

An Exploration of Teaching Assistants and 1:1 ADHD Support: Experiences and Impacts

ABSTRACT:

Background: Teaching assistants (TAs) play a key role in supporting children with Attention Deficit Hyperactivity Disorder (ADHD), particularly through one-to-one (1:1) provision in mainstream schools. However, their role is often shaped by limited training and understanding, which may affect both their experiences and the support provided.

Method: This qualitative study used semi-structured interviews with six female TAs providing 1:1 support to children with ADHD. None had received ADHD-specific training. Data were transcribed and analysed using thematic analysis.

Results: Three themes were identified. First, the emotional impact of the TA role included both job satisfaction and significant strain and burnout. Second, 1:1 support was linked to improvements in academic performance, behaviour, and social-emotional wellbeing, though dependency on adult support was noted. Third, limited ADHD knowledge contributed to misinterpretation of behaviour and ongoing stigma among teachers, parents, and peers.

Conclusion: While 1:1 TA support is beneficial and improvements are identified, limited ADHD awareness and training can reduce its effectiveness. Greater emphasis on training and collaboration is needed to improve TA wellbeing and child outcomes.

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with functioning or development (American Psychiatric Association, 2022). From a psychological perspective, ADHD is strongly associated with deficits in executive functioning, including working memory, emotional regulation, and cognitive development. These difficulties can significantly impact children's ability to regulate emotions, sustain attention, and engage effectively in structured learning environments for example a school classroom (Barkley, 2015).

ADHD is one of the most commonly diagnosed neurodevelopmental disorders in school-aged children, with prevalence estimates suggesting it affects approximately 5% of children worldwide. As a result, ADHD presents a significant challenge within educational systems, where demands for sustained attention, behavioural regulation, and academic performance is high (Polanczyk et al., 2007).

ADHD in Education

In school settings, children with ADHD often experience academic underachievement, behavioural difficulties, and challenges in peer relationships compared to their neurotypical peers (DuPaul & Stoner, 2014). Difficulties with sustained attention and impulse control can result in incomplete work, disruption of classroom activities, and negative interactions with staff and peers (Kofler, 2017). Furthermore, behaviours are often misinterpreted as non-compliance or defiance rather than symptoms of neurodevelopmental differences (Greene, 2011). This misinterpretation can contribute to negative labelling and reduced expectations, which may further impact children's educational experiences and outcomes (Staff, et al. 2023).

Therefore, inclusive education policies in the UK aim to address these challenges by supporting pupils with additional needs within mainstream classrooms (Department for Education, 2015). However, the practical implementation of inclusion remains difficult due to classroom demands and resource limitations (Webster and De Boer, 2019).

Teaching Assistants and 1:1 Support

TAs have become central to supporting pupils with special educational needs, particularly

through one-to-one (1:1) support arrangements. Research implies that TAs often provide direct academic support, behavioural management, and emotional regulation support for pupils with additional needs (Webster et al., 2013).

Evidence from the Deployment and Impact of Support Staff (DISS) project suggests that TA support can lead to short-term improvements in task completion and classroom engagement. Similarly, 1:1 support may help reduce disruptive behaviour and provide structure, supporting learning outcomes (Blatchford et al., 2009). However, research also highlights potential limitations. Giangreco (2010) suggests that excessive reliance on 1:1 support can lead to reduced peer interaction and increased social isolation, potentially limiting opportunities for independent learning, which raises concerns regarding dependency on adult support and long-term inclusion within peer groups.

Training, Knowledge, and Being Professionally Prepared

A key issue identified in literature is the variability in training and preparation of support staff. Many TAs suggest limited formal training in supporting neurodevelopmental conditions such as ADHD, instead relying on experiential learning or informal guidance within schools (Sharples et al., 2015). This lack of structured training may affect confidence, consistency, and effectiveness in supporting pupils. Bandura's (1997) theory of self-efficacy suggests that how one believes in their ability affects how they behave and perform, so limited training may reduce confidence in managing complex behavioural needs.

Furthermore, systemic limitations such as funding and staffing pressures often restrict access to specialist training or ongoing professional development (Webster et al., 2019). This could result in significant responsibility for TAs, without ensuring adequate preparation for the complexity that comes with ADHD support.

Knowledge, Misinterpretation, and Stigma

Research consistently highlights that ADHD behaviours are frequently misunderstood within educational settings. Symptoms such as impulsivity and hyperactivity are often

interpreted as behavioural issues rather than displays of neurodevelopmental differences. This can result in stigma, labelling, and inconsistent support across school staff (Norwich, 2013).

Furthermore, from a social perspective, teacher perceptions and beliefs about behaviour can influence how children are treated in classroom environments. Where ADHD is poorly understood, children may be perceived as disruptive rather than needing support, which can negatively affect inclusion and self-esteem. Therefore, improving awareness and understanding of ADHD has been shown to enhance empathy and improve teacher responses to pupil behaviour, highlighting the importance of training and education in reducing stigma (Kofler, 2017; Fogleman and Leaberry, 2018; Bandura, 1977).

Systemic and School Barriers

Systemic factors also influence the effectiveness of support for children with ADHD. These include limited funding, inconsistent access to specialist services, and variations in school resources. According to Florian and Black-Hawkins (2013), inclusive education requires systemic commitment rather than reliance on individual staff members. However, in practice, schools may struggle to provide consistent support due to limited staff and competing demands, which can lead to inconsistent support and different experiences for pupils depending on the school (Webster and De Boer, 2019).

Research Gap / Rationale

While research has examined ADHD in education and the role of TAs, limited attention has been given to the lived experiences of TAs providing 1:1 support for children with ADHD. In particular, there is a lack of focus on their emotional experiences, the barriers they face, and the factors that support effective practice. Additionally, systemic influences such as training, school culture, and collaboration could be further explored.

This gap is significant given the increasing reliance on TAs in mainstream education, highlighting the need for in-depth qualitative research to better understand their experiences.

This study explores TAs' experiences of providing 1:1 support for children with ADHD in mainstream schools, focusing on their perceptions of their role, the challenges they face, and the factors that support effective practice.

The study is based on the following research questions:

1. What are TAs' experiences of supporting children with ADHD?
2. What factors hinder their effectiveness?
3. What factors facilitate their effectiveness?

A qualitative design was used, with data collected through semi-structured interviews and analysed using reflexive thematic analysis (Braun and Clarke, 2021; Smith, 2015), enabling the identification of patterns across participants' accounts.

METHOD

Research Design

This study adopted a qualitative design to explore TAs' experiences of delivering 1:1 support for children with ADHD in mainstream educational settings. A qualitative approach was chosen to enable in-depth exploration of participants' subjective experiences and interpretations. Data was collected through semi-structured interviews, allowing participants to discuss their experiences in detail while ensuring key topics relevant to the research aims were addressed (Cresswell, 2014).

Participants

6 female TAs, aged 22–48 ($M = 35.33$, $SD = 9.83$), with 1–14 years' experience as a TA ($M = 8.67$, $SD = 4.80$) and with 8.5 months to 10 years supporting ADHD children ($M = 5.07$, $SD = 3.66$) participated in the study. The TAs

were supporting 2 to 8 children simultaneously ($M = 4$, $SD = 2.10$). None had received ADHD-specific training at the time of interview.

Procedure

Participants were identified through professional contacts in local schools in West Wales by emailing head teachers, who distributed to TAs.

Participants were recruited using purposive sampling (Creswell, 2014; Breakwell, Smith & Wright, 2021) to ensure direct experience of 1:1 ADHD support. Inclusion criteria required participants to be currently employed as TAs.

Semi-structured interviews were conducted in private rooms and recorded using a Dictaphone (Creswell, 2014; Breakwell, Smith & Wright, 2021). Written informed consent was obtained and verbally reconfirmed before each interview providing reassurance of anonymised responses (20–40 minutes). TAs received an ID number for identity protection.

The procedure followed relevant ethical guidelines (British Psychological Society, 2021; British Educational Research Association, 2018).

Ethical Considerations

Ethical approval was granted by the University panel. Participants received an information sheet and understood that the study was voluntary, and they had the right to withdraw. Confidentiality and anonymity were ensured through by receiving only the demographic information at the start.

Reflexivity was maintained throughout, with the researcher acknowledging the potential influence of prior assumptions on data collection and interpretation (Braun & Clarke, 2021; British Educational Research Association, 2018; British Psychological Society, 2021).

Data Analysis

Data was analysed using reflexive thematic analysis, due to suitability in identifying patterns of meaning within qualitative data (Silverman, 2017) while acknowledging the researcher's interpretative role. Analysis followed the six phases outlined by Braun and

Clarke (2021): familiarisation, coding, theme development, review, definition, and reporting.

Transcripts were read repeatedly to ensure familiarity, with initial codes generated to capture meaningful features. These were organised into themes, which were reviewed and refined for consistency and relevance to the research questions (Braun & Clarke, 2021; Saldana, 2021).

RESULTS

The aim of this thematic analysis was to explore the experiences of TAs working in 1:1 roles supporting children with ADHD, focusing on their perceived role, the challenges they face, and the factors that facilitate their practice. Analysis of the interview data generated three overarching themes and sub-themes:

Table 1
subthemes and supporting quotes from TA interviews

Themes,

Themes	Sub-themes	Illustrative quote
Emotional and Professional Experience of TAs	Emotional reward and fulfilment	<i>"it's so rewarding you just feel oh my god I've made a difference"</i> (TA1, P4, line 118) <i>"I get so much satisfaction from seeing children develop."</i> (TA1, P1, line 10-11) <i>"The satisfaction I get when the strategies I use work."</i> (TA5, P3, line 96) <i>"The progress children make is fantastic. That builds up my self-esteem and encourages me that I am doing something right."</i> (TA6, P3, line 85)
	Emotional strain and burnout	<i>"absolutely exhausted"; "I can get upset"</i> (TA6, P1, line 21) <i>"really hard work, stressful, tiring and it's quite challenging"</i> (TA3, P1, line 23), <i>"hard work... some days I cry through sheer frustration with it."</i> (TA4, P3, line 87-88) <i>"I'm physically exhausted leaving work and its gonna have an impact on me emotionally."</i> (TA3, P3, lines 120–121)
Impact of 1:1 Support on Children with ADHD	Academic and behavioural improvements	<i>"sit still and complete some tasks."</i>(TA4, P1, Line 11) <i>"he was able to stay in the classroom for most of the day."</i> (TA5, P1, line 19) <i>"he managed to do two-thirds of his English exam with my guidance."</i> (TA2, P1, Line 19) <i>"His behaviour decreased, you know, his outbursts and things."</i> (TA2, P1, Line 21)
	Social and emotional outcomes (including dependency)	<i>"The children I have worked with have shown resilience and strength of character."</i> (TA6, P1, line 15-16).

		<i>"improves the self-esteem of the children..." (TA6, P1, line 11-12).</i> <i>"It means they don't integrate as well with others" (P5, P1, line 25-26)</i> <i>"Seeing him improve, but even then, it just seems like I am seeing that. No one else cares." (TA5, P1, line 34-35)</i> <i>"I'm on my own, just me and him. I find that hard. I find it lonely I spouse." (TA5, P1, line 33).</i> <i>"the teacher asks me to take him out of the classroom which isn't always the best thing for him or the others." (TA4, P1, lines 30-31)</i> <i>"their behaviour often causes disruption to the whole class. This can lead to frustration for the children. (TA6, P1, line 27-28)</i> <i>"The kids in my class are as good as gold. They are very accepting of the young lad I work with." (TA1, P1, line 15)</i> <i>"They get comfortable with you, often they don't bother with others." (TA5, P1, line 26).</i>
Systemic Barriers and Facilitators	Lack of knowledge and structural barriers (training, funding, responsibility).	<i>"I had no formal training with ADHD – only what I went home and researched myself" (TA3, P2, line 47)</i> <i>"nobody really has an input either because they don't understand or want to understand" (TA2, P2, line 54-55)</i> <i>"They kind of say, that's your job you deal with him." (TA1, P1, line 37).</i> <i>"They just roll their eyes ... and are, you know, just deal with it, speak to the parents, you sort it." (TA4, P2, line 53-54).</i> <i>"I don't know how to change that." (TA4, P2, line 54).</i> <i>"schools don't have much spare cash for extras... and we could do with more support for the school." (TA1, P1, line 33)</i> <i>"There are some class teachers who don't interact with me or the children with ADHD." (TA1, P1, line 36-37)</i> <i>"But it's all about patience. Working with ADHD has taught me to be patient." (TA1, P1, line 16).</i> <i>"At the minute we are experiencing a child in class that is literally climbing the walls, running up and down the classroom and bouncing off the chairs, so you have to relay things to home in a certain way, not everything but</i>

	Relationships and support systems (staff, parents, leadership, collaboration)	<i>certain things, and we are just getting back 'sorry but he's not like this at home'. So, whether they're in denial or just scared of admitting anything, but sometimes there's little things and you think yes this is happening at home so why aren't you admitting it?" (TA3, P2, line 68-73).</i> <i>"supportive SENCO" (TA6, P2, line 68)</i> <i>"she is very much on call for the one-to-ones" (TA2, P1, line 88)</i> <i>"The Ed Psych was great too – and cleared some things up." (TA2, P3, line 88)</i> <i>"my school you know, the management there, they just don't get it." (TA4, P2, line 39)</i> <i>"I feel I am on my own." (TA5, P1, line 32)</i> TA5 states <i>"Many times they ask me about the strategies I am using." (TA5, P2, line 70).</i>
--	---	--

Emotional and Professional Experience of TAs

This theme captures the emotionally complex nature of TAs experiences in 1:1 ADHD support roles. It reflects how TAs simultaneously experience emotional reward and professional fulfilment alongside emotional strain, stress, and burnout. The theme is central to understanding how participants make sense of their role, highlighting emotional labour as a defining feature of their work, however the emotional reward can often directly result from emotionally difficult work.

Emotional reward and fulfilment

Participants suggest their role as both meaningful and emotionally demanding, suggesting that positive and negative emotional experiences coexist rather than occurring separately. TAs expressed a strong sense of fulfilment when supporting children and witnessing progress (TA1, P4, line 118; TA1, P1, line 10-11). This was particularly evident when small improvements were observed, and when other knowledgeable professionals made positive observations. Furthermore, (TA5, P3, line 96) expresses the joy those observations lead to stating her love for the role and similarly satisfaction when staff witness success. (TA6, P3, line 85)

identifies children's progress over time leading to job satisfaction, self confidence and an awareness that the role is worthwhile.

Emotional strain and burnout

However, this sense of reward was contrasted with emotional strain and fatigue. Across interviews, participants reported feeling emotionally drained highlighting ADHD symptoms can be exhausting (TA6, P1, line 21; TA3, P1, line 23). The role of the TA is mentally challenging with others expressing how difficult it is in classroom situations with the impact it has on other children (TA3, P1, line 23). This indicates that sustained 1:1 support requires continuous TA emotional regulation. She explains how frustration leads to tears some days (TA3, P3, line 87-88).

(TA3, P3, lines 120–121), describes the daily physical and emotional strain when trying to understand the complex needs of the child, and how to support well. TA3 suggests this will have a negative impact on her emotions because lack of understanding results in a sense of failure. Yet in the same breath, she shares her passion and love for the role.

Overall, the data highlights a repeated relationship where emotional strain is often

justified or balanced by moments of perceived success. The data suggests that emotional labour is embedded in the TA role. Participants are required not only to support children academically, behaviourally and emotionally but also to manage their own emotional responses in unpredictable and high-demand environments.

Impact of 1:1 Support on Children with ADHD

This theme explores TAs perceptions of the impact of 1:1 support on children with ADHD. It captures both the perceived benefits of individualised support, particularly in relation to academic progress and emotional development, alongside unintended consequences such as increased dependency and reduced peer interaction. The theme highlights how TAs interpret the effectiveness of their role in shaping children's outcomes within the classroom context.

Academic and behavioural improvements

Participants described 1:1 support as having a positive influence on children's academic and behavioural outcomes. TAs reported that children were better able to complete tasks, remain engaged, and experience fewer behavioural disruptions when supported individually. For example, one participant suggested that with 1:1 support there is less disruption and exclusion, and children can be able to remain seated and complete work (TA4, P1, Line 11) Another stated that through her support there was less isolation and more inclusion (TA5, P1, line 19).

TA2 explained improvements in academic skills including exam completion and better behaviour (TA2, P1, Line 19; 21). This suggests that individualised support is seen as a key factor in improving classroom participation and structure for children with ADHD.

Social and emotional outcomes (including dependency)

In addition to academic improvements, participants also identified social and emotional benefits suggesting that children showed increased confidence and improved self-esteem over time, regardless of stigma (TA6, P1, line 15-16). Furthermore, TA support

was seen to build their confidence (TA6, P1, line 11-12). This indicates that TAs view their role as contributing not only to educational progress but also to emotional wellbeing.

However, alongside positive outcomes, participants also highlighted potential limitations of sustained 1:1 support, concerned that children can become overly reliant on support, which may limit opportunities for independent learning and peer interaction. One TA explained that due to constant support, they do not choose to interact, they become comfortable (TA5, P1, line 25-26), suggesting that while 1:1 support is effective in managing behaviour and learning, it may inadvertently contribute to reduced social inclusion. Furthermore, this fosters a sense of isolation and loneliness for the TA. They experience the child's improvements alone (TA5, P1, line 34-35; TA5, P1, line 33)

Additionally, participants observed fewer opportunities to engage with peers, consequently due to being removed from the classroom for poor. TA4 states "*the teacher asks me to take him out of the classroom which isn't always the best thing for him or the others.*" (TA4, P1, lines 30-31). However, (TA6, P1, line 27-28) explains the injustice of other children dealing with the consequences. Yet, arguments are also made regarding the tolerant and patient children who demonstrate an understanding (TA1, P1, line 15). But TA5 observes the limitation on those peer relationships. Children with ADHD become reliant on support and therefore do not mix well (TA5, P1, line 26).

Overall, this highlights a tension within the data. While 1:1 support improves immediate educational outcomes, it may also unintentionally limit wider social development.

Systemic Barriers and Facilitators

This theme captures the wider structural and relational factors that shape TAs ability to effectively support children with ADHD. It reflects how systemic barriers, including limited training, resources, and shared responsibility, interact with relationships between staff, parents, and leadership to either hinder or facilitate practice. The theme highlights that TA effectiveness is not determined in isolation but is influenced by the broader school

environment including the knowledge and understanding everyone has.

*Lack of knowledge and structural barriers
(training, resources, responsibility)*

Participants consistently described a range of systemic barriers that limited their ability to carry out their role effectively. One issue across the data was a lack of training, with TAs reporting that they felt initially they were underprepared to support children with ADHD. One participant described her knowledge was her own research (TA3, P2, line 47). This suggests that TAs are often required to rely on personal initiative rather than formal support structures.

Furthermore, closely linked to this was the perception that responsibility for supporting children with ADHD was not always shared across staff. Participants described situations where teachers avoided responsibility or relied heavily on the TA to manage the child independently. One participant described “*nobody really has an input either because they don’t understand or want to understand*” (TA2, P2, line 54-55), highlighting a sense of imbalance within the classroom dynamic. Another TA suggested “*They kind of say, that’s your job you deal with him.*” (TA1, P1, line 37). This lack of shared responsibility appeared to contribute to feelings of frustration and isolation among TAs. Another TA described negative attitudes, body language and lack of responsibility (TA4, P2, line 53-54). Participants expressed frustration regarding the lack of responsibility, but they didn’t know how this could change (TA4, P2, line 54).

Barriers to funding were also addressed suggesting schools have no budget (TA1, P1, line 33), and limited budgets restrict access to support, including training, resources, and services needed to effectively meet the needs of the TA role.

Relationships and support systems

In addition to these structural barriers, relationships within the school / home were identified as both hindering and facilitating support. Negative attitudes from teaching staff and a lack of understanding of ADHD were reported, with some TAs feeling undermined or unsupported. One participant described a an intentional lack interaction from staff (TA1, P1,

line 36-37). This indicates the lack of tolerance and patience towards the child’s behaviour, limiting the effectiveness of the TAs support. The participant suggests, “*But it’s all about patience. Working with ADHD has taught me to be patient.*” (TA1, P1, line 16).

Furthermore, communication and relationships between TA and parents were also seen to influence practice. Parents were sometimes seen to create more problems, argumentative and demanding, creating stress and worry for the TA as they consistently try to support the child. However, both parental and TA frustration suggests a joint lack of knowledge and understanding due to the complexity of ADHD and the varying impacts depending on environment. One TA expresses her frustration:

At the minute we are experiencing a child in class that is literally climbing the walls, running up and down the classroom and bouncing off the chairs, so you have to relay things to home in a certain way, not everything but certain things, and we are just getting back ‘sorry but he’s not like this at home’. So, whether they’re in denial or just scared of admitting anything, but sometimes there’s little things and you think, yes this is happening at home so why aren’t you admitting it? (TA3, P2, line 68-73).

The complex nature of ADHD suggests this parent could be sharing reality, and therefore the barrier is lack of knowledge and understanding from both perspectives.

Additionally, positive collaboration with staff, parents, and leadership was seen to improve both TA confidence and child outcomes. One TA described the benefit of a “*supportive SENCO*” (TA6, P2, line 68), who provided guidance and resources, suggesting that leadership and teamwork play a key role in facilitating effective support. Another TA expressed how frustrating it can be when teachers do not understand ADHD; yet, on the other hand, she felt completely supported by her deputy head, ALNCO officer and ED Psych, stating, “*she is very much on call for the one-to-ones*” (TA2, P3, line 88) and “*The Ed Psych was great too – and cleared some things up.*”. Improved communication and teamwork were associated with more consistent and successful support.

However, when TA's felt unsupported, they felt isolated and alone with no understanding from management (TA4, P2, line 39). Another expressing, *"I feel I am on my own."* (TA5, P1, line 32). However, when they felt heard and supported, over time, and through experience, the positive impact enabled growth in knowledge and understanding, including staff, leadership and parents. One TA described the respect she receives; teachers use her strategies because they work, and their negative attitudes have changed towards her as for what she is doing. TA5 states *"Many times they ask me about the strategies I am using."* (TA5, P2, line 70).

Overall, the data suggests that TA effectiveness is shaped by a combination of structural and relational factors. While individual effort and experience are important, the broader school/home context plays a critical role in either enabling or limiting effective 1:1 support.

DISCUSSION

This study explored TAs' experiences of providing 1:1 support for children with ADHD in mainstream educational settings, focusing on emotional experiences, perceived impact on pupils, and systemic influences on effectiveness.

Findings suggest that the TA role involves a complex interaction between emotional labour, perceived effectiveness, and structural limitations. While participants reported that 1:1 support can improve children's academic engagement and behavioural regulation, experiences were also shaped by emotional strain, limited training, and a lack of shared responsibility. Overall, the findings highlight tensions between reward and burnout, and between individual effort and systemic limitations, which influence both TA experiences and pupil outcomes.

Interpreting Themes in Relation to Literature

The theme of emotional and professional experience reflects the demanding nature of the TA role, particularly when considering emotional labour. Participants described both satisfaction and exhaustion, suggesting supporting children with ADHD including teachers, parents, and children, requires sustained emotional regulation. Webster et al. (2013) highlights the relational and demanding

nature of support roles in education. Therefore, this study builds on previous research by showing that reward and burnout can develop due to the supporting nature. Furthermore, TAs in this study demonstrate reward and burnout can be closely linked rather than separate experiences, with feelings of fulfilment often coming from challenging situations. This adds to understanding TA wellbeing (TA6, P3, line 85; TA6, P1, line 21).

The second theme, concerning the impact of 1:1 support, is consistent with evidence from the Deployment and Impact of Support Staff (DISS) project, which found that TA support can improve task completion and classroom engagement (Blatchford et al., 2009). Similarly, participants in this study reported improvements in attention, behaviour, and academic participation, which reinforces the value of individualised support for children with ADHD (TA2, P1, Line 19; TA4, P1, Line 11)

However, the findings also support concerns raised by Giangreco (2010) regarding the potential for dependency and reduced peer interaction. TAs observed that children with continuous support were less likely to engage independently or interact with peers, suggesting that while 1:1 support may enhance short-term outcomes, it may also unintentionally limit long-term social development. This tension reflects broader challenges within inclusive education, where support strategies may unintentionally conflict with positive social outcomes like independence and integration (P5, P1, line 25-26; TA5, P1, line 26).

The third theme, systemic barriers and facilitators, strongly aligns with existing literature highlighting the impact of training, knowledge, and school structures on the effectiveness of support. Consistent with Sharples et al. (2015), participants reported a lack of formal ADHD training, often relying on self-directed learning (TA3, P2, line 47).

This initially had a negative impact on TA confidence as some were hesitant within their role. TA5, P2, line 56-57 describes *"I haven't had any real training... when I first started... I was terrified that I would do something wrong."* This confirms Bandura's (1997) theory of self-efficacy, which suggests that perceived competence influences performance. On the other hand, the more experienced TAs became, the more confident they were. TA5, P2, line 70 describes *"Many times they ask me about the*

strategies I am using." Though they expressed how they learned to manage complex behaviours alone. Nevertheless, the results suggest that some TAs through self-learning not only built their confidence, but the confidence of other staff and this builds on current literature that TAs can be ADHD educators.

Furthermore, the findings reinforce Norwich (2013) research suggesting that ADHD behaviours are regularly misunderstood within schools. Participants described a lack of understanding among teachers, parents, and peers, contributing to lack of tolerance and patience. TA6, P1, line 17 suggests "*children suffer a lot in relation to stigma and exclusion...*" This highlights the importance of improving ADHD awareness across school communities and homes.

Finally, this study supports existing literature by emphasising the relational aspect of systemic support. Previous research has identified structural and practical limitations in the role of TAs (Florian and Black-Hawkins, 2013), and the present findings highlight how relationships with teachers, leadership, external professionals and parents can either enable or hinder effective practice (TA4, P2, line 39; TA2, P1, line 88).

Overall, this suggests that support for children with ADHD is not only determined by resources but also by collaborative culture within schools and homes.

Novel Contribution of the Study

Firstly, this study provides an in-depth understanding of TAs' emotional experiences, highlighting that reward and burnout can occur simultaneously rather than as separate outcomes.

Then, it identifies a tension between effectiveness and dependency in 1:1 support. While beneficial for academic and behavioural outcomes, such support may reduce opportunities for pupil independence and peer interaction, adding to evidence of potential unintended consequences of long-term individualised support.

Finally, the study highlights the importance of relationships within the wider school system, showing that collaboration, communication, and shared responsibility are central to effective

practice, shifting attention from individual TA skills to broader systemic factors.

Methodological Strengths and Limitations

A key strength of this study is the use of reflexive thematic analysis, which enabled an in-depth exploration of TAs' experiences while acknowledging the researcher's interpretative role. Semi-structured interviews allowed participants to provide detailed responses, enhancing the depth of the findings (Braun & Clarke, 2021).

However, several limitations should be noted. The small sample limits the diversity of perspectives and generalisability, and may not capture potential gender differences. The reliance on self-reported data also means findings reflect perceptions rather than objective measures of effectiveness. Furthermore, the absence of ADHD-specific training among participants may have influenced the range of experiences reported. Finally, as thematic analysis involves interpretation, researcher bias may have influenced theme development, despite efforts to remain reflexive (Creswell, 2014; Breakwell, Smith & Wright, 2021; Guest et al., 2006).

Practical and Theoretical Implications

The findings have clear implications for educational practice. There is a need for structured ADHD training for TAs to reduce reliance on informal learning and improve confidence and consistency. Schools should also promote a shared responsibility approach so that support for children with ADHD is embedded within whole-class teaching rather than relying only on TAs.

In addition, strategies should balance individual support with opportunities for independence and social inclusion, for example through planned peer interaction and the gradual reduction of support where appropriate.

Theoretically, the study highlights the role of emotional labour in 1:1 educational support roles and contributes to broader discussions around inclusion, dependency, and systemic influences in mainstream education. It also supports ecological perspectives, which emphasise the interaction between individual,

relational, and structural factors in shaping educational outcomes.

Future Research Directions

Future research could examine TA experiences across a wider range of educational settings to determine whether findings differ across contexts, and including perspectives from teachers, TAs, parents, and pupils would provide a better understanding of ADHD support in mainstream schools. In addition, research could evaluate the effectiveness of targeted training programmes in improving TA confidence and pupil outcomes.

Conclusion

This study explored the experiences of TAs providing 1:1 support for children with ADHD in mainstream schools. Findings suggest that while such support is perceived as beneficial for academic, behavioural, and emotional outcomes, it is constrained by systemic factors including training, knowledge and understanding, and shared responsibility. TAs also reported a complex emotional experience involving both reward and burnout.

Overall, the findings highlight that effective support depends not only on individual TA effort but also on wider school systems, particularly collaboration and training, which influence both TA wellbeing and pupil outcomes. These insights may inform improvements in practice, training, and inclusive education.

Word Count: 4,608 (722 removed – Table 1)

Reference List:

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Bandura, A. (1977). *Social learning theory*. Prentice Hall.

Barkley, R. A. (2015). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (4th ed.). Guilford Press.

Blatchford, P., Basset, P., Brown, P., Koutsoubou, M, Martin, C., Russel, A., Webster, R., & Rubie-Davies, C. (2009). *Deployment and Impact of Support Staff in schools*. Institute of Education, University of London.

Blatchford, P., Bassett, P., Brown, P., & Webster, R. (2009). The effect of support staff on pupil engagement and individual attention. *British Educational Research Journal*, 35(5), 661–686.
<https://doi.org/10.1080/01411920902878917>

Braun, V., & Clarke, V. (2021). *Thematic analysis: a practical guide*. Sage Publishing.

Breakwell, G. M., Smith, J. A., & Wright, D. B. (2021). *Research methods in psychology* (6th ed.). Sage.

British Educational Research Association. (2018). *Ethical guidelines for educational research* (4th ed.). BERA.

British Psychological Society. (2021). *Code of human research ethics* (2nd ed.). BPS.

Cresswell, J. (2014). *Research design: qualitative, quantitative, and mixed methods approaches* (4th ed., international student ed.). Sage Publishing.

Department for Education. (2015). *Special educational needs and disability code of practice: 0 to 25 years*. UK Government.

DuPaul, G. J., & Stoner, G. (2014). *ADHD in the schools: Assessment and intervention strategies* (3rd ed.). Guilford Press.

European Union. (2016). *General Data Protection Regulation (EU) 2016/679 of the European Parliament and of the Council* <https://www.legislation.gov.uk/eur/2016/679/contents>

Florian, L., & Black-Hawkins, K. (2013). Exploring inclusive pedagogy. *British Educational Research Journal*, 37(5), 813–828. <https://doi.org/10.1080/01411926.2010.501096>

Fogleman, D., Leaberry, D., Rosen, J., Walerius, M., & Slaughter, K. (2018). How do children with and without ADHD talk about frustration?: Use of a novel emotion narrative recall task. *Attention deficit and hyperactivity disorders*, 10, 297–307. <https://doi.org/10.1007/s12402-018-0255-z>

Giangreco M. F. (2010). One-to-one paraprofessionals for students with disabilities in inclusive classrooms: is conventional wisdom wrong?. *Intellectual and developmental disabilities*, 48(1), 1–13. <https://doi.org/10.1352/1934-9556-48.1.1>

Greene, R. W. (2011). *The explosive child* (4th ed.). Harper Collins.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82. <https://doi.org/10.1177/1525822X052799>

Kofler, J., Sarver, E., & Wells, C. (2017). Working memory and organizational skills problems in ADHD. *Journal of Child Psychology and Psychiatry*, 59(1), 57–67. <https://doi.org/10.1111/jcpp.12773>

Norwich, B., & Koutsuris, G. (2017). Addressing tensions and dilemmas in inclusive education. *Oxford Research Encyclopedia of Education*, (no volume/issue/page number) <https://doi.org/10.1093/acrefore/9780190264093.013.154>

Polanczyk, G., de Lima, M. S., Horta, B. L., Biederman, J., & Rohde, L. A. (2007). The worldwide prevalence of ADHD: A systematic review and metaregression analysis. *American Journal of Psychiatry*, 164(6), 942–948. <https://doi.org/10.1176/aip.2007.164.6.942>

Saldana, J. (2021). *The coding manual for qualitative researchers* (4th ed.). Sage.

Sharples, J., Webster, R., & Blatchford, P. (2015). *Making best use of teaching assistants*. Education Endowment Foundation.

Silverman, D. (2017). *Doing qualitative research* (5th ed.). Sage.

Smith, J. (2015). *Qualitative psychology: A practical guide to research methods* (3rd ed.). Sage Publishing.

Staff, I., Oosterlaan, J., Van der Oord, S., Van den Hoofdakker, J., & Luman, M. (2023). The Relation Between Classroom Setting and ADHD Behavior in Children With ADHD Compared to Typically Developing Peers. *Journal of attention disorders*, 27(9), 939–950. <https://doi.org/10.1177/10870547231167522>

Webster, R., & De Boer, A. (2019). Teaching assistants: their role in the inclusion, education and achievement of pupils with special educational needs. *European Journal of Special Needs Education*, 34(3), 404–407. <https://doi.org/10.1080/08856257.2019.1615746>

Appendices

Appendix A

Codes

The following are initial descriptive codes for 6 interviews including women working as Teaching Assistants in one-to-one roles with ADHD children. The codes are short, concise labels that capture meaning to the following statements:

- What TA's feel about their work
- What hinders their work
- What facilitates their role

Transcript 1 – Initial Codes

Job satisfaction

Rewarding

Tiring

Develops patience

Teaches acceptance and inclusivity

Develops knowledge and understanding

Negative attitudes from teachers

Negative attitude from peers

Lack of knowledge and understanding (teachers, parents, children)

Negative treatment from teachers (undermine)

Lack of funding and resources

Lack of support (teachers, parents)

Lack of training

Loneliness and isolation (TA)

Stressful

Negative perception of the child and ADHD (teachers, parents, children, child)

Relationship challenges including social isolation (TA, child and peers)

Parental support due to knowledge and understanding

Lack of parental support due to knowledge and understanding

Knowledge and understand is better over time

Communication is better over time

Supportive school environment (teachers, parents, leadership) *small school

Behaviour towards child varies between children (toleration, isolation)

Emotionally draining

Positive impact on the child

Misunderstood

Transcript 2 – Initial Codes

Develops patience

Develops a problem-solving attitude

Better outcomes academically

Better outcomes socially

Less exclusion
More task completion
Less disruption
Better behaviour
More positive feedback
Stress (TA)
Frustration (TA, peers)
Lack of knowledge and understanding (TA, peers, teachers)
Lack of training
More support needed
Negative treatment from teachers
Teachers do not want to take responsibility
Less negativity over time with improved symptoms (adults)
Less judgement over time with improved symptoms (adults)
Improved behaviour over time
Teachers' attitudes change depending on child's symptoms
Better knowledge and understanding over time
Anxiety
Intimidated by symptoms
Positive support – less is more (ALNCO, Ed Psych, parents, peers)
Positive/good communications
Peer support changed over time (boys less supportive, girls more supportive)
Positive impact is rewarding

Transcript 3 – Initial Codes

Knowledge and understanding provides awareness to others
Stressful
Disruptive (children, child with ADHD)
Tiring
Challenges in the classroom (lack of techniques and strategies)
Lack of knowledge and understanding
Lack of support
Lack of training
Lack of interventions
Parents struggling (lack of support, Knowledge and understanding)
Children's symptoms are different depending on environment (home, school)
Disruption
Lack of support when things escalate
Positive impact depending on the environment
More teamwork is needed (outside agencies)
Lack of interest/responsibility from other professionals to get educated
Strategies only work if professionals take responsibility
No positive changes over time (peers, parents, teaching staff)
Passionate to learn
Exhausted
Every ADHD child present the symptoms in different ways
Fear of failure
Emotionally draining

Transcript 4 – Initial Codes

Satisfaction preparing the child for their future
Impact of their work – sit still, provides routine, positive learning experiences, task completion.
1:1 support – success
Knowledge and understanding means providing an awareness to other staff
Hard work
Upsetting
Isolation – children and teachers do not understand
Lack of support *small school so fewer children with ADHD, less staff, less support)
Lack of knowledge and understanding
Teachers are not taking responsibility
Lack of guidance
Negative attitudes towards ADHD (teachers)
Parental understanding and support are positive
Negativity towards symptoms (teachers)
Lack of tolerance (teachers, head teacher)
Complex needs with only the TA fighting for him
Depending on the day determines how much work is completed
Frustration due to lack of understanding (with other staff, with head teacher, with self)
Exhausted

Transcript 5 – Initial Codes

Less disruption and exclusion with 1:1
Children complete more tasks
Children have more positive social interactions
Other staff can be educated on ADHD because of TA knowledge
Due to 1:1 support there is less interactions with peers
The child becomes comfortable and relies on adult support instead of intergrating with the class and peers
TA feels alone and isolated (researching ADHD herself including symptoms and support)
Tired
Lack of support in school *small school
Lack of support at home
Lack of training
Lack of funds
Lack of resources
Lack of knowledge and understanding (teachers, parents/guardian)
Child is misunderstood – symptoms are interpreted as bad behaviour
Lack of others taking responsibility
Gains respect from other staff due to growing knowledge and impact she has on child
TA provides positive influence because her strategies work
Change in teachers attitudes due to positive impact
Positive change over time – developing knowledge resulted in strategies, confidence, easier days, passion for the role, job satisfaction

Transcript 6 – Initial Codes

Improved self-esteem (Child, TA)
Built strength of character – resilience
Positive response to behavioural techniques
Satisfaction
Developing knowledge and understanding

Tiring
Disruption
Emotionally draining
Exhaustion
Techniques do not always work
Frustration
Exclusion
Parental interference – lack of knowledge and understanding
Minimal learning
Lack of training
Lack of knowledge and understanding
Negative talk/attitudes
Stigma
Discrimination
Misunderstanding
Offload support – someone to talk to
Positive progress
Peer interactions change over time (tolerance changes as time goes by)
Child is socially isolated
Child feels a sense of entitlement
Supportive SENCO (knowledge and understanding, resources, guidance, good leadership)
Lack of knowledge and understanding (peers, parents)
Child is misunderstood
Positive progression with TA
Confidence building
Better outcomes with TA mean a happier child

Appendix B

Codes organised into initial themes

1. Emotional Impact of the TA Role

This theme captures how TAs feel about their work—both positively and negatively.

- Job satisfaction
- I love my job
- Improved self-esteem (TA)
- Rewarding
- Positive impact is rewarding
- Satisfaction preparing child for future
- Stress
- Tiring
- Exhausted
- Emotionally draining
- Frustration
- Anxiety
- Fear of failure
- Hard work
- Upsetting

The TA role is emotionally complex simultaneously fulfilling and draining. This contrast appears consistently across all transcripts.

2. Professional Growth and Skill Development

This theme reflects how the role contributes to TAs' personal and professional development.

- Develops patience
- Develops problem-solving attitude
- Developed knowledge and understanding
- Developing knowledge and understanding
- Passionate to learn
- Confidence building
- Knowledge improves over time
- They can educate others

Despite challenges, TAs experience growth, particularly in patience, adaptability, and expertise in ADHD.

3. Impact of 1:1 Support on Child Outcomes

This theme focuses on the perceived effectiveness of TA support for children with ADHD.

- Better academic outcomes (in some cases)
- Better social outcomes (in some cases)
- Less disruption
- Less exclusion
- More task completion
- Better behaviour
- Improved self-esteem
- Positive learning experiences
- Positive progression with TA
- Happier child
- Positive impact on the child
- Techniques effective (when they work)

TAs perceive 1:1 support as beneficial for both academic and social development, though outcomes can vary.

4. Challenges and Barriers in the School Environment

This is a noticeable theme capturing systemic and structural barriers.

- Lack of funding (in some cases)
- Lack of resources
- Lack of training (though one TA feels 'training' is not a barrier for her)
- Lack of support (school, parents, professionals)

- Lack of interventions
- Lack of guidance
- Lack of teamwork
- Other professionals not taking responsibility
- Strategies do not always work
- Small school limitations
- Lack of responsibility

TAs feel hindered by systemic limitations especially lack of training, resources, and shared responsibility.

5. Lack of Knowledge, Understanding, and Awareness of ADHD

A highly noticeable theme across all transcripts.

- Lack of knowledge and understanding (teachers, parents, peers)
- ADHD symptoms misunderstood
- Symptoms interpreted as bad behaviour
- Stigma
- Intimidation by symptoms
- Parents struggling due to lack of knowledge
- Knowledge provides awareness to others
- TA educating others

A central issue is widespread misunderstanding of ADHD, which affects how children are treated and supported by teachers, parents and children.

6. Relationships and Social Dynamics

This theme captures relationships affecting both TAs and children.

- Negative attitudes from teachers
- Negative attitudes from peers
- Negative attitudes from parents
- Negative treatment / undermining by teachers
- Teachers not taking responsibility
- Lack of tolerance / patience
- Peer relationships (changing over time)
- Social isolation (TA and child)
- Relationship challenges
- Child reliance on TA
- Reduced peer interaction due to 1:1
- Communication (positive and improving)

Relationships are often strained, particularly with teaching staff, while peer dynamics for children are complex and can be changeable – girls were seen more supportive than boys in one instance.

7. Parental Involvement and Home–School Dynamics

This theme introduces the role of parents in facilitating or hindering support.

- Parental support (positive when informed)
- Lack of parental support
- Parental interference
- Parents' lack of knowledge and understanding
- Differences between home and school behaviour.

8. The Complexity and Individuality of ADHD

This theme reflects the unpredictable and individual nature of ADHD.

- Symptoms vary between children
- Symptoms vary by environment
- Behaviour varies day-to-day
- Techniques do not always work
- Complex needs
- Disruption
- Child / parent entitlement (in some cases)

TAs recognise ADHD as highly individualised.

9. Facilitators of Effective Practice

This theme highlights what helps TAs succeed in their role.

- Supportive SENCO / leadership
- Supportive school environment
- Positive communication
- Multi-agency support (ALNCO, Ed Psych, parents)
- Effective strategies
- Growing TA knowledge
- Respect from staff over time
- Positive changes in teacher attitudes

Supportive leadership, collaboration, and increasing expertise are key enablers of success including an increasing recognition of TA expertise.

Appendix C

Revision and Final themes and sub-themes

Theme 1: Emotional Impact of the TA Role

Sub-themes:

- **1.1 Reward and Job Satisfaction**
 - Rewarding, job satisfaction, positive impact, preparing child for future

- **1.2 Emotional Strain and Burnout**
 - Stress, exhaustion, emotionally draining, anxiety, frustration, hard work, tiring, upsetting

Theme 2: Professional Growth and Skill Development

Sub-themes:

- **2.1 Learning on the Job**
 - Developing knowledge, self-directed learning, researching ADHD
- **2.2 Building Personal and Professional Skills**
 - Patience, problem-solving, self-esteem, confidence
- **2.3 Growth Over Time**
 - Improved communication, increased understanding, greater ease in role

Theme 3: Impact of 1:1 Support on Child Outcomes

Sub-themes:

- **3.1 Academic and Behavioural Improvements**
 - Task completion, reduced disruption, improved behaviour
- **3.2 Social and Emotional Benefits**
 - Improved self-esteem, happier child, better social outcomes
- **3.3 Dependency and Reduced Peer Integration**
 - Reliance on TA, reduced peer interaction, social isolation

Theme 4: Challenges and Barriers in the School Environment

Sub-themes:

- **4.1 Insufficient Training and Resources**
 - Lack of training, funding, interventions, guidance, resources
- **4.2 Lack of Shared Responsibility**
 - Teachers avoiding responsibility, limited involvement from professionals
- **4.3 Inconsistent Support Systems**
 - Lack of teamwork, small school limitations

Theme 5: Lack of Knowledge, Understanding, and Awareness of ADHD

Sub-themes:

- **5.1 Misinterpretation of Behaviour**
 - Symptoms seen as bad behaviour, misunderstanding
- **5.2 Widespread Lack of Awareness**
 - Among teachers, parents, peers
- **5.3 Stigma and Negative Perceptions**
 - Judgement, intolerance, intimidation

Theme 6: Relationships and Social Dynamics

Sub-themes:

- **6.1 Tensions with Teaching Staff**
 - Negative attitudes, undermining, lack of respect, avoidance of responsibility
- **6.2 Peer Relationships and Social Inclusion**
 - Child isolation, changing peer attitudes, exclusion
- **6.3 TA Isolation**
 - Loneliness, lack of inclusion, working alone
- **6.4 Evolving Relationships Over Time**
 - Improved attitudes, increased respect, better communication

Theme 7: Parental Involvement and Home–School Dynamics

Sub-themes:

- **7.1 Supportive Parental Engagement**
 - Positive collaboration, shared understanding
- **7.2 Barriers from Limited Parental Understanding**
 - Lack of knowledge, interference, inconsistency

Theme 8: The Complexity and Individuality of ADHD

Sub-themes:

- **8.1 Variability Between Children**
 - Different symptoms, unique needs
- **8.2 Contextual and Daily Variability**
 - Behaviour changes by environment and day
- **8.3 Limits of Strategies**
 - Techniques not always effective, need for flexibility

Theme 9: Facilitators of Effective Practice

Sub-themes:

- **9.1 Supportive Leadership and School Culture**
 - Headteacher, ALNCO support, class teachers
- **9.2 Collaborative Working**
 - Multi-agency involvement, teamwork, communication
- **9.3 Growing Recognition and Impact**
 - Respect from staff, changing attitudes, visible child progress

Final themes and sub-themes

Theme 1: Emotional and Professional Experience of TAs

- Emotional reward and fulfilment
- Emotional strain and burnout

Theme 2: Impact of 1:1 Support on Children with ADHD

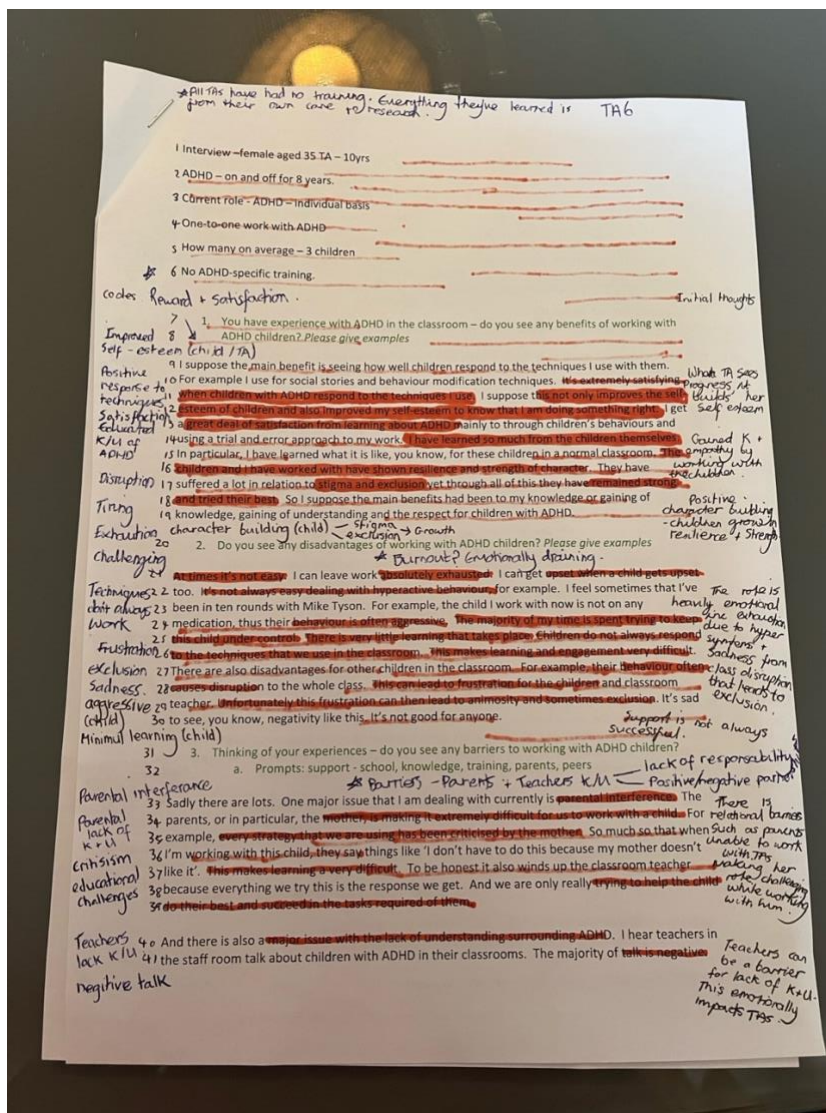
- Academic and behavioural improvements
- Social and emotional outcomes (including dependency)

Theme 3: Systemic Barriers and Facilitators

- Lack of knowledge and structural barriers (training/resources/responsibility)
- Relationships and support systems (staff, parents, leadership, collaboration)

Appendix D

Interview Transcript 6, Page 1 – 3



Stigma
Discrimination
Lack of empathy
Usually in relation to disruption and naughty behaviour. This makes me sad because I know that it's not the kid's fault.
trainings: I think teachers need more training and I think I need more training. If they understood more about ADHD, you know, about the type of behaviours that are common in ADHD they would be a bit more understanding and less negative. The problem is this negativity is obvious when they are dealing with these children, and other children in the class pick up on this. I'm lucky, I know a lot about ADHD.
misunderstanding
Naughty
behaviour
label
Negative attitudes
Limited to no training
understanding
needed
Lack of sympathy
no sympathy
disruptions
aggression
Isolation
withdrawal
Parental K/U
expectations
entitlements
offloading
Positive Comms
Resources
Guidance
Positive Progress
TA job
Self-reflection
Positivity

ADHD affects how children are treated and this impacts them. Lack of training is a barrier. If there was training there would be better U + sympathy.

Barriers - Training, K/U

ADHD affects how children are treated and this impacts them. Lack of training is a barrier. If there was training there would be better U + sympathy.

Comparison between current + previous K + U.

TA is unsure about progression highlighting A-type children attempt but without much success.

Parents can be seen to be entitled because they put an expectation on TAs to give them the support they need.

5. Thinking of your experiences - do you see any facilitators that help you to work with ADHD children?

a. Prompts: support - school, knowledge, training, parents, peers

Relationships + Support Systems

6. I have a really good support system. She's fantastic, she makes sure that we have everything we need for dealing with our everyday role. Whenever I need someone to chat to about the day that I have had, she is there. She is extremely experienced and seems to have the answer for everything. She is a great support for myself and other TAs at the school. I don't think I would be half as good as I am now if it wasn't for her. She is so knowledgeable about ADHD too - so is always on hand with ideas on how to help the children do their best and to tell us about new initiatives or strategies to help the children. The school is also very supportive of the SENCO and our role with children with ADHD. She is particularly supportive of the work that goes on in the classroom and often asks for progress reports and pops in to the classroom to see what the students are doing. This makes a huge difference to the morale of the school - knowing that you are being supported.

7. Yes - the SENCO as I have said is amazing. My previous SENCO was less so. She made things very difficult, so the change in SENCO has made my role much easier. The staff are happy to feel that she has our back and that makes my job with the children easier - especially when dealing with parents and classroom teachers. Good support leads to happier staff from leaders.

8. What impact does working with ADHD children have on you?

a. Prompts: positive, negative (emotional, physical)

Compare parents, teachers, outside agencies support

Systemic support
And barriers
Teachers
Parents
Kids
Lack of K/U
No training
Relationship support
Staff
Parents
Kids

★ Reward

85 There are lots of positives in my job. The progress children make is fantastic. That builds up my self-esteem and encourages me that I am doing something right. It makes me very happy when I see that other children include children with ADHD. It shows me that things are getting better for children with ADHD. With more understanding comes tolerance. I am happy that I can support the children of the future and if my children can go on to do well in comprehensive school - then that's a bonus for the negative side. I feel that I often have to fight the battles for children with ADHD. I often hear other parents comment on the children - and how they shouldn't be in mainstream school upsetting their kids. Sadly this feeds into their children and they say comments in class which are not helpful and can cause issues. For example, saying that they should be in a special school - not here with us. It is my job to try to combat these negative attitudes and help children and parents to understand that this is a disorder, not just naughty behaviour.

86 Job stigma when children progress including sharing understanding.

87 TAs are advocates for kids with ADHD who are misunderstood.

88 Build confidence

89 Positive self-esteem

90 Positive outcomes

91 Social interactions

92 Success = happiness

93 Tolerance

94 Judgement / influence

95 Combat negativity

Research Questions:

- What TAs feel about their work/role
- What hinders their work/role
- What facilitates their work/role