



A Response to Fintan O'Regan's *Exclusion from School and Attention Deficit Hyperactivity Disorder (3)*

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Firstly, I would like to congratulate the author, Fintan O'Regan on this thought-provoking paper. I would now like to respond in particular to the section on 'Educating school staff in the identification of behaviour difficulties'.

The author in arguing the point that teachers are at the centre of the inclusion/exclusion issue and that they are required to cater for the unmet needs of the individual child, is missing a key point, that is, it is not just the responsibility of teachers to support the multidisciplinary needs of the child. In the same paragraph the author reports that the NICE guidelines (2009) suggest that teachers are ill-equipped in the management and teaching strategies within schools to accommodate children with unmet needs. Similarly I found that not only did most teachers not have the knowledge or skills to manage children with ADHD in the classroom, but they had little or no understanding of the child's behavior beyond the classroom (Hughes 2004, 2009). The important point here is that whilst important for educators to have greater awareness about behaviour difficulties, it is also necessary for them to have greater awareness about the management of children's behavior. However, I believe that this and the awareness of screening and assessment procedures, are not just privileged information for teacher education. Behavior difficulties in children, be they associated to learning difficulties or ADHD, require the involvement and decision making of the multidisciplinary team.

Teachers in isolation are not necessarily best placed to make a diagnosis, even with extra knowledge and skills. Any discipline assessing a child from a single perspective when the problem is as complex as ADHD, is not helpful to either the teacher or the child. How can a teacher in the midst of an 'over crowded' class, be capable of extrapolating all the issues that constitute the cause of a child's behaviour difficulties? How for instance can the teacher be sure that a child's behaviour problems are not the result of their teaching approach, the personality or management approach of the teacher, and or the other children in the class, or an underlying physical or neurological disorder or family friction?

What concerns me about the intimation that having provided teachers with more knowledge and skills about behaviour difficulties and exclusion so that they are then perceived to be competent in decision making

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about a child's behavior, is that this continues to ignore the multidisciplinary requirements of the child. I thought we had moved away from an attitude of one discipline being capable of addressing all issues (DfCSF 2003).

The danger of one profession viewing what is essentially a multidisciplinary problem, is that this poses a risk that teachers will perceive individual differences as being 'a problem' and classified as such. The need for integrated decision making and collaborative working is advocated in *Every Child Matters* (DfCFS 2004) and the NICE Guidelines on ADHD (NICE 2009). It is therefore essential that the education and training of teachers not only introduces them to greater knowledge and skills about children's social, emotional and behavioural difficulties, as well as children's social and emotional needs (a more positive perspective), but also equip them with the knowledge and skills to embrace collaborative working.

The perspectives of others need to be taken into account and a multidisciplinary approach adopted. But this is not only an issue for education and training, it is issue for school policy and for establishing a framework for action on how to achieve integrated working which includes not only various professions but the family and the child. How this should be achieved is not without difficulties, but it can be done and is being done in other areas, such as in primary health care (Hughes 2011).

References

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