Image created by Rosmarie Voegtli.

Tools for Schools: Development and early testing of a school-based toolkit for children with traits of ADHD.

Teaching Assistant Information Leaflet

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Contents

Thank you for showing an interest in this research, focused on early testing of a toolkit of behavioural strategies and adjustments that will improve the school experience of students with Attention Deficit Hyperactivity Disorder (ADHD) and those with traits of hyperactivity, impulsivity or inattention that are causing impairment at school.

You have received this information sheet because you have been nominated to participate by either your SLT or SENCo, as they believe that you currently work with or will work with at least one child who would be eligible to take part in the study. Please read this information leaflet carefully before deciding whether you would like to participate. If you decide to participate, we thank you. If you choose not to, there is no disadvantage to you, and we thank you for considering our project.

Background

Every classroom has (on average) at least one child who will struggle to sit still, pay attention and resist impulses to do things like jumping out of their seat. When these problems are significant enough, this can be diagnosed as ADHD. Often, these children face major difficulties at home and in school - being less likely to learn well and make good friendships than other children. They are also more likely to have accidents and other mental health problems.

As you probably know, teaching a child with ADHD can be difficult in any school setting and can impact the learning of other children and increase teacher burden and stress. Strategies are needed to help teachers and teaching assistants (TAs) to support their students, but current advice is often complicated and suggest teachers try multiple things at once. Moreover, no child is the same. This can lead to teachers struggling to develop the right intervention for the child. This toolkit aims to overcome these difficulties by being an easy-to-use flexible resource that can be tailored to each child.

Aim of this research study

We have been working alongside experts, teachers, and parents to develop a prototype toolkit which can be used by educators. The toolkit includes a range of strategies (organised within "modules") that educators, parents and pupils can use to ensure that students with traits of ADHD have a better primary school experience.

Aims of the current step of the study:

- To refine and assess the feasibility and practicality of this toolkit for use in primary schools (not to 'treat' ADHD as the toolkit is currently a prototype)

If the toolkit is found to be acceptable and feasible, it will be further evaluated in a much larger trial to provide evidence that it works.

Summary of the Tools for Schools project

We have designed a prototype toolkit at this stage. This has been informed by theories about how children learn new skills, and how symptoms of ADHD come about as well as the best current evidence about what works for these children. It needs to be

acceptable and practical for those who will use it, both educators and pupils with ADHD – this will be assessed using what is known as a "feasibility study".

This is what we are asking you to be involved in. To test whether the toolkit is acceptable and practical for teachers to use, up to 4 children with ADHD traits will take part in your school. Each class teacher will have a maximum of one child participant in their class, so we are looking for 2-4 children who have traits of ADHD in 2-4 classes in your school. Your school will be using the toolkit for one school term with the children who participate, but we will be collecting information from parents, children and teachers before this and for one school term after the toolkit is tried.

Image created by woodleywonderworks

Overview of the Tools for School toolkit

The Tools for Schools toolkit will be primarily a digital resource with printable components, with the key steps outlined in Figure 1. Alongside this, schools will also be given the option to plan and deliver activities to promote inclusivity. This might involve participating in national events such as Neurodiversity Celebration Week, having a school assembly or applying for the ADHD Foundation "ADHD friendly schools award" for example.

To plan and deliver the toolkit, the Special Educational Needs (and Disabilities) Co-ordinator (SEN(D)Co) will support teachers and you to follow the toolkit steps, and review progress. Parents or guardians would be informed and involved in the research as well.

Primarily, the toolkit will support children to remain in the classroom and allowing the child to access the same education and opportunities as their classmates. It will target ADHD symptoms, classroom functioning, conflict with teachers/peers, quality of life, self-esteem, and skills such as working memory, organisation, flexible thinking and self-control.

Know ADHD
Seminars to share ADHD knowledge.
Training on toolkit use.

Know the Child
Parents and educators observe.
Determine the 2 main issues.

Map to Module
Select an intervention specific to the child.

Implement and Observe Behaviour
Track progress.
Adjust intervention where necessary.

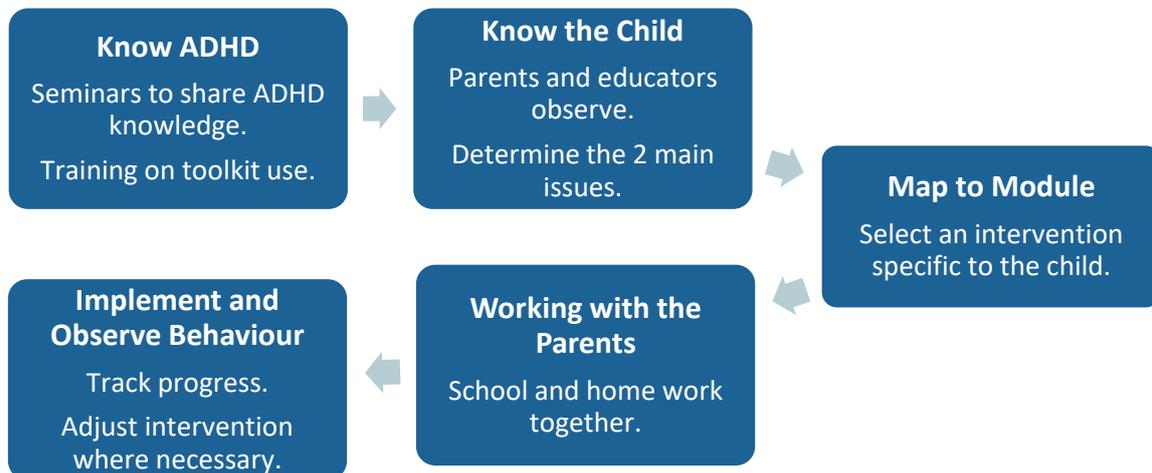**Working with the Parents**
School and home work together.

Figure 1: this schematic summarises the process of the Tools for Schools intervention once eligible students have been identified.

To find out more about the resources you will be using, see the Tools for Schools website here: http://blogs.exeter.ac.uk/toolsforschools/

Your role in the research

Your role in this research will include the following:

- Receiving online training about ADHD and how to use the toolkit
- Making decisions with the class teacher and SENDCo about important behaviour targets, modules to choose and strategies to try
- Possibly conducting the "Know me" strengths activity with the child with support from the class teacher
- Contributing to school-home notebook communications
- Planning and delivering toolkit strategies in conjunction with support from parents at home, the SENDCo and the class teacher
- Review child's progress relevant to the toolkit, make decisions to maintain or switch strategies with support from the SENCo.
- With prior arrangement, allow members of the research team to observe the target child when you are in the

classroom to assess their symptoms and other relevant behaviour (please note we will NOT be assessing you, your teaching, or behaviour of other students in the class)

- Completing questionnaires or measures specific to modules and strategies that you are implementing weekly during the toolkit term. We anticipate these will take ~15 minutes each.
- Completing questionnaires about your wellbeing and confidence several times across the study period. Your answers to these questions will only be seen by the research team and not shared with others at your school.
- Talking to the research team about the toolkit once you have started using it (a few weeks into the toolkit term, for up to 30 minutes over the phone, online or in person)
- Attending a focus group in person with all staff involved in supporting the child after the toolkit has been used, to discuss what went well and what needs improving; this will take no longer than 90 minutes. We ask that what is said in the focus group remains confidential between those present in the room.
- Feeding back to the research team should issues arise with the toolkit that need immediate changes or further instructions.

To show our gratitude for your participation in this study and the focus group, school staff (headteachers, teachers, TA and SENDCo's) will receive £10 each.

Potential benefits

We hope that access to the Tools for Schools toolkit will:

- Reduce stress for teachers and TAs, and be less burdensome than strategies you currently use. However as we are testing a prototype in this study, you may end up spending extra time on the toolkit without saving time in other areas (please let us know if this is the case!).
- Help you to work effectively with children who are inattentive, impulsive or hyperactive.
- Help improve relationships between you and the target child, them and their peers, and you and the students' family.
- Reduce disruptive behaviours, allowing for easier classroom management.

- Benefit you with training on ADHD and related neurodevelopmental conditions, from using the strategies suggested both with the target child but also with other children that you work with.

In the longer run we anticipate this will reduce stress for teachers and TAs, and be less burdensome than strategies you currently use. However, as we are testing a prototype, you may end up spending extra time on the toolkit without saving time in other areas (please let us know if this is the case!).

Potential unintended consequences

It is possible that the toolkit will lead to children feeling singled-out from their peers due to being treated differently, although we aim to avoid this and any other negative impacts where at all possible. Through use of the toolkit, children in the study will hopefully develop social skills and greater self-esteem which may help them build stronger relationships. However, the students are free to withdraw at any time if school staff, the parent or the child feel that the intervention is causing problems or negative impacts.

Possible negative impacts of the toolkit will be monitored throughout the study and participating school staff will follow a defined procedure for reporting of negative impacts as soon as possible after they come to light. The research team will abide by any existing safeguarding protocols your school has as well.

Should a child or other participant of the study report severe worsening of ADHD symptoms or distress, the lead researcher (Dr Abby Russell) will consult with psychiatrists and clinical psychologists on the study advisory board to decide on the most appropriate course of action. This may include: the clinician speaking directly to staff and families to ascertain whether the adverse effects are caused by the toolkit or research study, or are external to this; the child and family withdrawing from the study; or individual plans being put in place to monitor and manage the situation.

Should a child or family withdraw from the study due to this, their existing data will not be used unless express consent is given at the time of withdrawal, and they will be able to continue to access the prototype intervention (as long as the study team are confident that this is not the cause of adverse effects) if they wish.

Data protection and confidentiality

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing informationgovernance@exeter.ac.uk. or at http://www.exeter.ac.uk/ig/

We will collect data from you including recording of the group discussion or your interview, and any notes taken by the interviewer at the time and any questionnaires that we ask you to complete. Recordings will be transcribed word for word and anonymised before being analysed along with other interviews we are conducting. The data collected will be securely stored in such a way that only the researchers working on the project will be able to gain access to it. In the interview if you feel uncomfortable, you are reminded of your right to decline to answer any particular question(s).

The results of this project may be published, but any data included will not be individually identifiable. A summary of the study findings will be sent to your school. You will be provided with a copy of your transcript and the findings of the study if you wish. Additionally, the anonymised data you provide may be used other related research – however this is optional.

Withdrawing your consent

You (and anyone else involved in this study) may withdraw from the study without needing to provide a reason at any point, this includes choosing to withdraw your participation and/or any data you provide – up until the point where the data have been anonymised and analysed. We ask that you discuss with your teacher, SENCo or Senior Leadership if you are thinking of withdrawing, but this is not compulsory.

Funding

This research is funded by the National Institute of Health Research (NIHR): the research arm of the NHS. Specifically, it is funded by an Advanced Fellowship – Stage 2, Dr Abigail Russell, NIHR300591. The funding currently covers the project for 5 years, which began in July 2020.

Ethical approval

This study has received ethical approval from the University of Exeter College of Medicine and Health Research Ethics Committee (referenceJan/22/B/300).

Contact details

If you have any questions about the Tools for Schools project, either now or in the future, please feel free visit our website for further information, or to contact Abby directly: she leads the research team:

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Our website:
http://blogs.exeter.ac.uk/toolsforschools/

Complaints

If you have any complaints about the way in which this study has been carried out, please contact the Chair of the University of Exeter Medical School Research Ethics Committee:

cmhethics@exeter.ac.uk