in that manner together on their own which is wonderful. So yeah I've been the biggest things is really getting them in, changing them experiences, building those relationships to recognise that we're not the same as all these past things, fresh start, start again and then proving it. You know, you know, talk is easy, you have to prove it in the school ethos which is what we do

Kiera: yeah and that that specific child that you were talking about then, who had an experience of a PRU, is that something that you come across a lot with the children ADHD in your school? have many had that experience…

Deborah: yeah, yes they are erm and I've got.. I'm not PRU knocking at all it's a very difficult place to be in and they're really important especially in the process of getting EHCP's written and drafted and getting them some sort of education where they still can access and some children are going to a PRU and they should only be there six weeks and they end up spending three years because they just maybe they settled down enough there and then the right school just doesn't come along and then you know this like there is some very very good PRU's but it is the most.. I think out of all the schools it was one of the most difficult and and challenging to working in just by the nature of it. You struggle to build those relationships and get those trust no matter how good you are and how good your policies are, just because your cohorts constantly changing, you don't have enough time to build those relationships and effect that change and they certainly don't have the same type of money that mainstream or we have erm because of the way the council run so there are in the most difficult position [yeah] you have to be a… you certainly have to be a special kind of person to spend years and years teaching in a PRU

Kiera: yeah but with the… if we're thinking about children with an ADHD diagnosis going from kind of …for them to end up in a PRU, that would usually be an exclusion won't it

from…the child has to go through the experience of being excluded that experience of having to go to another school which is actually a short stay school so it's …

Deborah: what makes it even worse now is that schools have got into the habit of doing manage transfers so even before a final exclusion a child might have been shipped to about three or four local high schools before even being excluded so how many times are you telling this child that you're not good enough over and over and over again, that you're not good enough, that your problems are too much, that you know you're not suitable here, before we even you know getting an EHCP. I mean even the whole process of getting an EHCP and the amount of bad experiences that that poor child has had just to get those needs recognised and I don't …I'm not saying there's a better way, I had no idea you know I mean it's the whole thing is a difficult process but like cognitively-wise on that child, the amount of really poor negative experiences they have to suffer before that it's even recognise and so I have heard from panels from the EHC panels like the amount that get knocked back and you're like what why are you possibly knocking this back, why is this not meeting the criteria and then you have to question how much of its political. But, yeah, it's heart breaking how many negative experiences they have to go through before needs recognised

Kiera: yeah I I mean it is heart breaking, it is difficult in terms of if you think about the needs that these children actually you know what it is that they need from adults supporting them that's kind of just so the opposite of sending them to different schools and [yes] no consistency, there's no stability, you can understand why relationships aren't easy for them to build and trust others and you also mentioned there about about their voice and then feeling like they're not, they're not really heard so that you know that's why it takes so long for them to actually realise that you do want to hear what they're saying [yeah yeah] yeah it is it's like you said it's that kind of trauma that they've got to go through before they're in a position, like for instance if they're in your school before they get to finally start having those positive [yeah] but how many years have been kind of [exactly] wasted you know you're kind of starting afresh for a child if he comes in your school at age 11 could have been you know the whole of primary school of negative experience that's so much kind of trauma to try and then undo

Deborah: most children come to us with at least one or two school moves outside of normal transition but it's not unusual to have children with as up to four outside so that's six different schools before they're even comes with us outside the normal transition. And then the

government keep the data on Fischer Family Trusts, like they track it all and it all does come into account when they're looking at estimated grades in the future so obviously the ADHD and and and any other need, an their school moves, and their economic social backgrounds, all of this goes into account when they're doing their estimated grades which then we are then accountable to Ofsted and our governors and for and saying well our estimated grades of this and then then we are all accountable for that. But luckily we seem to be in a position now where were moving away from you know summative assessments to prove progress. I can pull up…erm so all my interventions do data for me but it's it's like if it's meant…if it's nurture it will be like an emotion wheel how they felt going into the intervention, how they feel going out and our CPOMS to back everything up with. So I will have like you know so many percents of my interventions have a positive outcome with emotions increasing or if it's a THRIVE one where kids have walked out of class for whatever reason with sensory or disruption or disengagement or they're in crisis, I'll have a percentage, a load of assessment data for how long it's taken my team to get them back in class and what strategies they used and what's the most successful strategies. So all of this like data gathering plans for future interventions but then I'll have it all on individual pupils as well, so if I've got one child who is suddenly has been you know behaviour increasing their out of class I can then go into my data and like track like which lessons it is, what time of day it is, is is it because medications where wearing off, is it because it first thing in the morning because they always have to fight with mum getting out of bed. You know and I can track all of this stuff and then put in the strategies reflective of that data which is another thing you'd never get in a mainstream school. You never …. mainstream school being able to track day by day child by child what's happening, why it's happening and where and then literally target intervention strategies for them

Kiera: yeah do you think that kind of data that you're collecting in terms of emotions and [yeah] SEMH kind of data, do you think that it will …if we're thinking of kinds of attitudes or expectations that that holds as much weight as erm, you know kind of data..

Deborah: like levels wise? [yeah] this is sorry that was a point I was trying to make, we're actually moving away and even the governments moving away from that you know your levels and your grades and that is what makes a good score. Finally but they are moving away from that. OFSTED under the new framework, January before like over a year ago, and the new framework literally has split up where personal development has enough weight now as

teaching as teaching and learning and it's finally recognising that we're not just teaching kids to do maths, English, XYZ, we're teaching them to be young adults and citizens and and to be able to contribute and be able to support one another and you know what I mean and it but it's taken how many years to get to that point and like when I literally while sat in front of the Ofsted inspector and as SENCO and he was asking you know how do you, you know, value and prove all this personal development or and it's especially with one child where's this.. like he looked at the books and was like why's a load of work missing from this one and I could pull up my thing and goes well actually as an intervention for this then and this is where he is but I know yes he's missed his lesson but actually his decreases physical restraints by this much, his peer relationships has improved and you know this is all look at the percentages for how many positive interventions he has and it was like 'oh that's brilliant' so that got outstanding because they're finally recognise that whole need to develop that personal development-wise rather than it's not just about maths English and science

Kiera: right so if kind of if OFSTED, because OFSTED's one of the main [yep] external influences for kind of what happens within schools, if that if OFSTED are finally kind of realising the value of that, do you think that that's also filtered down to at the teachers or the management within schools as well …

Deborah: …I think teachers have always valued it. I think teachers themselves have always valued it and teachers recognise a need and I don't know how many teachers like will like bringing in stuff for pupils that are from deprived areas or you know go out and watch football matches and all these extra things, management is different because yeah I'm I'm you know an assistant head but still teach and I think what you find and is a lot of managers forget what it's like being in the classroom if they then become non-teaching and then it's their very much caught up with being able to prove that they are good managers and like the pressure that they put on for these piece of data, data driven progress and all this sort of stuff and I've forgotten that yeah well actually that's not the key anymore. And like OFSTED had to release themselves a whole load of myth busting stuff when the framework changed to tell managers that we are not looking for that anymore we don't want you to pull out all this data on mastery three years ago, we need to show me how you'll showing British values and capital culture and all of this sorts of stuff so teachers I think I've always been like that, managers who don't teach is the issue where you need to recognise that the world is changing and because of the needs because you know so many young adults are coming out out with

these mental health needs we have to change and show an education that will support those needs not just creates robots

Kiera: yeah yeah so just going back a little bit to um to the what kind of influences your understanding of ADHD and your erm because we've spoke a lot about kind of your experience and and other influences, has ...did you... when you went through your training was there anything within your training course about ADHD in particular I mean SEN maybe?

Deborah: as a teacher, when I went through primary teaching there was, I can't remember, it was a while ago, anything about SEN. I remember doing like literacy booster and numeracy boosters for kids that were behind but nothing about … and I remember doing a whole unit on behaviour management where they looked at how to teach in a school but that was behaviour management in front of class of 30 where you're talking about the assertive voice an about teaching to learning styles so that you'll manage behaviour if they're all all like learning like visually kinaesthetic auditory and I remember them doing a whole unit because we had to do an assignment at the end of this unit so you have a couple of weeks in a classroom and then you do an assignment at the end and then you're back on your block practise and so in this you know once a week six week thingy were meant to learn all these amazing behaviour management strategies and you don't, you have to do the reading yourself and even to do the course itself you've got to do all the background reading yourself and even on the SEN course you don't learn about ADHD, you don't learn about specifics, you'll read a lot of studies about different studies in different schools and then you look at different types of practises an SEN coordinator but you still don't learn about… enough about needs and it… you do and as I said before it is all in practise it's you learn it whereby having to do it and having to figure out a way of working through it and any teacher in a classroom with ADHD in their classes and pupils with ADHD within their class will be going home, going on the Internet, going on TES and lookin how to support ADHD in my classroom. Probably the biggest Google search for mainstreams and that's what it is you do have to learn it yourself there is not enough I don't know how to do it either because there's not enough time in a curriculum when you're trying to teach the all the… in you know the ins and outs of being a teacher how you could possibly teach that. And as I said before the way you manage ADHD is changed so massively over the last 10 years I don't think they could, they'd be constantly changing the curriculum trying to teach teachers how to teach ADHD for children of ADHD I

don't even know how they could do it and I think that's what's special about the teaching profession, you need people who are committed to being lifelong learners and being adaptable and being able to try new things and not be scared to try new things in the classroom and inevitably getting it wrong the amount of times that I have to go up in the apologise for children because I've got it wrong is unreal and to imagine a teacher says often I would never say sorry to a child I just wouldn't but people are like that as well.

Kiera: but it kind of, that …doing that where you're admitting your kind of mistakes and that that's teach that in itself is teaching the children that it's okay to make mistakes it's okay to learn from them, that's a lesson isn't it [yeah] that should be taught when we're thinking about the adults who are trying to help them to you know come and go into the community. If, just thinking back over your experiences of ADHD have you ever come across a time where your understanding of ADHD has been challenged?

Deborah: I think maybe if I go back originally so from back a few years ago where I used to think… now I know that what works in one pupil who doesn't always necessarily mean it works with every other. So when I go back to when I was first trying to support in a classroom and I'd read a few papers and go like this child's got ADHD, this child's got autism and this is how you approach both these things. What would have challenged is that is my well I've been told this strategy works for this child why is it not working and like in particular like like movement breaks for example. So being able to have lots of movement breaks throughout the day to refocus the brain and that and I'd use it really well with one child and then another child that movement break will be an excuse to go on one and you'll never get them back for the next hour and a half because it's almost like that release of structure and they can't deal with that release. So it's the differences between somebody who needs that regular you know break or change, change of activity, change of face, to somebody who can't deal with that regular break up and change your face I think stuff like that where you know strategies can be so interchangeable and so completely useless one day and brilliant the next is is what shocks me the most and like when you say attention deficit you think all this kid can't pay attention but then you suddenly have another child who would literally just be staring into space and it's really difficult to actually draw them out of themselves and back into another. Like they've got brilliant attention for whatever they're thinking inside their head right then, obviously what you don't know is whether they are just thinking of one thing before writing the next war and peace or literally watching a comic

book in their head because their brains jumping you never know. But you have those type of very different behaviours in ADHD but that shocks me. I think the biggest thing is now, with children coming in with ADHD is how much emotional baggage they carry and how much their ADHD affects their emotions and almost like bipolar… I see people and that children now coming in that are labelled with ADHD and thinking they are probably going to be bipolar in the older and that swing of emotions that comes in with that with that behaviour and they shock me I think. Yeah.

Kiera: that kind of, that swinging behaviour, do you think that is influenced if it's influenced at all by the experiences those kind of up and down negative positive incidences of the past…

Deborah: I do and I think it's a it's a lot to do with how it's dealt with at home as well like I think they get the swings in behaviours because emotional literacy is not really discussed or dealt with in the home or they've got parents who can't manage their own emotions and so they'll see their parents swinging from being absolutely fine to kicking off over nothing and then being very very sad and I think it's almost like a copy behaviour and I do I think like that lots of society's attitude to dealing with emotions and talking about your feelings and dealing with mental health is a massive massive influence here on how children are managing their own emotions and it's that disconnection I really do think the Internet is a big and like the Internet, Xbox, all these games which free up their lives and I'm not blaming parents cause I'm not one, you know, anything for a couple of hours peace, you'll let them on Xbox for three hours a night because that's three hours where you get a bit of peace and totally understand that but there's just missing so much learning in that time and you know emotional connections and conversations and then just missing so much and I really do think like, all of these electronic devices and games is really what's pumping these changes in in children's needs.

Kiera: do you think there's a connection there in terms of the children's attention?

Deborah: yes well there was a study done where they actually had a children it was in the children centre where they have children, they pulled out a load of children who were watching violent video games for a few weeks before before they start to study and children who were not watching violent video games a few weeks before the study and then somebody would walk in and then knock a pot of pens over. And the ones that hadn't been watching jumped and then went to help them fix it and the ones have been watching him didn't even

react to the knocking the pens over and it's that desensitising of of of anything out of the normal, loud, or banging, or do you know it's like desensitising them to to that violence and then the shock and then yeah I think it does it I think it has a huge impact it really really does.

Kiera: yeah and then um the do you think… you mentioned actually quite early on the term that used to.. you know…

Deborah: oh EBD

Kiera: Yeah so the you know the ADHD label has changed hasn't it, quite a few times now [yeah] but one of the kind of running threads throughout all the people talk about his behaviour type of behaviour that they show or negative behaviours maybe, do you think that that's that the connection between negative behaviours and ADHD, what do you think about the kind of relationship between those two things between the label and between….

Deborah: I don't think you have one without the other now. I doubt you to find a child that has an ADHD diagnosis who've not had negative behavioural reports in their past. You don't see it because I don't think it'll be picked up. It'll be like me. It will be a child with ADHD but hasn't displayed poor behaviour would never have been picked or they'll be just like oh she's a boisterous child or a bouncy child or fidgety child they are you don't have one without the... it's like a cause and effect thing now it just you don't I've never ever seen at that label as such with the child who's not had poor school life experiences I've never seen it.

Kiera: do you think that's because of the expectations in school or the rules that are in place in school?

Deborah: yeah I mean again there's another study and there's a very very good video about on it on YouTube where the guys drawing on the board talking about how our schooling system was made for the industrial revolution and our school system is still set up now to for the type of lives that we had in the industrial revolution it does in no way is our school system set up to reflect modern Britain and like the way that we learn and to be fair COVID might change an awful lot now because of the way we had to go so remotely and the social distancing I mean the behaviours in my school actually because of COVID in itself have improved like the amount of times that children not having physical fights which to be fair wasn't big to begin with but we went from there was a time when we used to have so 10 restraints a week and over the past few years because of our therapeutic approach that that

went down to 10 restraints a term…erm sorry a half-term which is amazed over half term period which was amazing. But then the first week after first half term after COVID we only had about four because children are now so aware that they have to try and keep a distance or not touch one another or interrupt with each other's things so in grabbing his pencil case and or something would be something to start an issue but he's not grabbing his pencil case anymore so it's actually done a lot to take away that initiator of those poor behaviours so just like our schooling system is set up to create a type of person for you know going out to work in a factory or going out to become a lawyer and it's very you know linear you know different levels of education depending on the type of people, it's not made up for our type of situation I think the changes will come out now after COVID because obviously it's not going anywhere anytime soon that like that whole social interaction not been able to touch and get on and then going to have a knock on effect to the behaviours that we see. And we might either have you know a lot more verbally aggressive children but not actually physically or what I suspect is the lack of social interaction and touch is actually going to have more mental health damage further down the line and we're going to have children that are even more withdrawn and more socially unaware are not able to connect with one another.

Kiera: yeah but it's but because of this because of COVID there's almost been like a light that's been shone on mental health more I suppose that's one of the maybe more positive things that will hopefully have come out of this kind of whole experience isn't it that really the light should have been shone on a long time ago [absolutely] but but yeah so just kind of one last thing that I wanted to really just ask you about was the diagnosis of ADHD and how important you think it is for someone to receive the actual diagnosis?

Deborah: I'm not really a labels person to be honest and like when I mentioned earlier about the recognition of that spectrum of need an how like we don't really say dyslexia anymore we say specific learning difficulty I think this is same with ADHD I think that I think parents like ADHD is a label because of medication, of having a medical name for whatever the issue is. I would much prefer not to have this… like I've had an argument about ASD and there was an apparent saying he needs an ASD diagnosis and I went but we support him as if he's in ASD, because she was kicking off at CAMHS and it's going to be 2 year wait, and I went but it just honestly it really doesn't matter I says you know we are doing everything and all the support he is getting it's as if he was an ASD child so so don't worry about the diagnosis just wait your time out for us in school it has no impact and I think it's the same for ADHD. The only

thing the diagnosis does is give medication and there's a question whether they really do need it with the right support. Most of my children by the time they're 16 or completely off their meds. It's rare for us to have a child leaving us at 16 that are still on their meds they tend to stop taking it around about year nine when the hormones start kicking in and they start growing because the meds don't affect them anyway the same way and then the child is much more independent and recognise that I don't like the way it makes me feel it makes you feel dopey I feel much better without it and so we often support parents in helping him get off those meds because we've got the right interventions in school to support them getting off those meds because we've had it for years, like children who would then going to stay at dads for the weekend but he's not been on his meds all weekend so he's come round bouncing on a Monday morning that two days off his meds but we've got all the interventions in place that can support that behaviour and usually by 9 and 10 they've got so many behaviour strategy plans where they know if you feel like this you can go and walk around this one or use sensory garden or talk to this person or go on the balance beam or play darts there's always so many different strategies [yeah] that by then they've recognised that don't really need meds that keeping calm because they don't react that way anymore [yeah]. So for me the actual diagnosis is pointless if they don't need meds and I would argue and strongly that lots of our kids don't actually need any medication at all they just need the right support.

Kiera: yeah you mentioned that kind of argument you have had with a parent in terms of she wanted the ASD diagnosis [yeah] is it…and I mean you know you're kind of thoughts is that we're treating him like [he's got ASD anyway] still those resources and approaches in place, do you think that's the same in a mainstream school?

Deborah: no because they don't have the resources. If they were set up like we were then I would say yes but they're not they would need, particularly up to Year 9, they would need those children on meds so they can conform to that classroom because mainstream is about them conform to there. Whereas we are about person centred approach, so we adapted the child whereas they expect the child to adapt to them. That's the biggest difference between mainstream and special.

Kiera: yeah so that's so it's kind of children with ADHD in mainstream schools does that kind of need for the for the diagnosis in order to open those doors [yeah] to kind of to be able to get more resources or more funding or more medication …

Deborah: ….but an SEMH diagnosis should be able to do the same thing just social emotional mental health needs diagnosis should be able to do the same thing but it doesn't because they're just seen as naughty kids.

Kiera: right so why do you think that SEMH diagnosis isn't as… doesn't open the same doors as…

Deborah: because it's not a clinical diagnosis and ADHD is a clinical diagnosis and the weight of that that medical side is what carries the extra support.

Kiera: right okay. It's been very interesting [I'm sure it has] it really has I suppose because it's interesting coz I've not got the the side of a specialist provision so in terms of the people that I've spoken to I haven't yet spoken to anybody else who's been from a specialist provision so it's been really interesting to see that side of it and …

Deborah: so do mainstream teachers put all the focus on medication and external support so they can help in the classroom?

Kiera: I think.. it's difficult really because the you mentioned before actually that you think that teachers do you know they have that want to help and they really do want to kind of put these you know spend time on the relational or the those kind of approaches but it might be management that make you know there are those different pressures I think that are in a mainstream than [absolutely] on in a specialist provision you know these kind of pressures that are either data driven [yes] or they don't have the time to do all that research and step to date with it because you need to stay up to date with all the children in your class coz there's so many different types of needs and I have eight or ten children in your class. They have 30, the majority of which won't have needs so so what they're actually keeping up to date with is what the the majority will need which is really the national curriculum so I think that's the difference isn't it there's so many different pressures but it's interesting that you brought up the behaviour policies [yes] because that isn't something that had had crossed my mind so much but I have come across relational type behaviour policies is kind of verses that you know all the types and it is definitely something that I'll have a look into …

Deborah: yeah definitely do. Have a look into it and they also have a look at the pastoral care policies between the two but they'll be very very different.

749 **Kiera:** yeah yeah it's been very very interesting

750 **Deborah:** Good I’m glad to help

751 **Kiera:** I’ll just end the recording

Appendix vii

Interview three transcript (verbatim)

Interviewer: *Kiera*
Interviewee: *Janet (this is a pseudonym)*

Kiera: There we go so it's recording now. Okay so could you say the identification phrase for me for the recording please?

Janet: on the canal.

Kiera: Thank you. If we could just start with a little bit of information about yourself as a teacher, in your role, how long you been teaching for if that's alright?

Janet: I've been teaching 21 years. I've always been early years or year one and the school senco and im also the DSL. I've been school senco for about seven or eight years now.

Kiera: when you yeah when you say DSL, what does that…

Janet: I'm designated safeguarding lead.

Kiera: right all right thank you. You said you've been SENCo for about 7 years?

Janet: yeah seven or eight. I think about 2013 – 14 and I did the national SENCo award as well.

Kiera: right okay…

Janet: sorry it's it's Friday morning…

Kiera: I can imagine it's probably been a long week and it's half term now isn't it…

Janet: yeah yeah I was doing it for a bit before I did the other award so that's why I can't quite remember when start it's like a gradual thing, yeah, but for several years but obviously when you when you work in the sort of the lower end of school primary school you get to see the children to very early stage even before they've started at nursery through through home visits so I think you very well placed he start to even see the children and you can track the progress coz you do get to know them. The majority of children who come into the school. So that you know that that early early support is in is really important so a lot of times I try and get things in place while they're in nursery and if that we've been starting to take children

from age 2 now we just opened a new section of our nursery now so that'll be even better because that that will give me a lot more opportunities to get support in place before that child actually starts school. It's very useful, it's very interesting.

Kiera: yeah so if you can imagine that I don't have any idea of what ADHD is and I asked you to describe it to me, how would you describe ADHD?

Janet: ADHD is attention deficit hyperactive disorder an it's one of the…. it's very varied. The children I've come across who have either been diagnosed with ADHD or may possibly have it that that there is no one type. They are all very very different and it's a, I'd say it's a spectrum, like people call autism a spectrum and having ADHD is is a spectrum disorder. So you have children who got real problems maintaining attention and focusing on to what's being spoken to them or what is happening in the classroom and then others just because they can't sit still. I have seen children who just got the attention deficit side of it and I've got, I've seen children who are very very hyperactive and I've seen children have got both both sides. I've seen children… it doesn't necessarily mean that you're badly behaved because I've come across children with ADHD, diagnosed ADHD who are, who try their hardest at… with everything and there's a big difference. They've got resilience and they've got … that… motivation, that want to …. they've learned the behaviour rules. What I have noticed that that I think family background and just the parental attitude can be a factor in how that behaviour presents in school at least. I've had instances where children who very possibly or have definitely got ADHD are perfect little Angels in school but they go home and the monsters so part of it tells me that there's learned behaviours or that they managed to hold it together in school and it's sort of the get back home and they've had enough..and they're monsters. I've seen children who literally walk out our school door, they see their mum outside and it's like a switch is is is flicked an they're.. you know they're like… it's like Jekyll and Hyde. So I think there's an element of you know, if you've got ADHD it doesn't mean to say that you are not a naughty person, that you're always going to behaved, I think you can you can learn to follow social rules and expectations and a lot of children seem to do that in school but maybe maybe it's it's a very different situation at home. It's not very often you get the opposite situation, you might get parents saying "oh we don't have this at home so you shouldn't have any school" but you know for a fact that that's not the case so it's either the same in both settings or you know we perhaps have we get the better of her child in the school than at home. I know for the diagnosis it's got to be the same across two settings that's

generally the feedback we get but there is you know, they can present differently in two settings. Am I rambling on a bit tell me when to stop….

Kiera: no no no you're not it's all it's all useful…

Janet: also I have… in my time as SENCo or even before that I've only, I've come across very very low number of girls who've had diagnoses of ADHD in comparison to boys in fact they probably two that I can think of in probably all the time I've been in at [name of school removed] and I've only ever taught at [name of school removed] but I think that actually means that there's a lot of girls with ADHD, and it goes undiagnosed because they're not acting out in school. They're not presenting with any behaviour difficulties…

Kiera: yeah so do you think…

Janet:…It might show in different ways though cause there's a little girl, I don't know if you want me to go into more specific details, but there is a girl and I I I think she's ADHD but she's presenting with some mental health and self-harm concerns. I think perhaps it comes out in different ways in in girls.

Kiera: right so you're so just kind of picking up on that when you said that you know there's been kind of a low number of girls who've been diagnosed with ADHD that you've come across, have you got any thoughts around why you mentioned there about it might come out it differently for different gender, have you got any thoughts around why we may not notice it more in girls and we are noticing it more it boys?

Janet: erm when you see, the sort of, the children I'm thinking of….I remember when literally the first day they started nursery and I'll see them through through school and the girls typically, typically have got better social skill development that is small social creatures or they want to. This, they're usually better communicators as well and so that that helps make better relationships with their peers when they're young. The the two the two girls that I was mentioning before, they they also had other difficulties. One had a very very complicated home life she had bereavement, she's lost her mum at an early age but she also went on to have a diagnosed… well both girls also went on to have a diagnosis of age of ASD. But they both had, behaved, they were very aggressive in school to peers, towards peers and adults. I think sometimes other girls that that that aggression that frustration either comes out and it's directed at other people, sometimes it's being directed back inside them,

themselves so a little girl with ADHD, she doesn't have a diagnosis yet but I I I think this strong possibility, could be wrong [hight pitched tone of voice] but she started self-harming and telling, but she's always told tales and fabricated events and it's all attention seeking and making disclosures. It's it's it's been very, she's wanted to get your attention in a different way but she's she's struggled academically in class and I think it's like, almost like asking for help but in a very different way. Whereas often you see boys and they're, you get a signal that they're not coping in class with the learning because there [growled/mimicked screaming/chaos/hands up]… walking around, hiding under the table, running out, bashing somebody. I may be wrong, but what I've observed, is that they're either better at hiding it and sort of trying to get on with it because they've got better social skills and communication skills or their anxiety's and frustrations might just be being channelled back inside themselves rather than, letting it out because maybe they don't wanna annoy people or they don't want to be perceived as being naughty. I don't I don't know it's it's a strange one cos when you first contacted me… I was really thinking about that, I wonder what she'd want to know. I started to think about my, just my own sort of like the experiences of children with ADHD. I have to say the majority of children that I end up asking … either having a screening or referred them or parents have done it that that it's generally the overwhelming majority are boys who are acting out in school and at home and may or may not have had exclusions and you know usually that's that's a typical child that comes to me. I just have a feeling you know that there's been so few in comparison to girls with ADHD, it can't possibly be…. I know it's the same … I know with autism it's harder to detect. I'm just wondering if it's the same with ADHD cause I'm sure there must have been girls with ADHD as well who've gone and may still be under the radar but perhaps it presents in different ways as they get older. And if they're in high school we may not you know you've lost track of them by then. But I just wonder.

Kiera: yeah so it's something that we, I suppose we don't know much about then that difference in. It's a bit like with autism …

Janet: …yeah it's like it's a gender difference…

Kiera: yeah like they say it's the same with autism were you know there's a lot of research around the difference, how girls present to how boys present, it's kind of almost easier to identify in boys and but it's possible because we just don't know enough about you know how girls present with ADHD or with ASD. Do you've mentioned a little bit there about your

experiences of kind of teaching children who've got diagnosis of ADHD or teaching children who might not have a diagnosis yet but it's something that you know, that kind of narrative, it's been discussed around that child, can you talk a little bit more about your experiences of that, of kind of being the teacher and having these children in your class?

Janet: okay right so it depends how they're presenting so if it's somebody who's, the ones who'll go under the table, will shout, scream, refused to come to the carpet or that there are ones like that. It's it's behaviour, you need to make sure that they're, they've usually got TA support sitting here to help them. Ermm but if it's more sort of the attention deficit the not not being focused, you have them sit sat at the carpet at the front near the board, near the teacher, or next an adult, to help them make sure that they're trying to so follow what's going on. But often those children they really struggling in a whole class, if it's a large group of say 30 with the teacher and so they will often need work in a small group say maximum six and sometimes those children they find it, even a group of small group of six difficult to follow that what that's what's happening. So usually children with ADHD are, they are attaining below their age related expectations so they might have learning targets as well because it's not often you come across children who got sort of, and it may be more the hyperactive side that they can't sit still or that that you know there's some behaviour issues, that impulsivity, often they're quite bright as well. I said it could be because they could be attaining a little bit below where they should be and so again it's difficult to generalise because there's no, there are some generalisations, but usually in class you'd either have them at the front, or be back in a small group, they might work one to one or with a TA. They may well be having differentiated or learning targets, that's personalised and it will be part taking part in other interventions. It depends it depends on what the rest of the package is it just depends if that you know, if there are behaviour management issues as well.

Kiera: yeah. Is is that something that you've noticed that? Can children with ADHD… are always achieving below age related expectations? is that kind of the common theme that you've seen?

Janet: not always but I'd say probably a majority and lets state the facts probably the majority and that's mainly because when they've been in class, they haven't … they're not attending, they're sort of not following that …they find it difficult if that in taught in a whole group so you know when they go into key stage one or even carpet times in in in foundation stage moving to key stage one, that to whole class teaching input is a lot of it is just going

over the heads and and then you know that…there is a danger that the gap can can widen so often they might well be working in a smaller group or that its differentiated depends on you know what your TA supporter in class and it would generally be for maths and English in the mornings rather than the afternoons. But a lot of the children that I have come across with ADHD, they haven't you know, they've been told an instruction or what they need to do and then they haven't, they can't remember it, or they need to be told several times and you have to give them that time to do it, to process, you have to remind themselves, okay now then you need to get your book…you need to write this down … and do this and that, simple step by step instructions, they probably need it repeating a few times, they'll need encouragement to get started when they're working independently, they'll need encouragement to get started, they might need, they can have … good recording skills you know letter formation skills, would be very reluctant to do it to gets started. So you may not get the quantity of work that you want. Orally they could tell you the answer but because sometimes you know it's like getting started, writing it down, that often seems to go hand in hand with you know with children who've got ADHD. When they finally starts and they're on task they can do it really fast but some children need… literally needed to be reminded and okay okay well what next? is there anything else? Okay? just so that they are looking up, you know, not looking around the classroom or they've not been distracted by something else so they need that …and there probably the most severe cases. There's a little boy, I was little bit late starting your meeting because…. I was just supervising a boy he was the finishing off a speech and language assessment, now this child his he has got very significant speech language delays and problems but we're actually talking about he's requesting the screening for ADHD because he's just… you just can't… he couldn't hold an instruction in his head to remember it, he couldn't… he was very easily distracted so it was for him to keep that focus and concentration goin was really difficult so…. but he is quite young as well so he's a July birthday, in year 2 but he's a July birthday so there's that age factor so often you know it's it's year two or or you know towards the end of year one where you can say Okay right we need to just perhaps check this out a bit further so there's there is an age issue. I've totally got us a point now and I think I'm the one with ADHD….

Kiera: no it's alright because I was just going to pick up what you've just said there, kind of towards end of year one, year two, you think that kind of coincides with the increase in formal learning as the school goes goes up the years?

Janet: very very possibly and I think also you've got to take into account a child's age because some children are ready for year one and some children are just not. So you have to watch and an just observe and give them time erm because at the end of the day the child, for that child to make progress, that they …it doesn't matter whether they have a diagnosis or not… the teacher and the TA and the SENCo, you've got to meet those needs in class so you wouldn't wait for diagnosis so yeah okay you think need to be in a small group or you need this, you'd have done that anyway and you're looking for a response to those interventions. You you put these things in place in class, does that help, has it made a difference, have you caught up, have you closed the gap, are those difficulties still… and if those difficulties are still there then then that's that's when you might consider a referral to said… well for me it's it's a bit of a faff, you know, you've gotta go through VirginCare, the school nurse and the school nurse do it. Erm so to start that process you want to be certain that there are grounds, and that you know, sometimes you if you do it too soon they could give you a false reading and what you don't want, you don't want that child to have…. some people ….we wouldn't see it as a label but you know children could have that that label for life. I prefer to look on a diagnosis as more of an explanation for for difficulties and say for instance, if a child is like not staying on task or not following instructions first time or is very impulsive or does do things which are getting him into trouble that there is a reason. They're not doing it on purpose they not just being 'naughty' [quotations marks] there is an underline reason for this impulsivity or you know the difficulties of concentration but some people would see it as a label …. sorry one second [somebody entered the room] sorry the heads just come in he's using our intercom…so yeah so it's very yeah so I like to see it as a as an explanation rather than a label. But I know parents seemed to want the labels or parents are concerned about a label so you've just got to… it's got to be done in a positive frame of mind because at the end of the day you want to help. You do get parents to say look he's got that…. I need help… he needs medication, they want that medication and others they got children that I think, I think the medication it might really really help this child and they don't want, so it you know it's it's very… people have… parents have very different attitudes towards identification of ADHD.

Kiera: yeah you mentioned before just before the recording started about the…during the kind of the lockdowns where children have been spending a lot of time at home, you've heard from kind of a lot of parents who are having a concern around the child's behaviour and kind of linking that to possibly wanting to go down the ADHD route so could you talk a little bit more about about that that kind of experience that this that you've noticed?

Janet: There's one child it's in my mind at the moment, he's in Year [removed for confidentiality], he should wear a hearing aid but he's never wanted to. He said when he was in year [removed] that he doesn't want to, so…he's very …he's perfectly bright but he is slightly hearing impaired and but the first lockdown we had a phone call from mum and she's she's just doesn't have time for it, she's "he's doing me head in" "he's got ADHD!" so she's she's been to her GP so I wasn't involved in it there's no discussion coz I just got the Connors and CADDRA link and an ASD screening form and you think *who's done this?* There's just no way. This mum is like he's at home all day she's at home he won't do his school work he's you know this that and the other. So we spent hours and we did the Connors, you know, pointed out that in school, you know, he sits near the front, he does not… he can push, he is chatty but it is is not… we think he's hearing impairment could be why he doesn't always listen…. Anyway. It isn't clear yet, we we don't have behaviour difficulties in school we don't have anything like that and he's he's not somebody in a month of Sundays anybody… all the way through schools… nobody's ever said "did you think…? what you think…? So that is just, it's just the family circumstances and he's got an older sister who's a little Madam is probably doing mum's head in as well and an older brother who's perfectly you know normal [stuttered on this word] so this little boy is he's been spoiled all the way through coz he's been the baby. I think mum is just you know just somethings are coming home to roost now. He's not… he doesn't put a foot wrong in school and he's.. you know, we make allowances for his hearing but I think that's the end of it so. There's also this second lockdown we are getting a lot of phone calls now through this week from parents from parents saying "look I'm at the end of my tether I can't stand it anymore, driving me nuts" that you know so we've had one mum saying my mental health… health nurse says they've got to come to school because it's not good for me. There's nothing wrong with the children but they've got something like ADHD. There's something wrong with them or parents are saying that they've just had enough and they want the kids back in school and so we've tried to to accommodate them as best we can and even if we can give them a day or two days you know even a didn't actually fit any criterion, in some ways if the parents and the children are not coping at home it'll still have an impact on the child so perhaps it is better for the child to be in school. So this time we've got we've got well one classes has got 17 out of 30 in now because the parents you know very …even children of parents who refuse places early on. In fact there was a phone call yesterday and this this girl who's a previously looked after child the last time I spoke to her her guardian was last April and I said look she's very welcome to come into class… come into school in lockdown it's like "no no no no we're fine" phone call

“can she come in you said she could come in last last April” I said okay “coz we can't cope with her anymore” she's an angel in school but things are difficult at home but as I say there have been two or three ADHD screening come through as like no way it's just because the parents are finding their behaviour …they're all getting on each other’s nerves but but when when it's done you know it probably won't meet the criteria. I don't think they'll actually have diagnosis of ADHD but sometimes parents understanding of what is ADHD is perhaps different too what a professional's might be. There's a child, there's I think it started to touch it before there's a child in Year [removed] and have actually just done an ASD screening and I've screened for dyslexia and his mum mum and dad have terrible difficulties at home. I think the parents have just split up because this boy his behaviour at home is so bad that is called that that parents have split up and also he's so aggressive towards his older brother that the mother has sent the older brother to go and live with the grandparent. In school this child is he's just… he couldn't be more different and so mum’s saying I think he’s autistic whereas actually I’ve said that I think there may be signs of ADHD because he is so impulsive and you do see impulsivity and difficulties focus and concentration in class and when I was doing the screening you've gotta repeate instructions two or three times but it's not autism so this particular parents got it in ahead her child is autistic and she's got… she doesn't want to hear ADHD… is that… is.. so sometimes you, it's like you've got to negotiate with parents as well I said well this is what it's working in school this is what we’re finding in school and I think this is what you know it might be worth investigating but she doesn't want to hear that because she's concerned he's autistic….

Kiera: … in that case, do you do you have any idea as to why she's holding onto that autism idea and struggling to kind of think or maybe it's something else?

Janet: I don't know I I think that she's she perhaps possibly… I found when I have spoken to her she's she knows everything she's done that…
…I've heard that, I've done that, done that, and I think she's making this child's behaviour fit near the profiles but I think a lot of it is that there's an element of learned behaviour and I think there's there's been an element of childhood that’s been prone to strife as well in the home. I think school is very stable environment for him he's made even despite lockdown, he came to the start of this academic year, he's made a lot of progress in that that short time, academically, we think he's very possibly dyslexic but he's made a lot of progress. So I think sometimes parents there they have it in their head it's this is they they can be quite closed

minded to perhaps schools experience so we just have to work with her really…. and I am I am I is this helpful to you at all Kiera?

Kiera: yes it really is because it's it's just help me kind of get an idea of your experiences in your you know your mainstream primary school as to what what you're seeing kind of on a daily basis you know what your ideas of how of what ADHD is and how to support it so you've mentioned quite a lot of strategies and kind of techniques that you in your class teachers will implement whether or not a child has a diagnosis …all these kind of strategies that you know you named before like small groups or sitting close to the board or to the teacher or to TA support, those kind of strategies, what where is it that that kind of information come from so I'd be interested to hear a little bit about how you've built that understanding of that's what might help a child with or without ADHD?

Janet: it was it would just be from children in the past who've had diagnoses or that there's been EP involvement. We've got quite close links with the ADHD nurse because until a couple of…well until about 18 months ago the only contact I'd had with any health professional about, with a child with ADHD would be probably by paper, it just you know a letter or something. I'd do referral would go to the community paediatrician and parents eventually there might be, might or may not be a report or a copy of a meeting of an appointment and so it was very much between parents and the consultant or the paediatrician. They've appointed, there's two ADHD nurses and there's one in particular that I tend to deal with from our school and she will she's an ADHD specialist nurse so she tends to handle, well not just medication but if a child is having a medication trial or is on medication she would do that but she doesn't support the parents in a purely about medication it's it's the whole thing and she is absolutely been brilliant, she's been… I've had her into school, she's done staff training to raise awareness of that and strategies and I'm probably for getting half of things that she said so prob probably come over as being very ignorant and I'll probably come away thinking I didn't mention that so but so she's been in she did staff training last … it was just before lockdown actually last March and but she's supported children she's been she's done observations coz I've got a very tricky situation, a boy in Year [removed] and he's just finally been given an an education health and care plan. Mum and dad aren't together, he splits his time between two classes. Mum knows there's ADHD and very possibly autism as well. Dad refuse it, dad doesn't engage in anything I think dad dad has a, possibly just like [removed child's name], I think dad has that is an ASD ADHD as well very possibly but like

18 months you staying right we're not doing this, I'm going to have my own individual consultant, he's going to come in, he's going to screen because I don't agree with that diagnosis at all, it's not this, it's just.. he's just.. it's just you're not teaching him right. Now this lockdown because he had a meltdown in school and there was, initially because because of things to do with home it's very complicated but he has a meltdown in school so we had to… he wasn't given an exclusion but we just took him out to the very small group in his class that's there at the moment and I'm saying he's had nurture support, dad hated that - he's being picked on, he's being bullied - but it is not at all so we gave him an internal exclusion basically he'd be working one to one with his TA to do his work for the two days. So dad didn't send him in on his days now, he's going to stay at home. Right dad is saying "he's thick he's thick… his spelling… his mental maths it's shite"… the child has gotten… "and he can't listen to me he can't listen he's not paying any attention he's just not remember anything…" there so it's just like "what you doing about it?" so I just spent, the head and myself it's took us about a full day to come out and compile all this information for the for the dad about basically "look we're doing this because he's got all these special needs that you said he doesn't have but she just said he does have have all these needs…" So sometimes the only way you can help the child is… you've got to try and help the parents and I've totally forgot how we got onto this before. What was it well how did I get on to this just what was I talking about I've definitely got ADHD and I'm just losing track about everything and I'm rambling on.

Kiera: No it's alright start that is useful when you've just said then that sometimes to help the child you've got help the parent

Janet: Yeah that's easier said than done though.

Kiera: Yeah I can imagine it's it's tricky isn't it because that's you know you've mentioned a lot about the family and strategies ….

Janet: Oh I was talking about the ADHD nurse, yes it's come back to me now. [removed name of ADHD nurse] she is there, she is a presence in the school, she's brilliant so there's that connection now between the paediatricians and schools so you get this the strategies you get that connections that that improve communication so everybody knows what's working what's not working not and you can you've got a dialogue an she's she's you know her knowledge is very up to date . She's very all so very aware of what it was like in a school,

where as the paediatrician is often, you either don't see them or they don't know what it's like in school so the fact that I've lost count of the times and all SENCo's are in the same boat, the same saying "ahh I've just had so and so's mum come back saying doctor [removed] says that he's got ADHD so he's got to have an education health and health and care plan" and we're going "what!" you know so the paediatricians are not totally up to speed with with with with with reality in in an educational setting in a mainstream school coz, however the specialist ADHD nurse that that's a super role and you know that's made a big difference to us in school with ADHD. It's made a big difference to individual children with ADHD. I can actually say that with an that's one of the most positive steps ever to actually, not get extra paediatricians, extra nurses the people on the ground you know that bridge between the NHS or CAMHS an school.

Kiera: and you see you mentioned the the ADHD nurse has been able to observe individual children and things that? Do you think that's made kind of a big difference in supporting rather than, because sometimes ADHD, we mentioned this earlier, it can be looked at generalised couldn't it, this is what ADHD is and this is what all the children that have that diagnosis might be like. Or is it is it really helped in terms of separating the individual children and supporting each one individually when when that nurse comes to kind of observe them one to one…

Janet: She doesn't come, she came in very extreme cases. The child I mentioned before with the dad, just because it was so complicated and sort of language the legal services were involved like she can because it was it was very difficult. So what she has she she has she has offered to come out and support in other areas and to do reports coz that was helping us get an education health and care plan which is something else that dad didn't want us to do. So we were caught in the middle, the child was caught in the middle. It's is is it was is probably very extreme so it's probably not to useful to you but she she when she was then she also observed the other children in who in the nurture group at the time this is this time last year because out of that three of the four of were ADHD. Well actually three of the four children were ADHD and probably ASC they were on the pathway or had a diagnosis of ASD as well. So that…often the two can go hand in hand and sometimes it when you're not sure it's because you're not sure are you looking at autism or ADHD or the both so it's almost like it's the same to my to my understanding it it's it's you know this in the idea of neurodiversity it's the same part of the brain isn't it and it's more like a diagnosis is you're looking at a best fit

description rather than that's that and that's that you know coz I remember when I I did a erm…..I've got the the qualification to diagnose dyslexia, I'm a specialist dyslexia teacher, not that I get the time to do anything with it but I remember training an there was it was like a crystal, I've always meant to do it in school then do training sessions if it could get my hands on it, it is like a big 3D model of crystal with all these different erm sort of erm traits and actually when you put it all together it all there was the dyspraxia, dyslexia, ADHD, ASD and all these comorbidities it just showed you the links and it's like well I thought well that's exactly it in school you're looking at a child and it's not just that need and that need their all intertwined all intermeshed and it's hard to tell when one ends and one starts. So so that's why is from school perspective you just gotta look at that child's individual needs in class or at home if they're struggling and you know if there are difficulties at home or in other ways of life and then just just do you know just just trying you know it's not bespoke we just don't have enough resources to make it completely bespoke but trying to be geared to that child's needs with the resource that you do having in class. But erm yeah I'm diverging again but what did strike me on this course and I will never forget, is how you know when is it ADHD? when is it autism? or when is when is it dyslexia? or just dyspraxia? and I think ADHD it's often it's easier to diagnose ADHD maybe because there's more tools it just seems to be a bit more black and white it's it's simpler than getting an autism diagnosis and it's very difficult to have a dyspraxia diagnosis even though I do think this children go through school and they have dyspraxia but maybe they have it's it's seen as ADHD, I don't know so I sometimes I think and that's that's because it's the it's the resources that are out there that you can refer to I think some sometimes you don't always get the full picture of the cause of the root cause of the child's needs and that's because because of whats out there that you can refer to for for more advice and support. So I might raise concerns but you know a child who's perhaps got motor motor coordination difficulties is also forgetful and you know can't sit still or is it is not focused and that they may end up with a diagnosis of ADHD but that doesn't say that it may not be dyspraxia or and you know but at the end of the day you've gotta go with what's what their main need is and try and meet that need in school or at home if you possibly can.

Kiera: Yeah you mentioned that the sometimes they they may have a diagnosis of ADHD but it could be dyspraxia or other things like that, have have you got any experiences of when your understanding of ADHD has been challenged? So you know you've been presented with someone has a diagnosis of ADHD but you've possibly thought different so maybe that's not the case?

Janet: No I haven't and that's only because maybe I've seen that child early down in the school I don't know I've been here so long and I see them come through… I haven't… I've seen children transfer from schools and it's typically it's key stage 2 it could be between Years three, four, and the… something's gone wrong they've already been constantly in trouble in another school and someone will say I wonder could there be a reason for that you know and so you're looking at it it could be difficulties at home you never know coz I've seen children who've got very chaotic home lives and people said their ADHD and it isn't necessarily, it is it could be attachment difficulties, it could be just the chaotic home life and that's what you're seeing an I have seen those children settle down so sometimes you have to get to know a child . In fact there was one yeah okay this I've just thought of one that was fairly recent and he's actually no longer with us coz mum took him to be home out to be homeschooled, it is quite complicated because he came to us at the start of this academic year so we came in September from another school in [removed name of area] he's only been there for a term. Sorry been there two terms but his attendance was really low. He comes from a school in [removed name of a different area], he been there for a term, really poor attendance. Before that he'd been in [removed name of different country], and [removed name of different city], there was safeguarding issues. Mum had moved round a lot. He came to us and in fact the first day of term that it was the ADHD nurse she sent me an email it was like the Connor screening for for this child who was … went into our Year [removed] class and I can't I can't do it because we don't know him so I spoke to his other school they've been in the same boat coz you've come and straight away mum's said he's ADHD, he needs this, so they haven't, he hadn't been in school enough for them to actually feel like they knew him well enough to do the ADHD so that's why it came to us so quickly I don't know why they were breathing down his mums for attendance which is why I think mum moved. Now I bent over backwards cos I think this child's needs are all mums needs, there's been domestic violence, I think, she said she had MS but never really ……. You know….. I think she had, mum has unmet needs but this child we, I spok to his class teacher a few weeks in, I'd met with mum, kept tabs with the class teacher and this child is settled and said that do you think there's any signs of ADHD, she said should know sometimes he seems lost and he's well behind were he should be but if you look at how much schooling he's had, he's probably lost in class and the short time he was with us he never did a full week and when he was in and his behaviour was lovely, he was he was just lost in class but you know she is, he was working with a TA and they did see him make progress, he's trying but it was it's not ADHD. Just lack of schooling, that mum took him out of school just before Christmas and she's she's

home educating but mum does not, she does not have the capacity to home educate so we had a lot of safeguarding concerns about the child so we and also we had a younger brother who should be on our nursery he came for a few weeks and then mum said I'm not, he's too young, I'm not sending him. So then yeah I'm as far as we know he's, they still live not far from the school but he still been…. he'll probably pop up in another school somewhere down the line and I'll get a request by… coz I was alerted to to the past by looking at CPOMS, our safeguarding sort of tool. I could see that. I did a bit of detective work to try and put some pieces together so I could see he'd been all round. If it was not for that and then you think well it'll make you know, if you didn't know that the full picture, you might confuse for thinking what sorry… excused for thinking that well he is have got he has got problems maintaining focus and concentration and attending but actually it was just lack of schooling.

Kiera: Yeah so it was that kind of the fact that you had that bigger picture about his background was kind of what what helped you think twice about that diagnosis, where is like you said you'd kinda be excused for just kind of taking that you know okay maybe maybe he does have a diagnosis of ADHD would be appropriate if you didn't know any of that that he hadn't you know that you moved a lot …

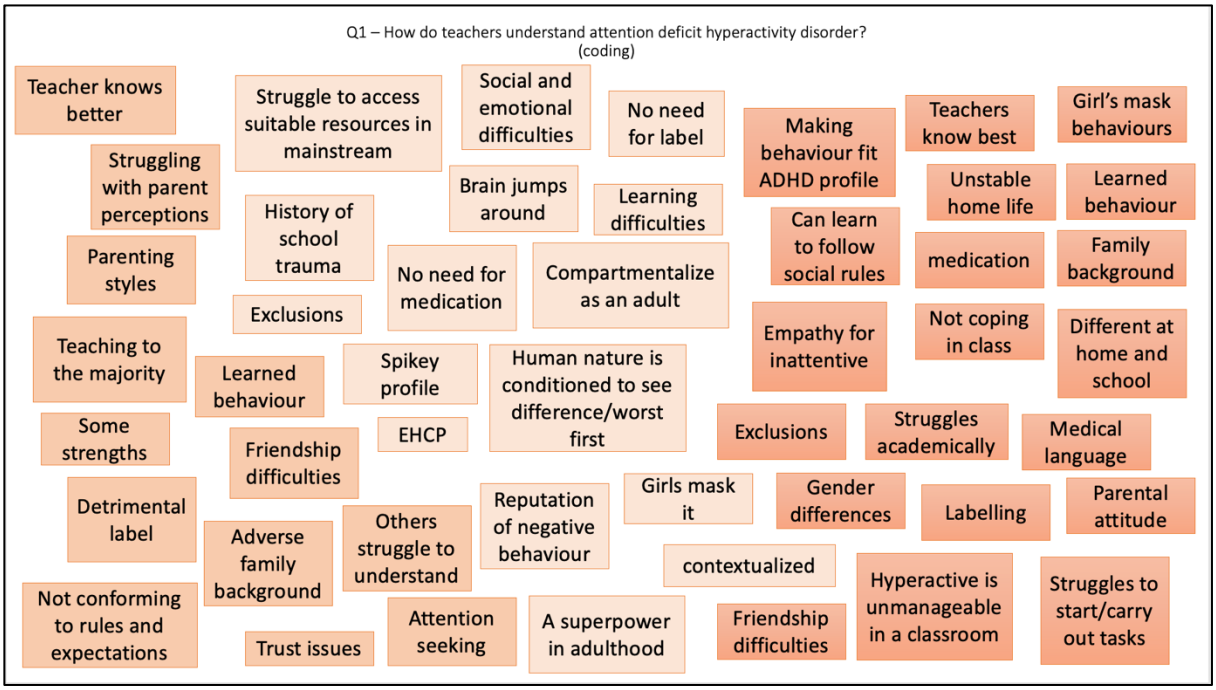
Janet: Well you might you might have considered filling the forms just because he would be there like you know it was it was just totally over his head but when it was differentiated ….. there's such massive gaps in his learning but you know he could he could maintain and do the work set when it was at the right level and he could work on his own there was no concentration [issues]…. as long as he… it just had to be differentiated appropriately really. So that's it that's the closest I can think of really coz generally I find it's the other side of the coin, parents saying they're either ADHD and they're probably not, rather than me saying ….erm actually ignore that….scrub that last comment… it's usually us saying they're ADHD and parents dragging their feet and not knowing but in most of the most of the time, the vast majority of children in our school that I've come across we we work hand in hand with the parents and we've got what they need but you do have, it's just that I've been thinking about the boy in Year [removed] and that boy so that's the forth front of my mind but the vast majority of parents it's it's it's consensual you work together and that the child gets what they need so that's that's it but having an ADHD nurse that made a big difference big difference.

[At this point, the participant mentioned that she had to end the interview because she had another appointment]

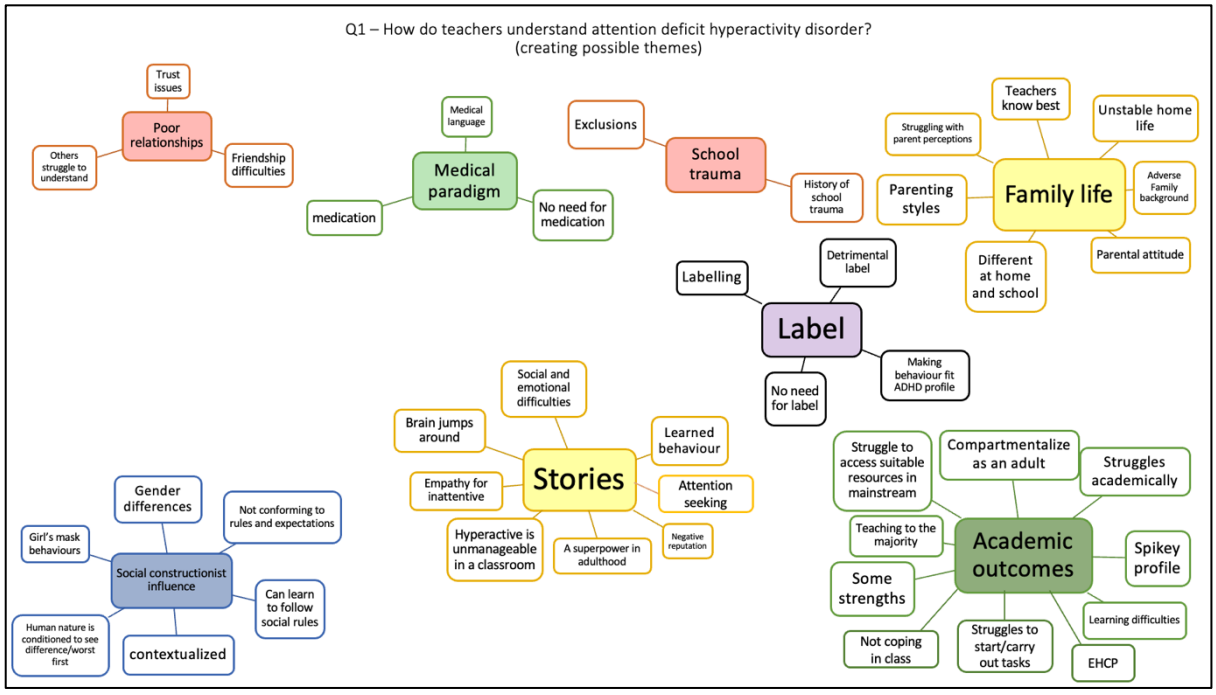
Appendix viii

Coding to themes for research question one

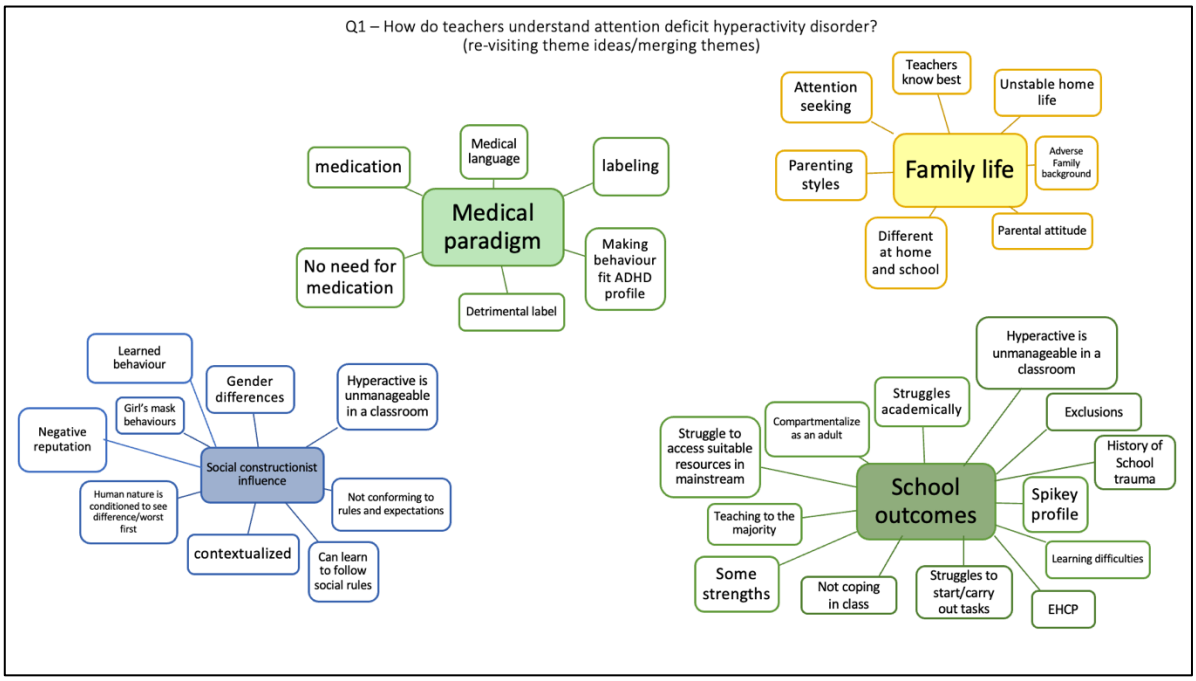
Key | Participant 1 | Participant 2 | Participant 3



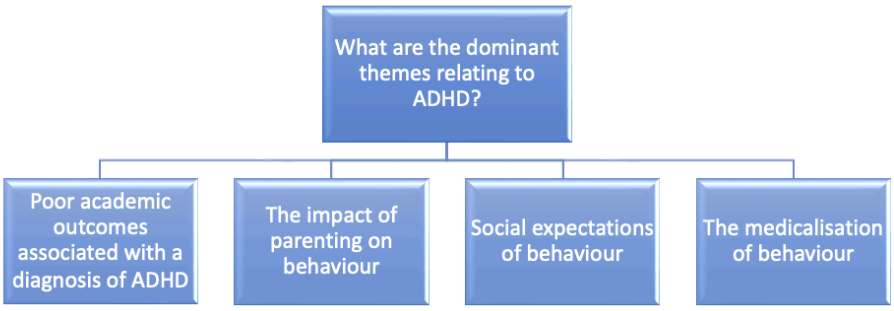
After I coded the transcripts relating to research question one, I collated the codes for each participant.



I then re-looked at the codes, merged them and removed some while I started to generate possible themes.



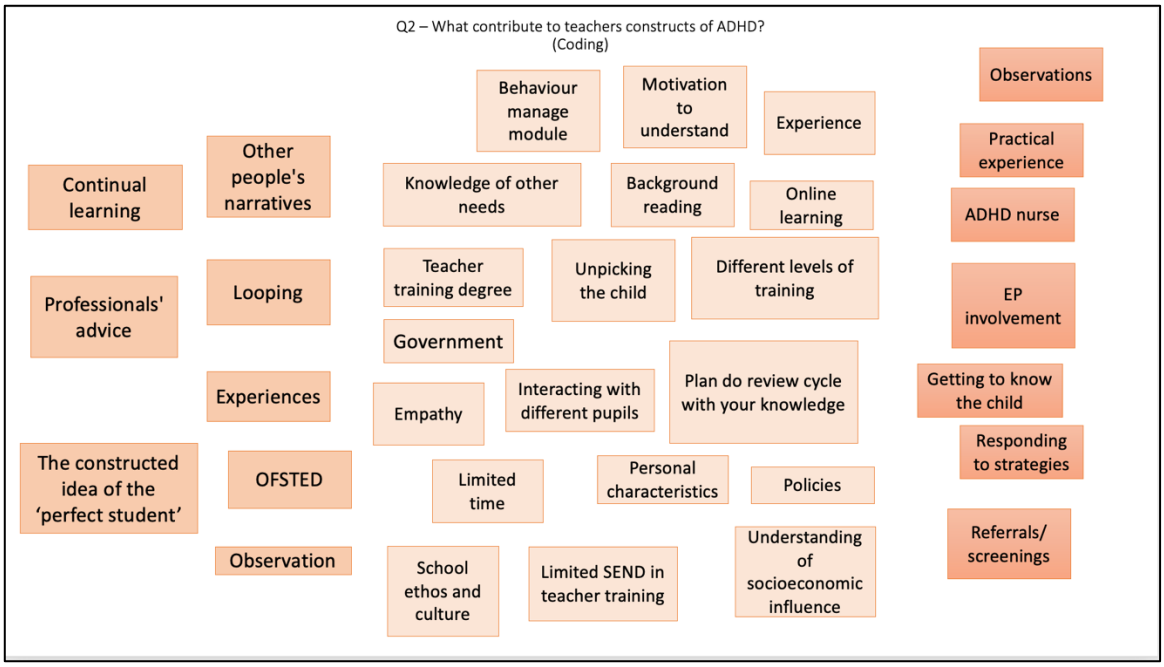
I continued to re-look and re-analyse the codes and themes until I settled on the themes in the image above.



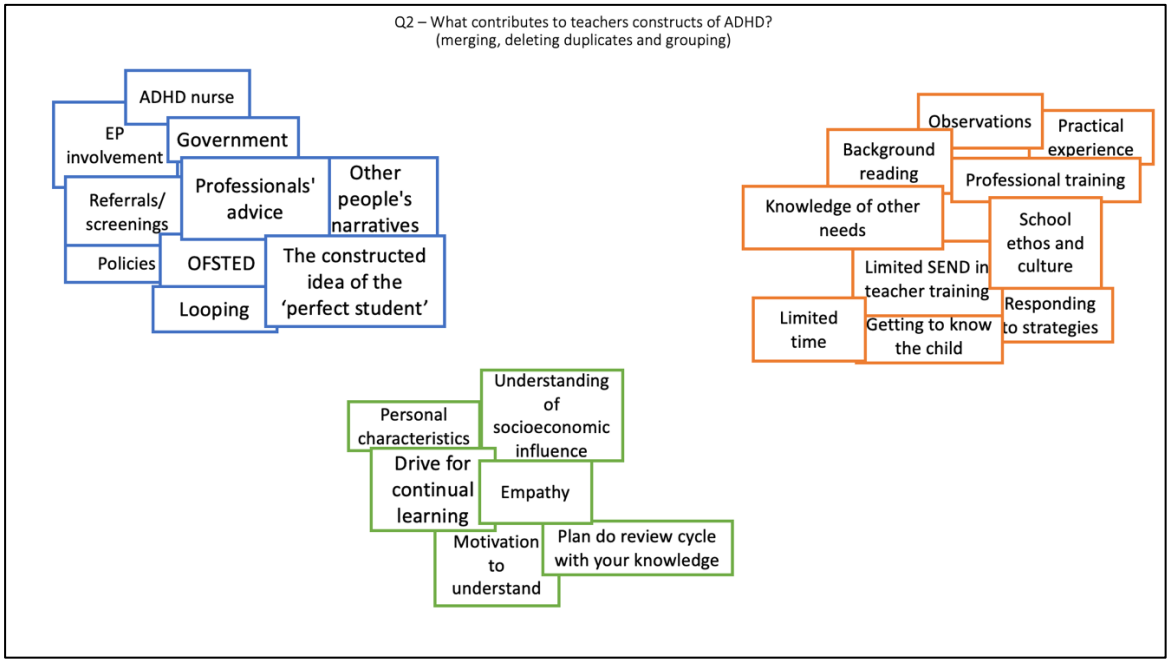
The final theme names were continually re-worked until the later stages of the project and once I had decided on the final names, I created the final thematic map above.

Coding to themes for research question two

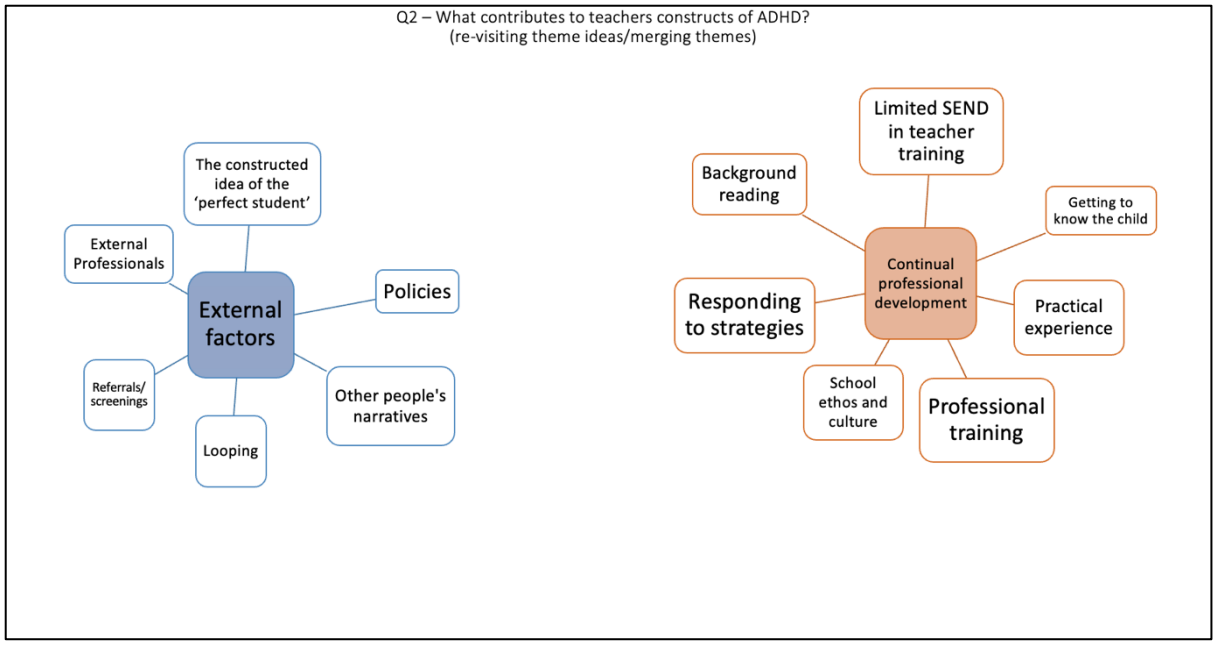
Key: Participant 1 | Participant 2 | Participant 3



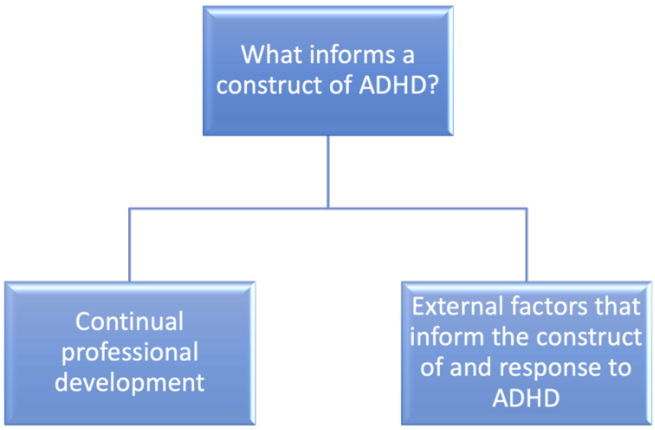
After I coded the transcripts relating to research question two, I collated the codes for each participant.



I then re-looked at the codes, merged them and removed some while I started to generate possible themes.



I continued to re-look and re-analyse the codes and themes until I settled on the themes in the image above.



The final theme names were continually re-worked until the later stages of the project and once I had decided on the final names, I created the final thematic map above.

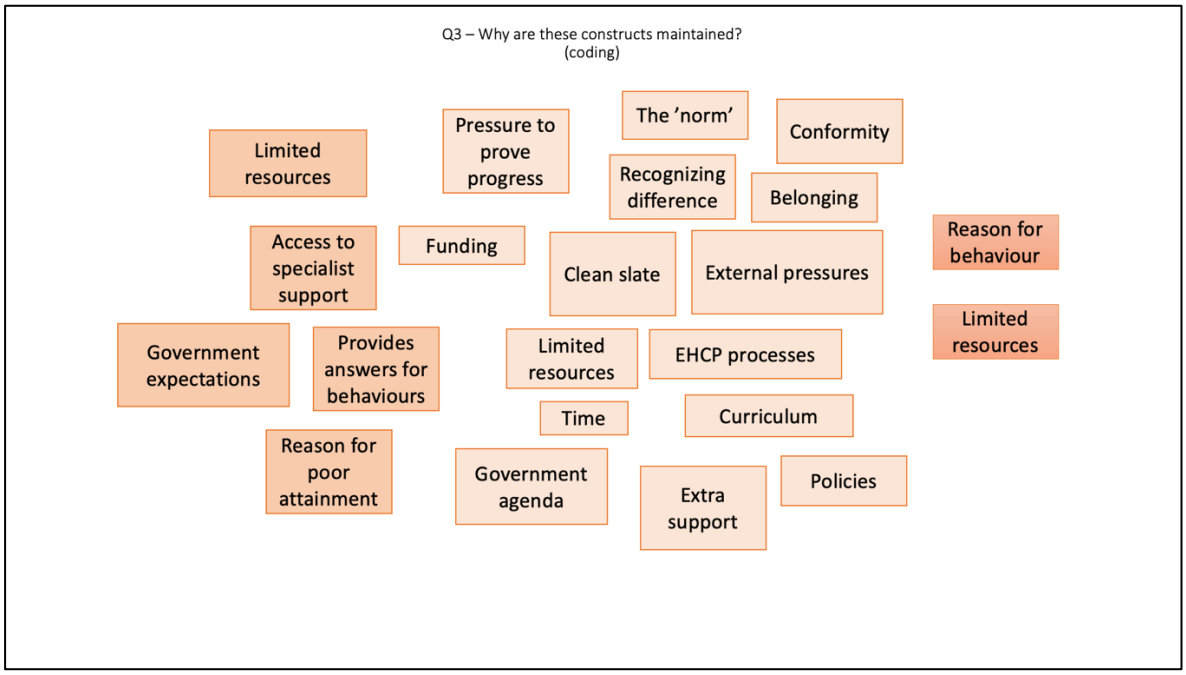
Coding to themes for research question three

Key

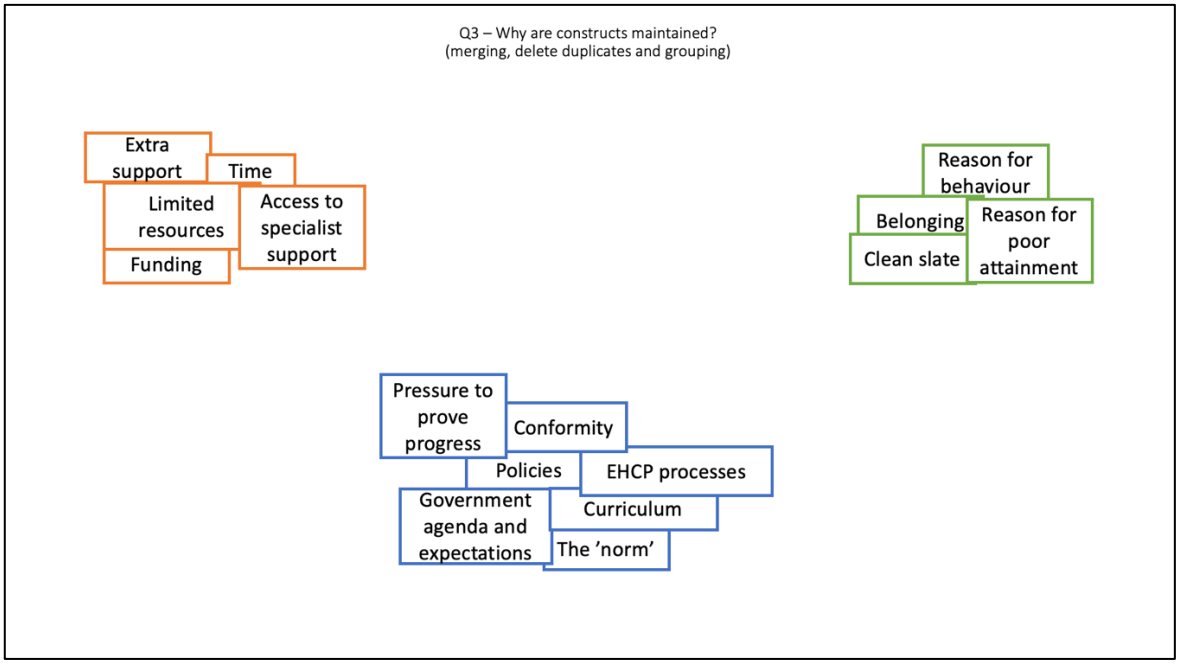
Participant 1

Participant 2

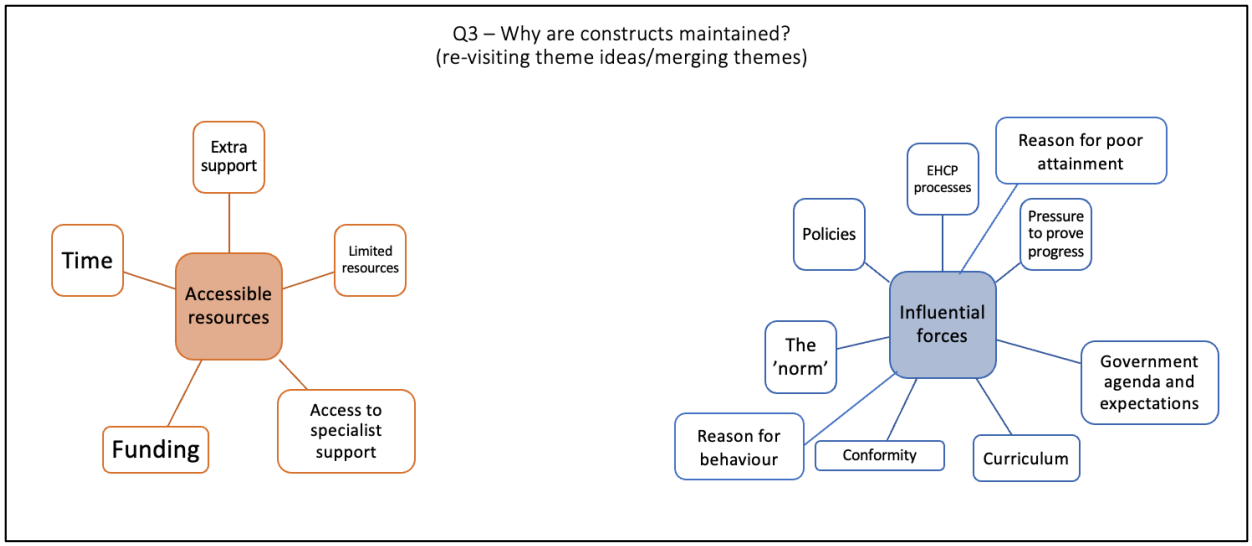
Participant 3



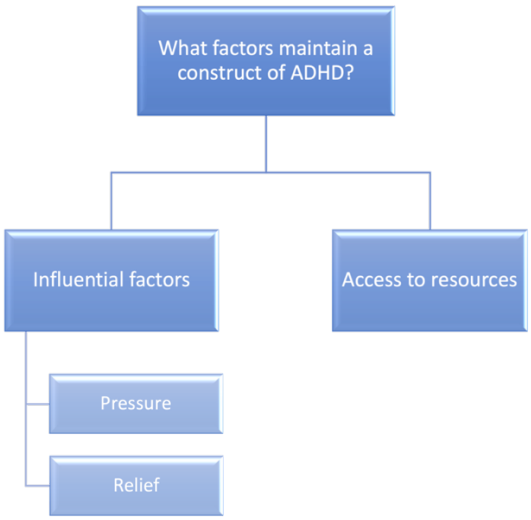
After I coded the transcripts relating to research question three, I collated the codes for each participant.



I then re-looked at the codes, merged them and removed some while I started to generate possible themes.



I continued to re-look and re-analyse the codes and themes until I settled on the themes in the image above.



The final theme names were continually re-worked until the later stages of the project and once I had decided on the final names, I created the final thematic map above.

[END]