

Teaching assistants' facilitators and barriers to effective practice working with children with ADHD: A qualitative study

Abstract

Attention-deficit/hyperactivity disorder (ADHD) rates have increased in recent years, resulting in more classroom support (Young et al., 2021). In Wales, support for many of these pupils is provided by the 16,157 Teaching Assistants (TAs) employed by local authorities (Welsh Government, 2019). This qualitative study interviewed fifteen primary school TAs to answer three questions on (1) feelings about their job and (2) the facilitators and (3) barriers to their work with children with ADHD. Using thematic analysis (Braun & Clarke, 2006), the researchers identified ten themes: positive feelings, negative effects, a need for change, support, improvement over time, one-to-one relationship, lack of support, negativity towards ADHD, classroom environment, poor knowledge and experience with ADHD. This study illustrates the TAs love for their job and the importance of positive relationships. It also highlights a lack of support for TAs and negativity towards ADHD. The implications and recommendations for the future are discussed.

Introduction

Attention-Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterised by developmentally inappropriate patterns of behaviour. The symptoms include being hyperactive, inattentive and/or impulsive to the extent they interfere with a person's psychological, social and/or educational functioning (American Psychological Association [APA], 2013). According to the National Institute for Health and Care Excellence (NICE, 2018), ADHD affects 3% to 9% of children attending UK schools. As a result of changes in policy related to how adults with ADHD are identified, there has been a significant increase in ADHD diagnoses in children (Young et al., 2021). Inattention symptoms mean that children are easily distracted, making task completion and following instructions problematic. Symptoms of hyperactivity include difficulty sitting still, fidgeting and excessive talking. Impulsivity makes it hard for children to wait their turn, often interrupting or intruding on

others (Mohr-Jensen et al., 2019). Teachers have reported that the symptoms associated with ADHD are the most challenging of classroom behaviours, which generate negative emotions among teachers and peers. In particular, hyperactive and impulsive behaviours often result in disciplinary action, peer rejection and stigmatisation (Barkley, 2018; Nguyen & Hinshaw, 2020). Children with ADHD are at significantly greater risk of poor school performance (Moore et al., 2017) and exclusion (Parker et al., 2016). As a result of these difficulties, they are more likely to receive special education services (Murray et al., 2014).

To help negate some of the above issues and improve teacher workload and teacher retention, local authorities in England and Wales have increased the number of staff providing classroom support for children with special educational needs (SEN) (Skipp & Hopwood, 2019). Referred to as teaching assistants (TAs), they are employed to support individuals or small groups of children providing pastoral care and a teaching role. Blatchford and Russell (2020) state that teachers often struggle with differentiation and providing individualised attention, especially with increased class sizes. TAs help alleviate these struggles by supporting children who need additional support, allowing teachers to focus on the rest of the class. In 2018, 28% of the total school workforce in England consisted of TAs (Skipp & Hopwood, 2019), with a similar percentage (29%) reported in Wales (Welsh Government, 2019).

Impending changes in the field of SEN in Wales, with the implementation of the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (ALNET), include new terminology and processes, where children with SEN will be identified as children having additional learning needs (ALN). For mainstream schools in Wales, practitioners will be required to provide appropriate additional learning provision, as specified in children's Individual Development Plans (IDPs) – a new statutory document that replaces current Statements of special educational needs. Despite these significant changes, however, ADHD is not featured in the new ALN documentation. According to Welsh Government (2019) figures, approximately 104,000 children have been identified as having SEN in Wales, equating to around one in five learners in Welsh classrooms. Although it is difficult to acquire specific numbers pertaining to ADHD, as some children remain undiagnosed during their formative years, it is thought that approximately 3,000 children (around 1-2%) in Welsh schools have an official diagnosis of ADHD (Welsh Healthcare, 2019).

Currently, there are no statutory guidelines for the role of a TA in Welsh and English schools. School leaders and teachers make decisions on their roles and responsibilities. However, what is clear is that TAs spend most of their time with children with SEN in an informal instructional role that focuses on task completion (Sharples et al., 2015). To help clarify the role of a TA, in 2016, a group consisting of unions and educational experts published the Professional Standards for Teaching Assistants (National Education Union, 2019). Although non-mandatory and non-statutory, they can guide effective practice alongside the statutory standards for teachers and headteachers. The standards state that the TA's primary role is to work with teachers to raise pupils' learning and attainment while promoting independence, self-esteem, and social inclusion. The standards also recognise the importance of working in partnership with the teachers and parents and taking opportunities to acquire the appropriate skills, qualifications, and/or experience required for the TA role. However, research that examines the role of the TA or their feelings about their job is scarce.

The reality for many TAs is that they provide effective support and positively impact the children they work with but do not always get the recognition they deserve (Webster & Blatchford, 2014). In their study that examined the facilitators and barriers to effective practice, Cockroft and Atkinson (2015) reported that TAs did not feel that they received sufficient acknowledgement for the level of responsibility and progress of the children to which they were assigned. They spoke of limited training, space, time and resources, which had negatively impacted their work. TAs suggested that facilitators for effective practice included positive relationships between themselves, the child and teacher, and encouragement and reassurance from other professionals (for example, educational psychologists). Although this study provided a voice for TAs, examining their experiences using the Wider Pedagogical Role (WPR) model (Webster et al., 2011) limited its scope. It also employed a single-case study of eight TAs from one primary school, reducing the generalisation of their experiences.

More recently, Moore et al. (2017) stated that how practitioners, including TAs, respond to ADHD in the classroom is fundamental if children with ADHD are to succeed academically. Practitioners found that getting to know children and their interests enabled them to devise and apply individualised strategies, which, in turn, led to increased self-esteem and better engagement in schoolwork. However, the authors added that poor relationships between practitioners and children, usually due to labelling children as 'ADHD', can lead to negative experiences in the classroom. For example, the practitioners reported that children with ADHD

use their diagnosis to avoid participating and completing activities, which can lead to frustration and negative attitudes towards those with ADHD. Additionally, labelling and a lack of understanding of the condition can lead to stigmatisation and discrimination that act as barriers to successful relationships and positive classroom experiences (Gwernan-Jones et al., 2016).

For TAs to contribute to effective assessment, planning and reporting of pupil performance and progress, another expectation outlined in the TAs professional standards, they need to feel part of the 'teaching community' and decision-making process. Ineffective management that does not take an interest in a child's progress or fails to take account of TAs' knowledge and skills risks diminishing the TAs' support for pupils' learning (Watkinson, 2003). Also, collaboration and planning opportunities between the classroom teachers and TAs are often informal and occur outside of the TAs contracted hours, leading to a feeling of being left out (Sharpley et al., 2015). Furthermore, when teacher-TA relationships are strained, and TAs feel unsupported, they can lead to tensions and misunderstandings (McKenzie, 2011).

Equally, to effectively support teachers and pupils, TAs need to demonstrate a level of subject and curriculum knowledge; and for those working with SEN, an understanding of the characteristics, behaviours, and successful interventions is required. Inadequate knowledge of ADHD leads to unpreparedness and inaccurate implementation of interventions (Cockroft & Atkinson, 2015). In contrast, better knowledge leads to positive changes in ADHD-type behaviours in the classroom and more favourable attitudes towards ADHD (Mohammed, 2018; Alfageer et al., 2018). However, generally, TAs are recruited without formal training or qualifications and have minimal opportunity for continued professional development (UNISON Cymru, 2019), giving rise to gaps in knowledge crucial to meet pupils' needs (Stephenson & Carter, 2014). In a recent study, Greenway and Rees Edwards (2020) reported that TAs had 'adequate' knowledge and limited training. Those who had received training had accessed their own opportunities, resulting in greater knowledge of ADHD than those without training, but interestingly, higher knowledge levels did not result in more favourable attitudes. However, the authors did not specify the source, quantity or length of training and support, making conclusions on how they affect knowledge and attitudes difficult to determine.

With the importance of working in partnership with teachers and parents, coupled with the TA as 'primary educator' for children with SEN, TAs need clearly defined roles for which they feel

prepared and supported. Effective teams of TAs and teachers occur when both parties share information about students and teaching practices, and each feels valued and respected (Devecchi & Rouse, 2010). Similarly, relationships between TAs/teachers and parents are crucial to encourage trust and positive parental involvement (Knopf & Swick, 2007). Therefore, knowing that teachers and TAs are working together will provide parents with the confidence needed to know that their child is receiving the best education and care.

The present study

With the prevalence of TAs in Welsh classrooms, it seems pertinent to explore how they feel about their role in working with children with ADHD. To our knowledge, this will be the first study with the sole focus on TA's experiences working specifically with children with ADHD. Understanding the facilitators and barriers TAs face while carrying out their role may further help schools support TAs and pupils with ADHD. The findings may also aid decisions on continued professional development and guide policymakers to develop statutory standards for effective practice. Thus, this study aimed to conduct a qualitative investigation to examine the following research questions:

1. How do TAs feel about their role in working with children with ADHD?
2. What facilitates TAs in their role in working with children with ADHD?
3. What are the barriers that TAs face in their role of working with children with ADHD?

Method

Participants and procedure

Fifteen TAs who work with children with ADHD in mainstream primary schools across West Wales, UK, volunteered to participate in the study. The TAs' ages ranged from 20 to 52 years (mean age = 38 years), with an average of nine years of service and seven years of experience working with children with ADHD. The TAs had worked with a combined total of over 60 children with ADHD during their time as a TA. However, only two TAs had received a short course of ADHD-specific training.

Emails explaining the nature of the study were sent to the headteachers of 60 primary schools in West Wales. The headteachers were asked to disseminate to all TAs in their schools. Nine TAs responded to the email, and the remaining six were recruited via snowballing (Bhattacharjee, 2012). Six of the nine who agreed to take part gave the researchers a name of a potential interviewee. The researchers contacted the six TAs who agreed to be interviewed.

Materials

The interviews were semi-structured and consisted of seven questions with additional probing and prompting questions based on existing literature on ADHD to elicit TAs' experiences working one-to-one with children with ADHD. The rationale for conducting semi-structured interviews is that they enable the researcher to address a particular topic while permitting the interviewee to provide subjective answers and discuss pertinent issues and experiences (Choak, 2012). Interviews were conducted by both authors (46-year-old and 45-year-old females) and recorded with a Dictaphone. Permission for recording was gained, and TAs were reassured that their responses were anonymous. Interviews lasted between 20 and 40 minutes. Questions included 'in your experience do you see any barriers to your work with children with ADHD?' (The interview schedule is available upon request from the authors). Each TA was assigned an ID number to protect their identity.

The University ethics panel granted ethics approval. Participants were informed on the information sheet that participation in the study was voluntary and that they could withdraw at any time. The information taken at the beginning of the interview (age, years of service, etc.) required only the necessary demographic information to ensure anonymity and confidentiality.

Analysis

The interviews were analysed using thematic analysis. Thematic analysis is an inductive approach to pattern recognition and theme identification that provides a rich and detailed account of data (Fereday & Muir-Cochrane, 2006). The data analysis followed the steps outlined by Braun and Clarke (2006), which began with the transcription of each interview by both authors. Next, both authors read and re-read the transcripts for accuracy and to familiarise themselves with the data. On the last read-through, the authors made notes on their

general thoughts and impressions about each interview transcript. The next step involved the production of codes. This step involved re-reading each interview to identify emergent codes within the data and was done manually using highlighting pens and writing labels in the left margin of each interview transcript. Coding was carried out independently at first using Creswell’s (2014) idea of analysing and categorising specific statements that signify the area of interest. The authors then met to compare the codes and discuss how they were generated. The initial coding agreement was over 88%, and discrepancies were discussed until consensus was reached or data were re-coded. To ensure rigour and credibility, codes were checked against the initial descriptions developed (Tracy, 2010), and a final total of 366 codes were agreed upon to represent an agreement of almost 96%. Step four involved grouping codes, creating a preliminary table of twenty-seven sub-themes and a description of each theme with notable extracts from transcripts highlighted. The final step involved the clustering of subthemes into ten main themes across the three research questions. Trustworthiness and authenticity were determined by multivocality (Tracy, 2010). Multivocality encourages researchers to provide space for multiple, varied voices and opinions of those interviewed. Such opinions are presented through thick descriptions and direct quotations presented in the results section.

Findings

The information reported in this section presents representative quotes from the ten main themes. In addition, table 1 outlines the themes for each of the three research questions.

Table 1. Thematic analysis of TAs’ comments for each research question

<i>Research question</i>	<i>Main theme</i>	<i>Sub-theme</i>
How do TAs feel about their role?	Positive feelings about their role	Love for the job Advocate for the child with ADHD The crucial need for TAs in the classroom.
	Negative effects of the job	Physical effects and psychological effects Feeling unappreciated Feeling unsupported
	A need for change	Change in attitudes towards ADHD Improve knowledge and training
What facilitates TAs in their role?	Support	Supportive headteachers Supportive parents

	Improvement over time	Improved relationships TAs improved knowledge of ADHD TAs improved confidence
	One-to-one relationship	Understanding the needs of the child The positive relationship between the child and TA The child as a priority
What are the barriers that TAs face in their role?	Lack of support	Unsupportive teachers Unsupportive school Unsupportive parents
	Negativity towards ADHD	Negative attitudes held by teachers Stigma and exclusion Peer rejection
	Classroom environment	Disruption in the classroom Limited resources
	Poor knowledge and experience with ADHD	TA's poor knowledge and training Teacher's poor understanding Lack of TA experience working with ADHD

Research question 1: TAs' feelings about their role.

Positive feelings about their role

All TAs felt rewarded by and positive about their role. In particular, they spoke of their *love for the job* and the satisfaction and pride in seeing their child's progress. In addition, TAs felt strongly that their role was to *advocate for children with ADHD*, noting that they had often challenged classroom practice to fight on behalf of the child. "I will never give up fighting for this little boy. I will always work hard for him and make sure that others see and acknowledge his progress" (ID11). This feeling had led TAs to describe the *crucial need for TAs in the classroom*. They spoke of the importance of keeping children with ADHD in mainstream classrooms and ensuring that they are given the same opportunities as their peers.

Negative effects of the job

All fifteen TAs spoke of the *physical and psychological effects* of their job. TAs expressed feeling exhausted and drained at the end of the day. They described feeling lonely and isolated because they spend most of their time with the child they are assigned to, "Sometimes it's

lonely. I feel as if I'm on my own with this child all the time; that can be draining" (ID8). Some described how they often cried through sheer exhaustion and frustration with the lack of progress they were making with the child in their care. These emotions appeared to be exacerbated by feeling *unsupported* and *unappreciated* in their role, "the biggest impact emotionally comes from the lack of support from my teacher and headteacher. I feel in a constant battle with them, physically exhausted by it" (ID9). TAs also stated that they would appreciate some praise for their work and would also like the importance of their role to be acknowledged.

A need for change

TAs spoke a great deal about a need to *change attitudes towards ADHD* and *improve knowledge and training*. TAs expressed a lack of understanding surrounding ADHD and a desire for training not only for themselves but for teachers and those who work closely with children with ADHD, "everybody in school needs to know about ADHD; TAs, lunchtime supervisors, breakfast club staff, they all need to go on courses" (ID4). TAs went on to say that improved knowledge should decrease some of the negativity aimed at children with ADHD, "...if teachers understood more about the type of behaviours that are common, they would be more understanding and less negative towards ADHD" (ID12).

Research question 2: The facilitators of working with children with ADHD.

Support

All TAs emphasised the importance of support and how this facilitates their work with children with ADHD. In particular, TAs described the positive effects of receiving support from headteachers and parents.

TAs spoke of the benefits of having a *supportive headteacher*. Specifically, they mentioned the importance of regular progress meetings. Also, the sense that their opinion mattered when it came to decisions about the child with ADHD, "I feel part of decisions, I can speak with my head who will always support me and the progress of my children" (ID1). Similarly, TAs also praised *supportive parents* and how such positive relationships "makes the job much easier"

(ID9). TAs who mentioned supportive parents expressed the importance of trust and working together. Regular contact and understanding that the TA has the "child's best interest at heart" (ID4) was at the core of this partnership, "we work well together, and she [mother] is fully supportive of his needs and the strategies and techniques we put in place for her child" (ID8).

Improvement over time

TAs described how knowledge and classroom practice had improved over time and how this had affected teacher attitudes and behavioural change in the children. It appears that the changes had aligned with the independent research they had carried out as a result of not having access to ADHD training. This research significantly impacted their knowledge levels and confidence to develop and adapt strategies to improve children's behaviour and academic progress.

TAs spoke about their *improved knowledge of ADHD*, which had led to *improved confidence*. In particular, they discussed their improvements in understanding emotions, behaviours and the child's triggers. In addition, by working with the child, they could begin to individualise appropriate interventions, "I have learnt more from them than them from me - not thinking every child is the same. I adapted tasks and changed strategies to suit him" (ID3). Consequently, such interventions facilitated improvements in behaviours and attitudes towards those with ADHD, "his behaviour is much better now, he rarely has to be removed from the classroom, even his classroom teacher commented on the improvement in his behaviour and ability to complete work" (ID10).

Improved confidence resulting from increased knowledge and experience was evident, "at the start, my confidence was up and down, but now the strategies I have learnt help me do my job better, I'm not afraid to voice my opinions and concerns now" (ID1). TAs also expressed that the change in their child's behavioural and academic progress had led to *improved relationships* between themselves, the child and the teachers, "When I met him, he wouldn't stay in the class, he would be in and out, and because he improved his behaviour, there was less negativity and judgment...and with his academic improvement the relationship between my child and his teacher got better" (ID5). TAs also spoke of more respect from the teachers because of the

successful interventions they were developing, “they [teachers] ask me about the strategies I'm using, and some of them have taken them to use with other children with SEND in the classroom” (ID9).

One-to-one relationship

All TAs described the importance of the one-to-one relationship with the child. They spoke of good communication, caring, patience, and trust to build a positive relationship with the child in their care.

The value of *understanding the needs of the child* was cited many times. In particular, they spoke about not thinking every child is the same and that children with ADHD have different needs and ways of learning. TAs noted that implementing or adapting strategies to suit the individual also helped children remain in the classroom for extended periods. Having an awareness of the uniqueness of the child was vital as not all strategies and interventions work for children in the same way, "he would look at a piece of work and say, no, no I'm not doing it...whereas if you break it down for him and say, OK, we haven't got to do it all, but if we do this part first, it takes the fear away" (ID3).

Similarly, they expressed the significance of a *positive relationship between the child and TA* and seeing the *child as a priority*. The positive relationship appeared to centre around trust in each other, and the pride TAs felt when working with their children, "I feel humbled that I get to share the progress of an individual for when I first met was in serious trouble. But with the right help and guidance he has flourished into a quite remarkable young man" (ID11). At the heart of the relationship was putting the child first, "...doing my best for him, that's what counts, that's the important bit for me" (ID9).

Research question 3: The barriers of working with children with ADHD.

Lack of support

TAs expressed their frustrations about the lack of support they receive from teachers, parents, and schools. Their experiences with *unsupportive teachers* had led to feeling as though they were being "left to get on with it" and "not feeling part of the teaching team" (ID8). In addition, TAs spoke about their disappointment with the lack of interaction between them and the teachers or the child and teachers, "they [teacher] say well that's your job you deal with him, and they get cross if my child disrupts the class. Even when they can see, I'm trying to calm him down; they make it clear that they are not happy, which undermines me sometimes" (ID4). For half of TAs, this lack of support had caused frustration and tension between the TAs and teachers.

Of those who described an *unsupportive school*, the size of their school and the limited number of children with SEND appeared to exacerbate the situation, "the school system isn't set up to help children with ADHD. We are a small school with just a few SEND kids, and they tend to leave it up to us. We don't get much support" (ID10). Furthermore, they expressed their frustration with insufficient management involvement, "management don't get involved in the day-to-day stuff, it's left to me and the teachers, which is frustrating" (ID8).

TAs described how *unsupportive parents* had made their job much harder than it needed to be. In particular, parental interference made it extremely difficult to work with the child and caused friction between the child and teacher, "every strategy has been criticised by the mother. So much so that when I'm working with this child, he says things like, I don't have to do this because my mother doesn't like it. It also winds up the teacher because everything we try; this is the response we get" (ID12). TAs also spoke of disengaged parents who took no interest in their child's progress at school, "when I have spoken with her about her grandson, she says he's just playing up and ...I haven't got time for that, he won't listen to me, that's your job to sort him out, not mine" (ID10).

Negativity towards ADHD

TAs described the *negative attitudes held by teachers* at their school. They mentioned that labelling ADHD behaviours as 'naughty' had resulted in teachers, parents and the child's peers holding negative attitudes towards children with ADHD, "I hear teachers talk... the majority of the talk is negative. Usually, in relation to disruption and naughty behaviour. This makes me

sad because I know that these negative attitudes will affect the way that they treat these children. This negativity is obvious when they are dealing with these children, and other children in the class pick up on this" (ID12).

TAs discussed the *stigma and exclusion* associated with ADHD and how they filter into the classroom, "I'd say this stigma has got worse. You would think it would be better because it tends to be talked about a lot more now – but I see it much worse in the classroom, and to be honest, the teachers don't always help, they fuel the situation" (ID06). The TAs also described how the disruptive nature of ADHD leads to *exclusion* and *peer rejection*, "disruption can lead to frustration for the children. Unfortunately, this frustration can then lead to animosity and sometimes exclusion" (ID12). The TAs also spoke of how the frustration resulted in "giving them (children with ADHD) a wide-birth, so sadly they have no friends" (ID1).

Classroom environment

TAs explained how the distractions within a classroom environment are not conducive to children with ADHD. In particular, they expressed how the *disruption in the classroom* had caused problems for everyone (TA, child, teachers and peers), "I spend a tremendous amount of my time trying to calm down disruptive behaviours so that it doesn't have a major impact on the class as a whole" (ID06). TAs also expressed the importance of making the right decision when removing individuals from the classroom, "if they get physically violent, then yes remove that child, but if it's just a small escalation that you can stop, then I think it's better to try and keep it in the classroom. So it's dealing with the situation in a positive way for the other children to see. It builds relationships with the other children rather than them being scared of him or her" (ID7).

TAs mentioned the *limited resources* to do their jobs effectively, "low staff numbers and the amount of responsibilities/duties I have means I struggle to make sure that they have adequate input to complete work/activities. Resources, such as fiddly toys to help with concentration are limited due to money and other children taking them when they have the opportunity" (ID14).

Poor knowledge and experience with ADHD

Fourteen of the fifteen TAs stated that the lack of knowledge and experience with ADHD was preventing children with ADHD to thrive. Some identified their *poor knowledge and lack of training and experience* had led them to rely on a 'trial and error approach'. Such approaches were expressed as examples of why they felt that they [the TA] could be considered as a barrier to the development of the child with ADHD, "I think I am a barrier to the child's learning and progress because I have not received ADHD training" (ID11). "If I had a few days of training when I first got to the school, I could have been better prepared to understand what type and issues these kids have " (ID2).

Similarly, TAs saw that the *teacher's poor understanding of ADHD* was affecting their perceptions of ADHD, "They [teachers] don't understand it, they just think it's bad behaviour" (ID9). In addition, a poor understanding affected the teacher-TA relationship since "teachers weren't negative at the start, just indifferent. They have become less tolerant and more negative towards his behaviours, which affects how they deal with him, and me, I suppose" (ID9).

Discussion

To our knowledge, this was the first qualitative study to examine TAs' experiences of working specifically with children with ADHD. Understanding the feelings, facilitators and barriers TAs face daily are paramount to schools and policymakers in their quest to provide appropriate education and support.

It was evident from the discussions that TAs loved their job and felt passionate about the need for continued one-to-one support for children with ADHD. At the heart of their role was acting as an advocate and understanding the needs of each individual. In line with previous literature (Cockroft & Atkinson, 2015; Moore et al., 2017), these attributes were evident in the trusting relationships and how TAs spoke about the children. However, spending all day together, having very little interaction or engagement with anyone else, meant that both child and TA felt excluded from teachers and their peers. Although such a close relationship may benefit

pupils receiving one-on-one attention, it may be a barrier to developing independence, self-esteem and social inclusion. This exclusion, coupled with feeling unsupported and unappreciated, had left TAs feeling lonely, isolated and exhausted. The insufficient support and a lack of praise and acknowledgement confirm the findings outlined by Cockroft and Atkinson (2015) and the need to negate such feelings. Therefore, schools may want to allow teachers and TAs to discuss their experiences and concerns to encourage more interaction, inclusive practice, and positive well-being.

Despite almost all TAs expressing a need for further knowledge training for themselves and teachers, a finding that supports much of the literature (Greenway & Rees Edwards, 2020; Cockroft & Atkinson, 2015), they also spoke of their increased knowledge and confidence due to independent research. Alongside learning from the children themselves, TAs believed that independent research had facilitated their work, which had produced behavioural and academic progress changes. Furthermore, such changes had led to improved support and attitudes from the teachers and increased interactions and acceptance from the child's peers. These developments support previous literature (Moore et al., 2017; Alfageer et al., 2018) and highlight the notion that independent research coupled with the TAs willingness to adapt strategies is crucial to the success of their role and should be encouraged by schools (Burgess & Mayes, 2007). Consequently, future research may wish to examine the impact improved knowledge, attitudes, and support has on TAs' classroom practice and the educational and behavioural outcomes of those with ADHD.

With regards to TA-parent relationships, more TAs felt supported by parents than not. TAs indicated that this support had facilitated their work and made working with the children much easier, knowing that the strategies they used at school would be encouraged at home. The

evidence that advocates good teacher-family communication and trust for improved learning and stronger teacher-pupil relationships (Knopf & Swick, 2007) validate schools' need to encourage more positive links between parents and TAs. However, for some TAs, the poor understanding and negative involvement from parents and management risk undermining the TAs' primary role of raising pupils' learning and attainment.

In line with previous literature (Sharples et al., 2015; McKenzie, 2011), TAs felt unsupported by teachers and did not feel part of the teaching community. They spoke of poor interactions and feeling undermined by teachers, which led to tensions between them and the teachers and children with ADHD. Ineffective support and tensions result in fewer opportunities to develop the positive and constructive relationships important for learning and well-being (Reyes et al., 2012). Therefore, improvements in support may require increased teacher-TA collaboration, joint training and planning time (Radford et al., 2015), and the development of peer networks so that TAs feel part of the wider teaching team (Webster et al., 2015).

It appears that the distractions of the classroom and limited resources exacerbated inattention and hyperactive behaviours and caused animosity amongst peers and teachers. As a result, TAs face daily decisions of what is best for the child versus what is best for the teachers and other children in the classroom. These decisions place tremendous pressure on TAs since they are left to deal with them alone and often rely on trial-and-error approaches, which do not always work. The effects of such decisions and often feeling 'caught in the middle' has serious implications for TAs well-being. With this in mind, schools can support teachers and TAs to implement small changes in the classroom that help reduce distractions and encourage positive relationships and inclusive learning environments for all children and staff.

It emerged that the main barriers for TAs were poor knowledge, understanding and negative attitudes held by teachers. TAs spoke about these more than any other reasons behind inadequate support, negative attitudes, peer rejection, stigma and exclusion of those with ADHD. Due to the lack of training opportunities and the 'negative press' that ADHD often receives, inadequate knowledge and understanding are likely to create a vicious cycle of negativity when teachers witness negative behaviours that disrupt the whole classroom. The teachers use of the word 'naughty' to describe children with ADHD has serious implications for how these children are treated and perceived and calls for an immediate need for schools to undergo ADHD-specific training to dispel these misconceptions. However, improving knowledge may not be enough to reduce the stigma associated with ADHD. Additionally, for some children, their behaviour is a response to labelling and stigma. Therefore, future research may need to examine the children's needs, motivations and experiences in the classroom to fully understand the impact that labelling and stigma have on those with ADHD (Gwernan-Jones et al., 2016). The comments expressed surrounding exclusion and peer rejection support previous literature on the adverse impact of the unpredictable behaviours and disruptive nature of ADHD (Barkley, 2018). Since the long-term effects of exclusion can be harmful, schools may benefit from creating 'child-friendly' resources on learning alongside children with ADHD to help combat negativity, peer rejection and disruption to the class.

Limitations of this study include the generalisability of findings. Although the researchers selected a sample with the shared experience of working with children with ADHD, the small sample of fifteen TAs from west Wales cannot be generalised to all TAs who share this experience. Additionally, the study's narrow focus on the facilitators and barriers provides scope for future research that examines how they impact children with ADHD, their peers and general classroom management.

Conclusion

The results provide valuable information about TAs' experiences of working with children with ADHD, which allow policymakers and schools to take advantage of the expertise of those with direct and personal knowledge of ADHD. The findings contribute to our understanding of the roles, relationships, and support mechanisms in place for TAs, highlighting the need for improvements and future research that further examines the perspectives of TAs and children with ADHD. To address the insufficient knowledge levels and negative attitudes reported here, those responsible for the initial teacher-training curriculum need to incorporate ADHD-specific content and pre-service experience with children with ADHD. Similarly, investment is required to provide in-service training for teachers and a platform for all staff to discuss experiences and concerns surrounding the challenges associated with ADHD to reassure staff that their voices are heard. Despite the apparent challenges described above, the TAs in the present study showed great enthusiasm and love for their job. The dedication, willingness to learn and desire for others to learn exhibited by TAs should be celebrated and calls for investment in the professional development of all those involved in the care and education of children with ADHD. Finally, there is a real need to create mandatory and statutory guidelines that clearly define the TAs role to ensure effective classroom practice.

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