Exploring neurodivergent students' lived experience of the GCSE exam period: A focus on ADHD.

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Abstract

This research aimed to explore how neurodivergent students with a diagnosis of ADHD perceive their lived experience of the GCSE exam period. Three research questions guided the study, with an aim to investigate how GCSEs were experienced by four ADHD students, what factors students perceived as influential to their outcomes, and the impact of the available provision. The methodology adopted a critical realist approach, collecting qualitative data through individual semi-structured interviews. Interpretative phenomenological analysis (IPA) was used to analyse the data, focusing on an in-depth exploration of individual lived experiences.

Through the analysis, several common themes were identified across the individual accounts. Participants highlighted the significant impact of emotions on their exam preparation and performance, including feelings of exam stress and pressure. The value of acceptance, agency and relationships was also emphasised, with participants sharing that feeling safe, understood, and respected in school was crucial to their wellbeing and attainment. Additionally, the findings indicated that exam preparation for ADHD students extends beyond traditional revision, encompassing factors such as executive functioning, motivation, procrastination, and self-awareness.

By placing emphasis on pupil voice, this study provides a rich insight into the experiences of ADHD students, offering implications for practice and provision, in support of wellbeing, preparation, and performance during the GCSE exam period.

Acknowledgements

Dedication

For Lily, Olivia, Ben and Darren.

Thank you for sharing your experiences with me.

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List of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
ADHD-I	Predominantly Inattentive (subtype)
ADHD-H	Hyperactive-Impulsive (subtype)
ADHD-C	Combined (subtype)
APA	American Psychiatric Association
Au-DHD	Co-occurrence of autism and ADHD
BPS	British Psychological Society
DECP	Division of Educational and Child Psychology
DSM	Diagnostic and Statistical Manual of Mental Disorders
EP	Educational Psychologist
GCSE	General Certificate of Secondary Education
GET	Group Experiential Theme
ICD	International Classification of Disease
IPA	Interpretative Phenomenological Analysis
NICE	National Institute for Health and Care Excellence
PET	Personal Experiential Theme
SATs	Standard Attainment Tests
SEND	Special Educational Needs and Disabilities
SENDCo	Special Educational Needs and Disabilities Coordinator
TEP	Trainee Educational Psychologist

Chapter One: Introduction

1.1 Introduction

This research is the first of two volumes of literature completed as part of the three-year Applied Educational and Child Psychology Doctorate at the University of Birmingham. This small-scale qualitative research project explores the experiences of four young people who have a diagnosis of ADHD, and their perceptions of the GCSE exam period. This research was conducted during the second and third year of the Doctorate programme, whilst completing a professional placement in my role as a trainee educational psychologist (TEP). This research presents retrospective accounts of GCSE exams, as a phenomenon, and aims to explore the potential influences of ADHD, school systems, and the available support and provision.

1.2 Background and Context

Attention deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental condition in children (Cortese & Coghill, 2018), with a high prevalence in adulthood (Faraone, et al., 2021). ADHD has been extensively researched over the last century (Cortese et al., 2022), predominantly in the medical field, though an increasing number of studies are rooted in educational research, with many utilising qualitative methods to explore the views and experiences surrounding ADHD (Ginapp, et al., 2022). ADHD is categorised in both health and education, as a clinical condition, diagnosed by health professionals, and a formal neurological disability, recognised under the umbrella of special educational needs and disabilities (SEND). For this reason, educational settings in the United Kingdom (UK) have a legal responsibility to provide adjustments and provision to support the development and

wellbeing of ADHD students, as stated in the Equality Act (2010) and SEND Code of Practice (DfE, 2015).

Educational outcomes for ADHD children and young people (CYP) are consistently poorer than their neurotypical peers, in primary, secondary, further, and higher education settings (Arnold et al., 2015), and a wide range of explanations for this disparity are outlined in the associated literature. Teachers are well placed to identify and implement provision to support the needs of ADHD students, but report that the limited coverage of SEND within the initial teacher training (ITT) programme, combined with a pressure to meet performative expectations, can make it difficult to effectively meet need (Howarth, 2022). In the UK, the demand for ADHD assessments and subsequent rate of diagnosis for CYP is at a record high, which many services are unequipped to manage (ADHD UK, Oct 2023). This lack of capacity appears to extend to UK schools, with increasing demand for SEND provision, without adequate staffing, resources, or funding (Strogilos & Ward, 2023). These difficulties may contribute to the existing disparity in academic outcomes for students with SEND (Keen et al., 2021), indicating a similar trajectory for ADHD students.

Educational psychologists (EPs) are appropriately situated to promote an awareness of ADHD and the necessary adjustments ADHD students may require, amongst school staff, in support of their wellbeing and outcomes (Russell et al., 2023). Advice and recommendations for best practice, in support of ADHD students' exam preparation and performance would be particularly valuable, however, access to evidence-based guidance appears to vary between EP services. Importantly, the available guidance often excludes the voices of ADHD students, due to a lack of empirical research evidence surrounding the lived experience of exams.

1.3 Researcher Positionality

I am currently training on the Applied Educational and Child Psychology Doctorate programme at the University of Birmingham. During years two and three of the course, I have practiced as a Trainee EP, within a Local Authority EP service, under the supervision of a Senior EP. Alongside the placement, I am working towards the academic requirements of the course, including two volumes of a doctoral thesis, and a record of evidence to demonstrate my developing professional competency as a TEP. I have become interested in the systems and processes surrounding exams, and the ways in which students with additional needs navigate this phase of their educational journey.

From an early age, ADHD has had personal relevance for me. When I was 10, my mum took me to the GP to explore whether I might have ADHD, but the idea was quickly dismissed as I was functioning well academically. At school, my teachers described me as "capable but lacks focus." I always felt a bit different but tried very hard to fit in with my peer group. I was very energetic, struggled to concentrate in class, found it very difficult to revise for exams, and often forgot my homework. However, as I was learning at an expected level, and achieved good grades in my SATs and GCSEs, most traits went unnoticed. I was optimistic, sociable, and enthusiastic, and thrived in practical subjects, like PE, art and music. Despite this, I was incredibly anxious reading out loud, was easily influenced by my peers, and was frequently sent out of class for distracting others. Reflecting on my experiences, I now recognise how my difficulties relate largely to executive functioning, a need for movement, and social acceptance, but at the time, I was often labelled as lazy and disruptive.

During my first year of the EP doctorate and following discussions with people who had experience of the diagnostic pathway, I referred myself for an ADHD assessment. In October

2022, I was diagnosed with ADHD-C, at age 28. By this point, I had done extensive research on ADHD in adults and had quite confidently self-diagnosed, but receiving the formal diagnosis was a huge relief and helped to make sense of many previous experiences. The diagnosis helped to shape my own awareness and self-concept, alongside achieving new levels of focus and productivity, through pharmacological treatment.

Sharing my ADHD diagnosis with my TEP cohort, university tutors and placement colleagues has been overwhelmingly positive. I have developed a genuine interest in ADHD and feel driven to advocate for ADHD students, to ensure their voices are heard and represented in the decisions affecting them. I also believe that promoting neurodivergent voices through professional practice and research plays a fundamental part in improving outcomes and inclusion, particularly for those with the power to facilitate change (Smillie & Newton, 2020).

In this study, as an ADHD person, I am positioned as an insider researcher. Reflexivity is essential to remain aware of the influence of my own experiences, values, and biases. To support my commitment to reflexivity, I have maintained a research diary throughout the project and will use reflexive commentary throughout this paper to shed light on my thinking and clarify my decisions.

1.4 Overview of Structure

The structure of this research is presented as follows:

- Chapter Two presents a critical review of the literature relating to ADHD, exams, and education. The literature review is concluded with the rationale for the project, and research questions.

- Chapter Three describes the research methodology and analytical processes. Theoretical and philosophical underpinnings are explored, followed by methods, including procedure, ethical considerations, and analysis.

- In Chapter Four, a summary of the research findings is presented, capturing the individual experiences of each participant and the interpretations from cross-participant analysis.

- Chapter Five presents a discussion of the findings, with reference to the research questions, and in the context of existing theory and literature.

- Chapter Six contains a brief summary of findings, implications for practice, critique of the research, and future directions.

Chapter Two: Literature Review

2.1 Introduction

This chapter will explore the dominant constructs of ADHD, as outlined in the current literature. These include the biomedical model, outlining definitions, prevalence, and diagnostic criteria, as well as alternative conceptualisations of ADHD. Then, I will explore the literature surrounding education and examinations in the UK, in the context of ADHD, placing emphasis on students' experiences, outcomes, and wellbeing. The chapter concludes by highlighting gaps in the literature, before presenting the rationale and chosen research questions.

2.2 Attention Deficit Hyperactivity Disorder

ADHD is widely considered the most studied neurological condition, with a well-established and robust body of literature (Cortese et al., 2022; Abdelnour et al., 2022). The study of inattentiveness and hyperactivity in human behaviour dates to the eighteenth century (Lange et al., 2010), though these traits were not categorised as ADHD until the 1980's, introduced as 'attention deficit disorder: with or without hyperactivity' in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; 1980). A revision of the DSM-III in 1987 saw the addition of 'hyperactivity' to construct the label of 'ADHD', before the introduction of subtypes in the DSM-IV (1994). Further updates in the criteria for ADHD are outlined in the DSM-V (2013) and DSM-V-TR (revised 2022).

2.2.1 Defining ADHD

There is some variance in the terminology used to define ADHD, by the major diagnostic manuals and clinical bodies, though there is a consensus on the associated traits. Table 1 presents a summary of commonly cited definitions.

Table 1: Definitions of ADHD

Author	Definition
National Institute for Health and Care Excellence (NICE)	*"An ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development"* (NICE, 2023).
American Psychiatric Association (APA)	*"ADHD, or attention-deficit/hyperactivity disorder, is a behavioural condition that makes focusing on everyday requests and routines challenging. People with ADHD typically have trouble getting organized, staying focused, making realistic plans, and thinking before acting. They may be fidgety, noisy, and unable to adapt to changing situations."* (APA, 2018).
National Health Service (NHS)	*"Attention deficit hyperactivity disorder (ADHD) is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse."* (NHS, 2021).

First included in the DSM-IV, and reviewed in the DSM-V, ADHD is categorised by three subtypes: predominantly inattentive (ADHD-I), hyperactive-impulsive (ADHD-H), and combined subtype (ADHD-C). Inattentive traits include difficulties associated with listening, remaining focused, following instructions and time-management. Hyperactive traits include excessive talking, fidgeting or tapping, feeling restless and difficulties remaining seated (DSM-V-TR, 2022).

The diagnostic criteria used to classify ADHD, included in the DSM-V and the International Classification of Diseases (11th revision; ICD-11) require a health professional to interpret the extent to which a person presents with each criterion. Definitions typically align with the medical model, focusing on ADHD as a 'disorder' with associated 'symptoms', which has some problematic connotations within the ADHD discourse (Climie & Mastoras, 2015). ADHD is primarily seen as a biological condition, with a strong genetic component, though diagnosing ADHD does not depend on biological markers (Timimi & Timimi, 2015). Instead,

diagnosis relies on the interpretation of behavioural criteria, a process considered problematically subjective (Hill & Turner, 2016). This subjectivity highlights issues in the diagnostic process, including the over-representation of some marginalised groups, including those experiencing socio-economic disadvantage (Russell et al., 2016), and the under-representation of women and girls (Young et al., 2020).

2.2.2 Prevalence

The global prevalence of ADHD for CYP is estimated at around 5%, increasing to 8-10% in the USA (NICE, 2023). A recent systematic review and meta-analysis of global ADHD rates (Salari et al., 2023) found that prevalence was slightly higher in CYP aged 3-12 (7.6%) compared to those aged 12-18 (5.6%), which highlights higher rates than the figures proposed by NICE (2023). The analysis included data from hundreds of millions of ADHD individuals, across six continents, presenting a highly representative picture of global prevalence. However, the researchers do not provide a clear rationale for distinguishing between children and adolescents, nor do they indicate practical applications supported by their findings.

There is some disparity in the evidence surrounding ADHD prevalence, particularly following a significant rise in assessments and diagnosis among CYP and adults. In the UK, rates of ADHD diagnosis increased twenty-fold between 2000 and 2018 (McKechnie et al., 2023). Despite this increase, studies indicate that the actual rates of prevalence have remained consistent (Polanczyk, et al., 2014). Historically, variance in prevalence has been attributed to societal or cultural factors, however, Cortese and Coghill (2018) highlight a sample bias within the available literature, correlating higher prevalence rates in countries that have produced higher numbers of research studies, for example, the UK and USA. This supports the idea that societal and cultural factors may influence these figures. It is still estimated that 80% of ADHD people in

the UK are undiagnosed (ADHD UK, 2023), which highlights the need to consider how educational settings can effectively support students experiencing ADHD-related difficulties, irrespective of diagnosis (DECP, 2022).

2.2.3 The Biomedical Model

ADHD remains rooted within a medical model of mental disorders, which focuses on biological and neurological underpinnings (Sorensen, 2023). Traits of ADHD are closely associated with deficiency in dopamine, a neurotransmitter and hormone crucial for various neurological functions, including attention and motivation (Blum et al., 2008). This neurochemical perspective helps explain why ADHD people may struggle to sustain focus for extended periods (Volkow et al., 2009).

The biomedical model posits that since ADHD is a neurological condition, support to mitigate its effects exists primarily in pharmacological treatments (Cortese & Coghill, 2018). In the UK, approximately 35-45% of children diagnosed with ADHD are prescribed medication (Russell et al., 2019). The benefits of ADHD medication are often reported by ADHD CYP and adults, though individual accounts present conflicting experiences (Ginapp et al., 2022; Ringer, 2020). Qualitative findings from a range of studies indicate that negative experiences are common, including adverse side effects and an absence of autonomy, with the influence of adults and the use of medication to control or suppress unwanted behaviours (Codling, 2022; Mansfield, 2021; Brinkman et al., 2012). In this context, autonomy depends on a person's capacity to make informed decisions about their medication, though research suggests that CYP can be unclear of the medication's purpose or effects (Parekh, 2023) and can feel pressured by adults to comply (Rowlands, 2016). Considering the likelihood of negative side effects, this presents a key ethical issue in the process and emphasises the need for environmental

modifications and other non-pharmacological interventions as a first-line treatment (DECP, 2022; Hill & Turner, 2016).

A briefing paper published by the Division of Educational and Child Psychology (DECP, 2022) outlines the need for professionals to consider the implementation of evidence-based non-pharmacological interventions for ADHD students, as well as students who are awaiting assessment or experiencing difficulties associated with attention, activity, and impulsivity. The guidance opposes the medical model, offering practical recommendations to support CYP across contexts, including environmental modifications and both pupil-focused and family interventions.

The authors highlight the value of early intervention and active collaboration between the CYP, their family and the professionals involved, as a preventative measure to improve wellbeing and outcomes, throughout education and into adulthood. Although this guidance seeks to improve awareness of ADHD interventions among professionals, there is an absence of perspectives from the CYP experiencing the difficulties in question, which Bevan (2023) highlights as a possible power imbalance. The guidance also criticises the medical model, but does not acknowledge the potential benefits that an ADHD diagnosis may offer to support CYP to alleviate difficulties, including the development of self-awareness (Bevan, 2023), self-advocacy (Mansfield & Soni, 2024), and identity (Ringer, 2019). Nelson (2021) argues, "We must recognise the fact that many benefit from their diagnosis, whether it be through access to services like therapy and education assistance, empathy from those around them, or simply having the conceptual resources with which to make sense of their lived experience" (p. 344).

Despite this, it is important to remain mindful of the systemic issues surrounding ADHD in educational settings, including the pressure on schools to meet performative targets, and the

motivation for accessing ADHD assessment and treatment. For example, in Hill and Turner (2016), some EPs report that adults may seek ADHD medication as a 'quick fix' in an attempt to suppress a child's challenging behaviour, though over half of the EPs reported that children were rarely or never involved in decisions about their treatment.

Cortese et al. (2022) recognise the importance of neurobiological approaches but emphasise the need for more research into the psychosocial aspects of ADHD, to challenge the reductionism inherent in the medical model. The effective use of non-pharmacological interventions for ADHD, as highlighted by the DECP (2022), underscores the need for alternative conceptualisations. Exploring these alternative approaches can provide a more holistic understanding of ADHD, integrating both biological and environmental components.

2.2.4 Alternative Conceptualisations of ADHD

The social constructionist approach views ADHD not exclusively as a biological issue but as a concept shaped by societal norms, perceptions, and interactions (Timimi & Timimi, 2015). This perspective suggests that ADHD is understood through the lens of social, cultural, and institutional contexts, which influence how traits are recognised, diagnosed, and treated (Ringer, 2019). Pham (2014) proposed a biopsychosocial-cultural framework, arguing that ADHD should be viewed comprehensively, including cultural influences. Similarly, Hinshaw and Scheffler (2018) advocate for an integrative perspective on ADHD, stressing the importance of considering multiple dimensions to provide a more holistic understanding. The social model of disability offers a philosophical perspective that contrasts with the medical model (Terzi, 2004; Barnes, 2019). It suggests that disability is not solely a result of individual impairments but is also created by societal barriers and exclusionary practices. Applying this model to ADHD, it recognises that difficulties experienced by ADHD individuals are exacerbated by

societal attitudes, inadequate support systems, and rigid educational structures, rather than ADHD itself (Kistler, 2022).

Identity-first language aligns with the social model of disability and represents a shift in the terminology surrounding neurodivergence (Best et al., 2022). For example, using 'ADHD person' rather than 'person with ADHD'. This approach, preferred by many in the neurodivergent community, emphasises that disability is an integral part of a person rather than a problem or deficit (Hartman et al., 2023). I have a preference for identity-first language and acknowledge that this has impacted my choice of language throughout this report. However, there are instances where this preference is not upheld, influenced by my philosophical positioning, the terms used by other authors, and my participants' choice of language.

Reflexive commentary:

In the context of the current study, with a focus on ADHD, I will be primarily referring to the population as '*ADHD students*' or '*ADHD young people*'. However, I will use the term '*neurodivergent*' at times when it is appropriate or necessary to do so, for example, when discussing concepts that may be relevant to the wider neurodivergent population. As highlighted above, there may be exceptions to this choice of language, particularly when upholding the preferred terms used by neurodivergent people in this study and others.

A key concept within the social model of disability is the neurodiversity paradigm, which recognises neurodiversity as a natural variation in human development (den Houting, 2018). This paradigm underpins the neurodiversity movement, a social movement aligning with the social model of disability, advocating for the rights and voices of neurodivergent people (Aitken & Fletcher-Watson, 2022). The movement seeks to increase understanding and awareness of

neurodiversity, reduce the stigma faced by neurodivergent individuals, enhance accessibility to support services, and ensure greater inclusion of neurodivergent people in decision-making processes (Dawson et al., 2022). Crucially, the movement rejects pathologising language, favouring neutral or positive terms when referring to neurological differences (Day et al., 2024). Viewing individual differences through a neurodiversity lens helps to shift the focus from deficits to strengths (Aitken & Fletcher-Watson, 2022). However, this perspective is not without criticism. Botha and Gillespie-Lynch (2022) highlight a lack of consideration for intersectionality, including neurodivergent people with co-occurring disabilities and/or other minorities (e.g. ethnic, cultural, gender), who may experience additional barriers to inclusion that the neurodiversity movement does not account for.

In the current study, my own construction of ADHD, as an insider researcher, bears significance to the research process. As an ADHD person who has experienced significant benefits from formal diagnosis and access to medication, I recognise the importance of the medical model. However, I acknowledge the bias in this statement, as an autonomous adult able to make informed decisions about the interventions employed to alleviate my ADHD-related difficulties. Despite this, many of my personal values align closely with the social constructionist approach and social model of disability, in that seeking to reform inclusionary practices in the system could see improvements in the wellbeing and outcomes of neurodivergent students. My philosophical positioning for this study allows me to operate in the middle of these two dominant constructions of ADHD, adopting a bio-psycho-social approach to knowledge production and sense-making. This position is captured resonantly by Nelson (2020), who states, "Social change and medical intervention need not be considered mutually exclusive" (p. 335).

2.3 ADHD in Educational Contexts

In schools, considering the needs of ADHD students through a neurodiversity lens has the potential the enhance educational practices (Pham, 2014), improve support systems (Hinshaw & Scheffler, 2018) and empower individuals (Kistler, 2022), by promoting inclusion and addressing stigma at a systemic level. However, the experiences of ADHD students, as presented in the surrounding literature, indicate that many educational settings in the UK remain unequipped to effectively meet needs and facilitate positive outcomes (Howarth, 2022). This contributes to our understanding of academic progress, performance and outcomes for ADHD students.

Section 2.3 presents a narrative review of key papers. The review process adopted an iterative and flexible approach, enabling the inclusion of various sources such as peer-reviewed journal articles, book chapters, and doctoral theses, without the strict methodological constraints typically associated with other approaches like systematic reviews. The review aims to synthesise a broad range of literature, introduce readers to the field, highlight the strengths and limitations of existing contributions, and identify gaps that the current study seeks to address (Smith et al., 2022). Key literature was identified through searches of relevant databases (e.g., PsycInfo, ProQuest), academic journals (e.g., *Educational Psychology in Practice*), and eTheses repositories (e.g., University of Birmingham, White Rose). The search terms used included *ADHD*, *attention deficit hyperactivity disorder*, *GCSE*, *exam(ination)*, *school*, and *lived experience*. The review prioritised qualitative studies that explored perceptions and experiences related to ADHD, school, and examinations.

The searches specifically focusing on ADHD and exams predominantly resulted in positivist research rooted in the medical model, concentrating on ADHD symptomatology. While

these papers contribute to understanding the inherent factors influencing the exam experiences of ADHD students, they risk presenting a generalised perspective. To mitigate this, the review also draws on qualitative research from related areas, for example, ADHD in education and normative exam experiences, to offer a more nuanced view that accounts for wider contextual factors. Existing IPA studies provided valuable insights into young people's lived experiences while informing the implementation of qualitative methods in the current research.

2.3.1 ADHD and School Experiences

Russell et al. (2023) conducted a secondary analysis examining the educational experiences of ADHD young people. Drawing from the accounts of ADHD young people and their parents, the authors identified two main themes: 'the problematic provision loop' and 'progression out of the problematic provision loop' (p. 946). These themes provide insight into how ADHD students perceive their school experiences and the factors influencing their progress. Negative experiences were common, with many participants reporting that the demands of the school context, combined with ADHD-related difficulties, were detrimental to their academic progress and relationships. Participants also noted that adults and peers in school lacked an understanding of ADHD, exacerbating relational difficulties and often leading to negative interpersonal experiences. The authors suggest that when ADHD students become stuck in a negative cycle, reinforced by adversity, it can impact emotional wellbeing, self-concept, and sense of belonging in school, all of which may hinder their academic outcomes. The findings also indicate how students' early educational experiences may shape their conceptualisation of ADHD, with many describing how being labelled as naughty, challenging, or lazy in primary school had lasting effects on their identity.

While this study offers valuable insights into the school experiences of ADHD young people, it is important to recognise that these findings were derived from secondary analysis. The original interviews focused primarily on the transition of ADHD young people from child to adult mental health services, with educational experiences mentioned incidentally. As a result, the interviews did not explicitly explore educational themes, and additional insights may have been overlooked. Since all participants were receiving child mental health services, the findings may not fully reflect the experiences of the broader population of ADHD students, particularly those outside of clinical settings. Despite this, the study situates its conclusions within the context of existing literature, which reinforces the credibility of its findings. The recommendations align with those from other research, calling for enhanced support systems for ADHD students in schools, as well as further investigation into teachers' perceptions and understanding of ADHD. While the study is insightful, it highlights the need for more focused research that specifically addresses school experiences to fill these gaps in knowledge.

There are a number of small-scale IPA studies that have investigated the school experiences of ADHD students, offering rich insights into the concepts considered most influential to wellbeing, development and academic outcomes. Bevan (2023) explored the school experiences of three ADHD students, aged 13, 12, and 9, who reported a wide range of negative school experiences. Convergences in the data focused on feelings of inadequacy, the power of adults, and a need for competence, which led participants to question the value of their ADHD diagnosis. Participants expressed feeling incompetent, due to negative interactions with peers and adults, and the implementation of punitive behavioural measures. Despite this, Bevan highlighted how the presence of positive relationships with adults was protective, and facilitated better school experiences. The students reported that these relationships were nurtured by a

greater understanding of ADHD and greater levels of autonomy, indicating the importance of empathic and relational approaches for ADHD students.

Similar findings were reported by Mansfield and Soni (2024), who investigated the school experiences of five adolescent females with ADHD, aged 13 or 14. Key themes included the development of identity and the role of self-advocacy and masking in school, in addition to difficulties with executive functioning and sensory processing. An understanding of ADHD was considered protective in nature, fostering self-advocacy and positive student-teacher relationships, whereas an absence of understanding often led to sensory-seeking behaviours being punished, which reinforced masking behaviours. Participants felt that difficulties with executive functioning were consistently impactful, even for those who were well-supported by staff. Though these findings indicate the influence of inherent cognitive factors, the researchers conclude that adolescent females with ADHD may be further disadvantaged by the wider socio-political context and its impact on school ethos and staff understanding of neurodiversity. This study offers a unique contribution to the research area, and new perspectives to inform those working with ADHD young people in UK secondary schools. Although the findings align with the bio-psycho-social model, the age of the participants meant they had not started their GCSEs, so could not offer insight into the experience of exams. Also, four of the five participants attended an all-girls school, which considering the influence of school culture and ethos, may have led to different experiences than ADHD students attending a mixed school.

A mutual theme appearing in the above three studies is the impact of relationships with peers and teachers for ADHD students, during their experience of school. A systematic literature review by Ewe (2019) indicated how student-teacher relationships may influence the school experiences of ADHD students. Quantitative findings indicated that teachers often felt less

emotionally connected to ADHD students, which inhibited their collaboration and cooperation (Rogers et al., 2015). Similarly, ADHD students who felt rejected by their teachers were more likely to experience emotional and behavioural dysregulation (Al-Yagon, 2016). Importantly, authors recognised the value of high-quality student-teacher relationships in mediating ADHD traits, to support academic engagement and attainment (e.g. Rogers et al., 2015). The value of positive relationships was also reflected in the qualitative findings, with participants in Wiener and Daniels (2016) reporting a preference for teachers who were helpful, open-minded, approachable and understood their needs. As a prominent theme in the literature, Ewe (2019) concluded that the absence of positive relationships for ADHD students presents a clear risk factor for poor academic outcomes. However, Ewe (2019) also recognised a lack of qualitative data in the reviewed studies, which would have provided a deeper understanding of the factors influencing student-teacher relationships.

Although these four studies indicate the difficulties that ADHD students may experience in school, the authors also sought to highlight the support and provision considered effective in alleviating these difficulties. For example, Russell et al. (2023) presents guidance for school staff working with ADHD students, promoting the value of inclusive practice, individual accommodations, and developing positive relationships with peers and teachers. This approach aligns with the neurodiversity movement, recognising the need for acceptance and celebration of individual differences (Aitken & Fletcher-Watson, 2022). Although there is value in this approach, Ringer (2019) reported that this can be a source of ambivalence for ADHD students, with the need to be accepted and celebrated as a unique individual, contradicted by the need to adapt to the demands of their social environment.

2.3.2 ADHD and Exams

To understand the experiences of ADHD students during the GCSE exam process, it is helpful to refer to the experiences of their non-ADHD peers. This comparative analysis helps to highlight the specific factors that may be unique to ADHD students, as opposed to the normative exam experience. Therefore, I aimed to identify research that explores the perspectives of both neurodivergent students (including those with ADHD) and the general student population, in high-stakes exam contexts. Additionally, I considered the developmental stage of adolescence during the GCSE years, as this provides important context for understanding the cognitive, emotional, and social factors that may influence how students may experience exams. This dual focus ensures a more comprehensive understanding of how ADHD may interact with broader developmental challenges during this critical period in education.

Brown and Woods (2022) conducted a systematic review of qualitative research on students' experiences of GCSE study and assessment. The review included 22 studies published between 1992 and 2018, and the findings were analysed using thematic analysis (Braun & Clarke, 2006). Several key themes were identified, which when supported by other qualitative research, offer insights into the GCSE experience of the general student population.

Many students reported increased stress and anxiety during their GCSEs, particularly due to the reduced emphasis on coursework and greater focus on exam performance. The pressure to succeed, often reinforced by teachers in a performance-driven culture, often intensified this stress. These findings align with Roome and Soan (2019), who found that students felt under-supported and over-pressured by staff, and Power (2017), who highlighted how teacher attitudes shifted under the pressure of meeting academic standards. Despite this, Brown and Woods (2022) reported how students in several studies expressed enjoyment, pride, and motivation to

succeed during their GCSEs. Positive relationships with teachers and peers were considered a protective factor and were found to improve students' GCSE experiences, enhancing their engagement, enjoyment, and achievement. Roome and Soan (2019) noted that supportive relationships with staff, peers, and parents helped reduce stress, with effective academic and emotional support contributing to students' confidence and exam preparation.

Students' perceptions of agency, control and fairness were a dominant theme throughout the literature, relating to curriculum content, approaches to study, and methods of assessment. Barrance and Elwood (2018) found that students felt their agency was limited by how certain subjects were prioritised and assessed, which led to feelings of unfairness and restricted access to preferred subjects. Similarly, Linehan-McCaldin (2019), who explored the perceptions of students preparing for their GCSEs, found that the students' sense of agency appeared fundamental to their experiences. One key finding was the concept of an 'exam team' with participants describing the network of people supporting their exam preparation, through shared experience and positive relationships. However, Linehan-McCaldin (2019) acknowledges the need for schools to consider the individual needs of each student, to ensure tailored support and intervention, as emphasising shared experience may be ineffective for some.

Brown and Woods (2022) acknowledge that their review primarily focuses on the GCSE experiences of the general student population, with minimal attention given to students with identified SEND, who represent approximately 17% of the student body (GOV.UK, 2023). They highlight the limited availability of qualitative studies exploring the views and experiences of GCSEs within the general population, highlighting the pressing need for more research specifically exploring the exam experiences of students with SEND, who may encounter additional barriers to academic attainment. Most of the research cited underscores the critical

role of positive relationships in mediating exam stress, promoting academic progress, and fostering a sense of agency, in support of exam preparation. However, studies such as Ewe (2019) indicate that for ADHD students, these relationships can be more complex to maintain. While positive relationships with teachers and peers can provide much-needed emotional and academic support, ADHD students often experience additional social and relational barriers. These challenges may prevent them from benefiting equally from the relational support systems that are more easily accessed and maintained by their peers in the general student population, potentially complicating their exam preparation and performance.

Though these findings indicate that the GCSE exam period can be challenging for many students, the discrepancy in academic attainment between ADHD students and their neurotypical peers indicates the influence of other factors, which may exacerbate the more broadly experienced exam difficulties, to the detriment of their exam performance. Steinberg's (2005; 2014) work surrounding stages of adolescence provides an important contextual foundation for understanding the challenges students face during the GCSE exam period, particularly in terms of cognitive development. He explains that during this stage, young people typically show an improved capacity for higher-order thinking, such as problem-solving and abstract reasoning. However, their ability to consistently apply these cognitive skills can be undermined by stress, which is often heightened in high-pressure situations like exams. This is especially relevant for ADHD students, who may experience executive function impairment, where key skills crucial for managing exam demands are inhibited (Groves et al., 2021; Mansfield & Soni, 2024).

Groves et al. (2021) highlighted the role of executive functioning, particularly working memory, in managing exam demands. They found that better-developed working memory is associated with fewer ADHD traits and improved emotional regulation. Rogers et al. (2011) also

noted that attention and working memory functions may predict academic outcomes for ADHD students. Participants in Mansfield and Soni (2024) felt that difficulties relating to executive functioning, including attention, time management and working memory, had hindered their academic achievement and organisation at school. Smith and Langberg (2018) suggest that executive functioning difficulties can be exacerbated by reduced motivation, which may indicate why preparation for exams may be challenging for ADHD students. Consequently, ADHD students may be more likely to employ maladaptive coping strategies in response to heightened emotions (Young, 2005).

Morley and Tyrrell (2023) explored the experiences of eight women with a diagnosis of ADHD. Although the participants were aged between 22 and 53 years, several of the participants referred to their experiences of school and GCSEs when exploring their social, academic and psychological functioning. Some felt that stress had affected their academic functioning in exams at GCSE, further- and higher-education levels. One participant stated, "If anything gets too stressful, I end up completely putting it off until like, I actually cannot put it off anymore" (p. 1138), while another shared how taking on too many tasks at once can lead to burnout: "I think that exacerbates ADHD because like when you're stressed, I think the symptoms are more prevalent" (p. 1150). Though these findings provide valuable experiential insight from ADHD people, their accounts largely relate to university exams, with only incidental reference to GCSEs, further highlighting a gap in the evidence base. Despite this, their experiences indicate how heightened emotions may exacerbate existing cognitive or academic difficulties for ADHD students.

Dan and Raz (2012) found that ADHD students are more likely to experience test anxiety compared to their neurotypical peers, stemming from lower self-esteem and heightened anxiety.

Similarly, Lewandowski et al. (2013) found that while there was no significant difference in test performance between ADHD students and their peers (e.g., reading speed, comprehension), ADHD students perceived that they would perform worse. This perception is linked to higher levels of anxiety regarding timed tests and lower self-efficacy, which may contribute to increased exam stress. In Morley and Tyrrell (2023), the experience of one participant captures how low self-efficacy may impact exam performance: "I've tried to perhaps get qualifications that I couldn't get when I was at school because I just failed maths, I failed English. Again, I'll put a lot of it down to I just can't do that, that's just too difficult for me. I'm just not good enough" (p.1143). These findings indicate the range of factors that may impact exam performance for ADHD students and underscore the importance of school staff understanding the potential connections between emotions, cognitive functions, and academic achievement (Russell et al., 2023).

Much of the research surrounding ADHD and exams has adopted a positivist stance. Although these quantitative papers highlight the factors potentially influencing exam experience, the medical model approach does not allow for a deeper understanding of the nuances and contextual influences that could be understood through qualitative methods. Though some qualitative studies make partial reference to exams, the exploration of lived experience surrounding GCSEs, for ADHD students, remains relatively unexplored. In the 2022/23 academic year, only 17% of students with identified SEND achieved a grade five or above in English and maths GCSE, compared to 51% of students with no identified SEND (GOV.UK, 2023). Considering the academic difficulties that many ADHD students experience, these figures support the need for further insight from the voices of ADHD and other neurodivergent students,

to explore the protective factors and barriers considered influential to academic performance and outcomes.

2.3.3 ADHD and Pupil Voice

As explored in section 2.3.2, a student's sense of agency is considered significant to their experience of school and exams. Many students report a lack of agency in the school system, feeling unable to influence the processes surrounding their study and preparation for GCSEs (Brown & Woods, 2022). As stated in the SEND Code of Practice (DfE, 2015), students with identified SEND have a right to be involved in decision-making processes regarding their provision and access arrangements in school. Seeking the perspectives of neurodivergent students offers insight into how they experience the school environment, helping to enhance the inclusivity of educational practice (Aitken & Fletcher-Watson, 2022). The benefits of these inclusive practices are well documented, however, accounts of student participation vary throughout the literature.

Russell et al. (2023) report that when teachers take the time to know students and understand what supports their engagement, it can benefit their academic outcomes and promote social inclusion. They recognise the value of consulting with ADHD students to co-construct provision, guided by what the students believe is most likely to help. Tyrrell and Woods (2019) investigated the involvement of autistic students in organising their exam access arrangements. They found that by facilitating student involvement, access arrangements could be tailored to individual needs, which improved their sense of agency and boosted self-esteem, both considered vital to optimising academic performance. Codling (2022) also indicated how seeking the views of the neurodivergent CYP they work with offers educational professionals insight into their experiences, helping to shape thinking, inform new perspectives, and guide their practice.

Another advantage of promoting the voices of ADHD students is fostering a better understanding and awareness of ADHD among staff and peers in school. Russell et al. (2023) expressed the need for school staff to understand how ADHD and other neurodevelopmental differences may present in students' emotions, behaviour, and learning. This need is echoed by Berchiatti et al. (2021), who indicate that increasing awareness of ADHD among educational professionals can improve students' capacity to adjust to school. This perspective, however, is potentially problematic, as highlighted by Ringer (2019), in that the nature of 'adjusting' to school implies that ADHD students should, to some extent, suppress their individuality. In addition, Bevan (2023) found that students felt their voices did not hold much power in the school system, due to punitive policies and negative approaches adopted by staff. Mansfield (2021) noted how one participant felt her voice was not valued by staff, leading her to communicate her needs in alternative ways, through emotions and behaviour.

Bevan (2023) presents an alternative perspective, suggesting that instead of ADHD students adapting to navigate the school environment, schools should work towards changing the system to better represent the diversity of children, guided by their voices. Promoting the voices of ADHD students and facilitating their agency in decision-making processes can be crucial for creating positive school experiences. Morley and Tyrrell (2023) captured the value of inclusive, neurodiversity-affirming (neuro-affirming) practice, stating, "With appropriate recognition, support, and management for their ADHD, participants were able to perform well academically and achieve their long-term goals by going to university." (p. 1135).

2.4 Research Rationale

To my knowledge, there are currently no papers exploring the lived experiences of the GCSE exam period for students with a diagnosis of ADHD, indicating a gap in the research base. Much of the research on academic outcomes for ADHD students uses quantitative methods to identify causal links, yet there remains a lack of qualitative studies exploring these phenomena. While other qualitative studies have investigated different educational aspects, such as ADHD in higher education (Godfrey-Harris & Shaw, 2023), long-term academic outcomes (Rogers et al., 2015), and school staff accounts of ADHD (Gribble, 2019), the lived experiences of ADHD students surrounding their exams appear unexplored. This gap is further emphasised by Russell et al. (2023), who recognise the need for more research into the educational experiences of ADHD students in the UK, and Brown and Woods (2022), who stress the need to understand students' perspectives on GCSE study and assessment.

This research has the potential to inform practice at both an individual and organisational level, for example, by improving our understanding of the provision considered most helpful by ADHD students completing their GCSE exams. There are potential implications for EPs, who may work directly with ADHD students, or in collaboration with families and professionals supporting them throughout this phase of their education. Additionally, exploring lived experience may illuminate factors considered influential to exam preparation and performance, that may be unique to ADHD students, to inform best practices for school staff.

I aim to look beyond the diagnosis of ADHD to understand students' experiences from their own perspective. This study seeks to empower neurodivergent voices, include their views in research and practice, and learn from their lived experiences. From this project, I hope to offer

insights that can inform and improve the systems and support surrounding exams, promoting positive outcomes, inclusion, and wellbeing for ADHD students.

2.5 Research Aims and Questions

This research aimed to explore the views of ADHD students who had recently completed their GCSE exams. It aimed to examine their experiences relating to exam preparation, performance and outcomes, and their perspectives of the available provision. Three research questions were generated:

- Research Question 1: How do ADHD students experience the GCSE exam period?

- Research Question 2: What do ADHD students perceive as influential to their academic outcomes and post-16 opportunities?

- Research Question 3: How do ADHD students perceive the available provision, in support of their preparation, performance and wellbeing, during the GCSE exam period?

Chapter Three: Methods and Methodology

3.1 Introduction

In Chapter Three, I will outline the methods and methodology that were chosen to answer the research questions. The chapter begins with an outline of the philosophical standpoint, followed by the rationale for choosing interpretative phenomenological analysis (IPA), guided by the philosophical and theoretical underpinnings. I then present a summary of the research design and procedure, including recruitment processes, ethics, and the methods used to collect and analyse data.

3.2 Ontology and Epistemology

This research aims to explore the subjective experiences of GCSE students, with a focus on the influence of ADHD, a recognised neurodevelopmental condition. Although emphasis is placed on the participants' individual constructions of their reality, it is important to acknowledge that for them, ADHD is real and a part of their neurological makeup, not merely a social construct. For this reason, a critical realist standpoint was deemed most appropriate.

Ontology refers to the study of being and existence, focusing on the nature of reality in the world. Critical realists argue that social events can be both mediated through human experience at an empirical level and exist separately from human experience at a real, causal level (Fletcher, 2016). Critical realism asserts that reality exists independently of our perceptions but acknowledges that our understanding of reality is imperfect and mediated through our subjective experiences (Fletcher, 2016). It recognises that phenomena, such as ADHD, are shaped by underlying structures and mechanisms, including medical definitions, diagnostic criteria, and historical influences (Lawani, 2020). This perspective allows for the exploration of

both objective realities and the subjective perceptions of individuals, highlighting how meanings are co-constructed through social interaction and reflexivity (Moon & Blackman, 2014). This formation of knowledge outlines the epistemology of critical realism.

As an insider researcher within this framework, I acknowledge my membership in the cultural context but recognise that this does not guarantee complete understanding of all subcultures within it (Dwyer & Buckle, 2009). This emphasises the importance of reflexivity and ongoing critical reflection, to examine my own positionality, biases, and assumptions throughout the research process (HCPC, 2016). My background and experiences may inform my interpretations and influence how data is collected, analysed, and understood, aligning with critical realists' view that researchers' perspectives are integral to the research process (Bukamal, 2022). Dwyer and Buckle (2009) propose that the insider researcher position poses both strengths and limitations to the research process, however, they highlight that insider or outsider status is not the key component. Instead, they emphasise the value of the researcher's ability to be "open, authentic, honest, deeply interested in the experience of one's research participants, and committed to accurately and adequately representing their experience" (p. 59).

Maintaining reflexivity throughout this study will encourage critical engagement in my position as an insider researcher. This approach may enrich the research by enhancing awareness of how social processes, cultural contexts, and historical influences shape both knowledge production and the lived experiences of the ADHD community, thereby contributing to a nuanced understanding of the phenomenon (Bevan, 2023). Despite these influences, I recognise my responsibility to uphold the voices of my participants and their unique constructions of ADHD and neurodiversity, as experts by lived experience (Naylor, 2023). It remains vital that the voices of neurodivergent people are validated as valuable contributions to knowledge

production, in both research and practice (Botha, 2021). Fletcher-Watson et al. (2019) capture this notion poignantly in the context of autism, highlighting how involvement from autistic academics, advocates, and representatives can help shape the field of research and practice, by promoting preferred language and adapting academic structures to facilitate autistic involvement.

3.3 Qualitative Research Methodology

The chosen methodology is interpretative phenomenological analysis (IPA) due to its alignment with the epistemological stance of the research questions, which aim to explore the lived experiences of ADHD students, in relation to exams. I believe that although ADHD people may share traits, everyone experiences ADHD in a unique and personal way. For this reason, I felt it was important to adopt an approach that focuses on eliciting rich, personal accounts that delve deeply into individual experiences (Smith et al., 2022).

As one of the theoretical underpinnings, IPA encourages reflexivity throughout the research process, to critically reflect on how my own values, experiences, and biases may influence data collection, analysis, and interpretation (Smith et al., 2022). This reflexivity enhances the rigour and depth of the research findings by acknowledging and addressing my own subjective role in shaping knowledge production (Nizza et al., 2021).

3.4 Theoretical Underpinnings of IPA

3.4.1 Phenomenology

Phenomenology in research is a philosophical approach, seeking to guide an approach to understanding lived experience (Smith et al., 2022). Husserl (2012) was interested in how people may interpret and identify meaningful qualities in their own experiences. Phenomenology requires participants to think reflexively about their experiences, directing our inquiry inwards,

as opposed to the factors in our environment (Husserl, 2012). Giorgi (2006) states, "Phenomenology is a rigorous philosophy that tries to expand the philosophical outlooks so that all possible experienceable or intuitable phenomena can receive rigorous treatment" (p. 66).

Langdridge (2008) argues that phenomenology plays a key role in our understanding of human experience, within social psychological research. In the context of this research, the emphasis placed on language and interpretation, from the perspective of ADHD students, may offer a valuable insight into their school and exam experiences, whilst acknowledging the potential influence of the socio-political landscape in which the participants exist (Langdridge, 2008).

3.4.2 Hermeneutics

Hermeneutics refers to the art of interpretation. In phenomenology, Heidegger (1927) proposed that behind the appearance of something may exist multiple meanings, including those that are clear and visible to us, and those that are hidden and require interpretation (Smith et al., 2022). There are two sides to hermeneutics: one's understanding of an experience; and the way in which the experience is explained. In qualitative research, hermeneutics suggests that variance between these two processes, influenced by context, may impact how participants perceive and communicate their experiences (Nizza et al., 2021). Researchers highlight the potential conflict between descriptive phenomenology and hermeneutics by exploring the influence of context, whilst simultaneously setting it aside (Kakkori, 2020). However, for the purpose of this research, we acknowledge that each participant offers an individual construction of their experiences, in support of our understanding of ADHD and exams.

The variance in understanding between researcher and participant creates a double hermeneutic, in which the researcher attempts to make sense of the participant, who attempts to make sense of their experiences (Smith et al., 2022). Larkin and Thompson (2011) describe a process of "intersubjective meaning making" (p. 103), as the phenomenon in question is not directly experienced by the researcher. Meaning making therefore relies on participants' interpretation of their experiences, presented during data collection, and the researchers' interpretation of these accounts, during analysis (Montague et al., 2020). This presents a further influence of hermeneutics, through two individual interpretative positions: a hermeneutics of empathy and a hermeneutics of suspicion (Ricoeur, 1970).

A hermeneutics of empathy remains close to the phenomena, with interpretations derived from the descriptive accounts presented by participants, without the influence of previous ontological beliefs and conceptualisations (Owen, 1999). This approach upholds the idiographic nature of IPA, by emphasising the value of the participant's voice, and their particular lived experiences. Alternatively, a hermeneutics of suspicion seeks to reveal hidden meaning within the participants' accounts, with interpretations drawing from theoretical concepts and the researcher's own understanding or experience (Willig, 2013). Stewart (1989) emphasised the importance of suspicion in hermeneutic phenomenology, as the approach "opens up the text to a new reading, one which is even more powerful than our first reading" (p. 306), demonstrating the analytical depth that is pivotal in IPA research (Nizza et al., 2021). IPA falls in the middle of these two interpretative positions, adopting a hermeneutics of empathy and questioning (Smith et al., 2022). During analysis, an empathic approach upholds the 'understanding of possibility' (Agosta, 2013) and the participants' unique views, whilst considering the questions required to illuminate further meaning. I felt that this approach aligned appropriately with my research aims,

as I wanted to ensure that the voice of the participants remained at the forefront of my analysis, but recognised that by questioning the original experiences, as described by the participants, I could gain a richer understanding of the meaning behind them.

Figure 1: The hermeneutic circle (Heidegger, 1927).
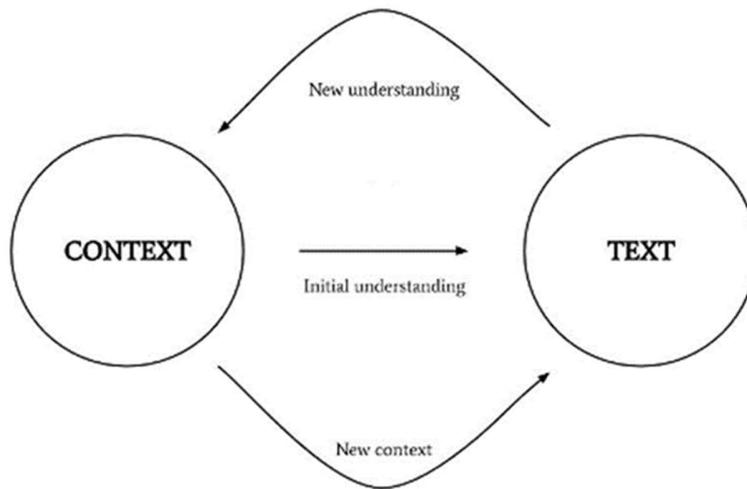
The hermeneutic circle (Heidegger, 1927) is a pertinent concept in hermeneutic theory (Smith et al., 2022), and functions in conjunction with the double hermeneutics. The idea states that the 'parts' of an experience or phenomena cannot be understood without understanding the 'whole', and vice versa (see Figure 1). As a result, the analysis process can be dynamic and iterative, allowing the researcher to reconsider elements of the data, to inform their interpretations (Smith et al., 2022). Individual statements may not appear significant unless contextualised, in comparison to wider experiences, which facilitates a richer understanding of the data and experiences in question (Montague et al., 2020).

3.4.3 Idiography

Idiography refers to the 'particular'. In IPA research, idiography relates to how individual people, within a certain context, experience a particular phenomenon (Smith et al., 2022).

Idiography forms the foundations of IPA methodology, alongside phenomenology and hermeneutics, and aligns appropriately with small sample or single-case qualitative research. A commitment to idiography was demonstrated in the current research, by engaging in close analytic reading of the participants' accounts to present their unique perspectives (Nizza et al., 2021). During analysis, I felt that seeking to achieve a sufficient level of idiographic depth helped me to navigate the complexity of the hermeneutics, as it slowed the process down, and allowed time to shift my positioning in the hermeneutic circle, to inform my interpretations. I was careful in this process, reflecting on my thinking, and remaining mindful of how my own ideas and experiences may influence my interpretations.

3.4.4 Reflexivity and Bracketing

Willig (2013) outlines two types of reflexivity which should be considered by researchers. Personal reflexivity relates to the personal values, beliefs and experiences, held by the researcher, which influence the structure of the research. Epistemological reflexivity refers to the researcher's consideration and reflection of their assumptions or biases, and how these may affect the interpretations and knowledge gathering during the research process.

Bracketing allows researchers to set aside their own preconceived ideas, based on personal experience. This addresses potential biases that one might hold and promotes the idiography of each participant's lived experience. Bevan (2023) highlighted the importance of withdrawing bracketing during analysis, in order to draw upon one's own understanding and experience of ADHD, as well as the potential influence of psychological and socio-cultural factors.

3.4.4.1 Reflexive Commentary

Highlighting key reflections that influenced the research allows the active voice of the researcher to remain present (Smith et al., 2022). To achieve this, the thesis will contain a reflexive commentary to offer clarity and transparency for the decisions made, and to demonstrate a commitment to reflexivity. The commentary highlights the factors that may have influenced my interpretations or responses throughout the research process and is presented from a first-person perspective, containing evidence from my research diary.

3.4.5 Validity and Limitations of IPA

IPA is a rigorous but versatile qualitative research methodology, useful for providing a rich insight into participants' experiences of a particular phenomenon (Tuffour, 2017). The methodology is not strictly prescribed, allowing the researcher to select qualitative research methods pragmatically, according to the purpose or aims of the study (Brocki & Wearden, 2006).

The flexible design has, however, been criticised for its ambiguity and lack of standardisation (Smith, 2011). The focus on interpreting experiences risks a lack of depth in the historical context, which would help to explain why such experiences may have occurred. Smith et al. (2022) address the criticism of IPA methodology, highlighting the factors that support the validity and quality of IPA research. They outlined the markers of a high-quality IPA study, which I aimed to uphold during the current research (see Appendix 1).

3.5 Procedure

3.5.1 Interview Procedure

Qualitative data was collected using individual, semi-structured interviews, which took place in-person. Each of the four interviews lasted around sixty minutes and participants were

appropriately encouraged to offer an in-depth account of their experiences (Smith et al., 2022).

Interviews were conducted in one uninterrupted sitting, and audio recorded using a secure laptop.

In line with previous IPA studies (Mansfield, 2021), I created a 'pre-interview handout', with an aim to reduce the pressure to think of ideas or experiences on the spot (see Appendix 2). Each participant used the handout to write down some brief notes relating to ADHD, school, and exams, around ten minutes before the interview started. Considering the retrospective nature of the interview topics, this approach offered an opportunity for participants to begin thinking about the experiences they perceived as significant, helping to maximise the richness of the data collected.

Establishing rapport with participants, at the start of the interview, is considered vital to maximise the quality and depth of the discussion (Smith et al., 2022). Prior to starting the interview questions, I allowed some time to build rapport with each participant, with an aim to create a safe and comfortable environment for them to share their views. This typically involved a problem-free and general discussion about hobbies or interests, as well as introducing myself, my role and my own diagnosis of ADHD.

Reflexive commentary:

I have reflected on the participants' openness during each interview, which facilitated gathering a truly rich data set. With a retrospective lens, all four participants proceeded to emphasise the importance of trust, acceptance, and understanding in their interactions with adults. I believe that taking time to establish rapport helped create a safe and non-judgmental space for the young people to explore their experiences.

3.5.2 Pilot Interview

The first interview with Lily (pseudonym) served as a pilot to assess the effectiveness of the questions and resources in facilitating open discussion. I asked Lily for feedback on the interview process, including the wording of questions and her overall experience. She reported feeling tired but had no negative comments about the process. This feedback helped refine the approach for the subsequent three interviews.

Reflexive commentary

"Lily shared that she was happy with how the interview went and the questions asked. She did not have any further questions and did not have anything else to add. She did appear tired towards the end and was relieved when the interview ended." (research diary extract).

This reinforced the need to offer breaks throughout each interview, and remind the participants that they are in control, and can speak about whatever feels comfortable.

3.5.3 Interview Questions

The semi-structured interview schedule (see Appendix 3) comprised open questions to explore areas that were important to them, in line with IPA methodology. It is recommended that the interview begins with fairly descriptive questions, to build the participants' confidence in talking (Smith et al., 2022). The first question during these interviews was, "What do you think ADHD is?" or "What does ADHD mean to you?". This had the potential to be both descriptive and analytical, but most participants began by sharing a variety of characteristics or traits that they or other ADHD people had experienced.

Reflexive commentary:

Prior to the first interview, I practiced running through the schedule at home and felt I was spending too much time finding questions and turning pages for it to feel natural. I have always been a slow reader and worried that the pressure of the interview would affect my ability to be present with each participant. I believe this could have affected my active listening skills and interrupted the flow of our discussion. Because of this, I amended the interview schedule to display the questions on one page.

3.5.4 Inclusion and Exclusion Criteria

Table 2: Summary of the inclusion and exclusion criteria for this research.

Inclusion/exclusion criteria	Rationale
Participants who have a formal diagnosis of ADHD, received 2 or more years prior to recruitment.	Participants were required to be aware of their ADHD diagnosis and associated traits. The two-year requirement was to ensure that they, and the adults working with them in school, were aware of the ADHD diagnosis, prior to the start of year 11 or the GCSE exam period.
Participants who are aged 16-17.	The age of participants was a clear determiner of their eligibility, as year 12 students, at the time of the interviews, would be aged 16-17.
Participants who completed their GCSE exams in the summer term of 2023, in a mainstream school.	Due to the retrospective nature of the interviews, it is important to maximise the recency of the experiences discussed (the GCSE exam period in the summer term of 2023). This decision is to optimise the detail of the participants' accounts and reduce the effects of memory decay. For the current study, it was important to recruit participants who had attended a mainstream school. Recruiting from specialist settings may have impacted the homogeneity of the sample, due to variation in the processes surrounding their exams.
Participants who currently attend a mainstream post-16 educational setting.	Staff working at mainstream post-16 settings would be able to support recruitment, by identifying young people who meet the inclusion criteria.
Participants who have sufficient competence in English language to verbally share their views.	To maximise the quality of the data, participants needed to be able to engage in a lengthy discussion and have the language skills to share their experiences and perceptions in detail.

In order to generate a homogenous sample (Smith et al., 2022) the inclusion and exclusion criteria were considered and communicated to key contacts early in the recruitment process. The specificity of the criteria presented some difficulties during recruitment, which are outlined further in section 3.5.4. Details and rationale for the final inclusion and exclusion criteria are presented in Table 2.

Reflexive commentary:

During recruitment, I reflected on the inclusion and exclusion criteria for the sample, and considered the potential that ADHD young people may have one or more cooccurring neurological differences, for example, autism or sensory processing disorder. There is some variation in the rates of cooccurrence between ADHD and autism, as presented in recent literature, though figures indicate a range of 40-70% (Hours et al., 2022; Gnanavel et al., 2019). Although cooccurring differences are likely to have contributed to the participants' experiences, the aim of this study was to explore individual perceptions and lived experience, not to identify the effects of ADHD in isolation. For this reason, cooccurrences did not affect their eligibility. However, it is noted that cooccurrences could not include significant developmental delay, due to the communicative and reflective requirements of the interview process.

3.5.6 Sampling

Sample size in IPA research is not prescriptive, though studies typically focus on a small number of cases, to allow a sufficient level of detail in the participants' individual accounts (Smith et al., 2022). For the current study, participants were selected using a purposive sampling

approach, with an aim to identify individuals able to shed light on a particular phenomenon,

relevant to the research questions (Brocki & Wearden, 2006). Guided by idiography, the sample

does not intend to be representative of the wider population, and instead focuses on the

experiences of a defined group of people. The final sample included four participants, which is

consistent with other IPA studies in this area (see Table 3).

Table 3: *Example sample sizes in IPA research.*

Researcher	Research topic	Sample size
Messeter (2019)	What are the lived experiences of siblings of children and young people with attention deficit hyperactivity disorder (ADHD)? An interpretive phenomenological analysis.	6
Mansfield (2021)	Adolescent Females With ADHD: An Interpretive Phenomenological Analysis of School Experience.	5
Bevan (2023)	Beyond the label: An interpretative phenomenological analysis exploring school experiences of three children who have a diagnosis of ADHD.	3
Godfrey-Harris & Shaw (2023)	The experiences of medical students with ADHD: A phenomenological study.	6

By applying a greater level of specificity in the inclusion criteria, I was able to recruit a

fairly homogenous sample, although the degree of homogeneity was determined by several

factors. Some factors were practical in nature; for example, time constraints and gatekeepers

affecting accessibility, and some were interpretative; including individual differences within the

sample. I was confident, however, that variation within the sample could be sufficiently contained during analysis (Smith et al., 2022).

3.5.7 Recruitment Process

For this research, participants were all recruited from mainstream further education settings. This contributed to the degree of homogeneity in the sample and helped to streamline the recruitment process by facilitating contact with prospective participants. I acknowledge that recruiting from one type of setting presents potential implications for the research findings, which are discussed in Chapter Six. Two sixth-form settings and four further-education colleges were contacted, via email, with an aim to recruit a sample of around four to six participants. Of these six settings, one did not respond, and two showed interest but were not able to identify suitable participants within the available timeframe. From the remaining three settings, staff were able to identify four participants who were interested in taking part in the research and met the inclusion criteria.

To facilitate an understanding of the research, two documents were attached to the initial email, including a recruitment poster (see appendix 4) and an information sheet (see appendix 5). Recruitment was dependent on a referral sampling method, where key members of staff, including SENDCos, SEND advisors, and teachers, helped to identify students who met the inclusion criteria. Because of this, direct contact with participants was limited prior to the interview, and restricted by communication policies, which prolonged the recruitment process.

Once the key staff members had confirmed that the young people had met the inclusion criteria, and demonstrated the capacity to participate in the study, informed consent was obtained from the four participants and their parents. Key staff then discussed and agreed potential dates,

times and locations for the interviews to take place, in collaboration with participants. My

contact details were included in the consent form and information sheet, should parents wish to

discuss the research further.

3.5.8 Participants

Four participants were recruited to take part in this study. At the time of the interviews,

all participants attended mainstream post-16 settings. While completing the 'pre-interview

handout' and as part of our rapport-building time, participants were asked to choose a

pseudonym that would represent them in the research write-up, to replace their real name. A

summary of participant details is provided in Table 4.

Table 4: *Summary of participant characteristics.*

Participant (pseudonym)	Age (in years: months)	Pronouns	Ethnicity	Post-16 setting and year group	Diagnoses
Lily	17 years:3 months	she/her	White British	Further education college (year 12)	ADHD and autism
Olivia	17 years: 5 months	she/her	White British	Further education college (year 12)	ADHD and autism
Ben	17 years: 5 months	he/him	White Welsh	Further education college (year 12)	ADHD
Darren	16 years: 10 months	he/him	White British	Sixth-form college (year 12)	ADHD

3.5.9 Ethical considerations

Ethical approval for the project was issued using the Research Ethics Review system at the University of Birmingham (Appendix 6). This process required a detailed overview of the ethical considerations, in relation to the research aims, questions and methodology, in line with guidance from the Health and Care Professionals Council Standards of Conduct, Performance and Ethics (HCPC, 2016).

3.5.9.1 Informed Consent

The recruitment flyer and information sheet provided participants with a summary of the research, containing sufficient detail to inform their decision to participate. Key staff in each setting read through and discussed the information sheet with potential participants, to allow any questions to be answered.

Informed consent was obtained from participants (Appendix 7) and their parents (Appendix 8). Although participants were all over the age of 16 and able to consent independently, I felt it was appropriate to seek parental consent, to promote transparency and collaboration and support their awareness and understanding of the research. The consent form outlined the participants' right to withdraw their data, without giving a reason, for up to two weeks after the interview date. Participants were reminded of their right to withdraw on the day of the interview and were aware to contact myself or the key staff member, to exercise this right.

3.5.9.2 Confidentiality

Participants chose a pseudonym, which would replace their name in the write-up, and this pseudonym was not shared with anyone else, to protect their anonymity. Choosing their own pseudonym would allow participants to identify themselves within the data. The information

sheet outlined details surrounding the audio recording and transcription of the interview data, as well as the procedures in place to ensure data is protected. At the start of the interview, participants were reminded of their right to confidentiality. Other information that was specific to the participants' experiences or identities was removed or replaced within the transcript, including the names of family members, school staff, peers, settings, or geographical locations.

3.5.9.3 Avoidance of harm and addressing power imbalances

Although the interview did not pose a significant risk of harm, I was mindful of the potential sensitivity of the topics discussed, and the distress that participants may have experienced during the GCSE exam period. In line with the BPS code of human research ethics (BPS, 2021), steps were taken to minimise the risk of psychological distress, address power imbalances, and effectively safeguard participants. The participant information sheet outlined how the interview would include discussions of potentially emotive topics and experiences, to support the validity of their informed consent. Details surrounding the interview process, including access to breaks and an example of an interview question, were also highlighted in the information sheet.

During the interview, participants were encouraged to take breaks at any point, offered a variety of resources to support regulation (e.g. sensory tools; paper and pens for notes/doodles), and reminded that they were in control and were not obliged to answer questions or discuss topics that they were not comfortable with. Allowing time to build rapport and reinforcing the participant-led nature of the interview was important to address any power imbalance they may have perceived. At the end of each interview, participants were debriefed, where we confirmed that they knew how to contact me or the key staff member, should they need to access further support. No safeguarding concerns were noted during interviews.

> **Reflexive commentary:**
>
> Following the interviews, I reflected on my ability to minimise distress during our discussion and believed that I had maintained this ethical commitment professionally and compassionately. This commitment is demonstrated in the following transcript extract, prior to Lily's account of the mental health difficulties she experienced at school (Lily, 101-110):
>
> > **I:** *Yeah. Ok. So, when you were at ****** [school] how were things for you? What was school like for you?*
> > **Lily:** *Horrible.*
> > **I:** *Ok. Do you mind talking about it a bit more?*
> > **Lily:** *Sure.*
> > **I:** *Ok. You can just tell me if you want a break or anything.*
> > **Lily:** *Ok.*
> > **I:** *So, when you say it was horrible, in what way? What was it about school that was horrible?*

Further measures to address the power imbalance were implemented during analysis of the interview data. I upheld an ethical commitment to accurately represent the participants' views by accepting and validating their own constructs of reality (Naylor, 2023) while applying hermeneutic principles. Interpretation of the data was approached carefully and thoroughly, keeping the original transcript at the core as brackets were removed, in my attempts to make sense of the participants' experiences.

3.5.9.4 Navigating the 'insider researcher' position

Alongside ethical considerations for the research participants, it is important to acknowledge I have reflected on my own ADHD diagnosis and how this has shaped my construction of ADHD. This project was a learning experience for me, both personally and

professionally, and the accounts of each participant undoubtedly played a role in my self-discovery. This connection to the research area posed a potential risk to my own wellbeing, which emphasised the importance of reflexivity and critical reflection, supported through supervision with my academic tutor and placement supervisor. Open discussion with my supervisors facilitated opportunities to reflect on my research journey and remain mindful of how it may be impacting my wellbeing and to promote self-care. The active use of supervision offered several protective factors, including a trusting relationship, consistent communication, and highlighting my strengths, which have been highlighted as positively supporting TEP wellbeing (Shield, 2022).

Reflexive commentary:

All four interviews were powerful and emotive, both in the way the participants described their accounts and my personal connection to some of their experiences. Due to the potential influence of my insider researcher status, the navigation of this position is addressed in other areas of this thesis, including my philosophical positioning (see section 3.2), the critical evaluation of the research (see section 6.3), and throughout my reflexive commentary.

3.6 Data Analysis

Following each interview, the analytic process outlined by Smith et al. (2022) was implemented. Table 5 presents a summary of the seven steps of IPA, as implemented in the current study.

Table 5: *The seven-step process of IPA (Smith et al., 2022) and how these steps were implemented during data analysis.*

Step #	Summary of implementation
Step 1 (starting with first case) Reading and re-reading	During this first step, I immersed myself in the data, becoming familiar with the transcript (see Appendix 9). I read the transcript several times, listening to the recording simultaneously, to focus on how experiences were shared, the language used, and the unique parts of our discussion. I stayed close to the participants' words, only making a few brief notes to capture my initial thoughts. This also offered an opportunity to amend any errors in the transcript.
Step 2 *Exploratory noting*	At the start of this step, I created a table with three columns, placing the original transcript in the middle, and in the right column, I made notes of anything interesting that appears in the transcript. I repeated this process several times, generating a substantial collection of exploratory notes, corresponding to each section of the transcript. Smith et al. (2022) recommend using different types of noting during Step 2, moving between those that are phenomenological or descriptive in nature, and those that are more interpretative or abstract. I used colour coding to organise exploratory notes into three categories: **Descriptive notes**: experiences as expressed by participants. **Linguistic notes**: focusing on the language used. **Conceptual notes**: making sense through interpretation. This is a useful approach adopted in other recent IPA research (e.g. Bevan, 2023; Mansfield, 2021).
Step 3 *Experiential statements*	Using my exploratory notes and the original transcript, I then sought to reduce the quantity of data to statements that capture the experiences. Continuing with the colour coding strategy, these new notes were written in the left-hand column of the table and formed the exploratory statements.

Step 4 *Searching for connections across experiential statements and naming the personal experiential themes (PETs)*	At this stage, I started to search for connections between experiential statements. I printed each statement and began to group them.
	The aim was to identify relationships between the experiential statements, retaining information that felt important or meaningful to the participant, while illuminating the experiences that related to the research questions.
	The statements were organised into groups and given titles that captured their meaning. Groups of statements were then collated and given an umbrella heading, which saw the generation of PETs (see Appendices 10 and 11).
Step 5 *Consolidating the PETs in a table*	The PETs and sub-themes were then presented in a table, including corresponding quotes from the original transcript. This was done for all participants (see Appendix 12).
Step 6 *Continuing the individual analysis of other cases*	Once analysis for the first participant was completed, the process was repeated for the other three participants. To uphold an idiographic approach, I finished one analysis completely before moving to the next. This allowed me to remain present with the individual experiences of each participant, which is crucial at this stage of the analysis.
Step 7 *Working with PETs to develop Group Experiential Themes (GETs) across statements.*	At this final stage, I started to look for meaning across participants, comparing the PETs and sub-themes of each participant and searching for areas of convergence and divergence. Similarly to Step 4, I printed each theme and grouped them manually. This process took time, and produced several variances before the final GETs were generated. Each GET and sub-theme was labelled with a heading that captured their meaning (see Appendices 13 and 14). For some, these groupings required a deeper level of interpretation and consideration of hermeneutics and bracketing.

3.7 Chapter Summary

Chapter Three presented the philosophical and theoretical underpinnings of the current research. Guided by the research aims and questions, these included my ontological and epistemological positioning from a critical realist and insider researcher perspective, as well as the influence of phenomenology, hermeneutics, idiography, and reflexivity. A description of the method was presented, summarising how the project was conducted, including the procedure, inclusion criteria, sampling, recruitment, ethics, and data analysis.

Chapter Four: Findings

4.1 Introduction

This chapter presents the findings from the interpretative phenomenological analysis of the four participant interviews, to offer an insight into the lived experience of ADHD and the GCSE exam period. In line with my critical realist standpoint, the findings represent an interpretation of the participants' experiences, whilst remaining mindful of the positivist features of ADHD. Additionally, I acknowledge the influence of my own experiences and knowledge, to facilitate the sense-making process and interpret the meaning and significance of participants' experiences (Dwyer & Buckle, 2009).

The chapter begins with a brief pen portrait of each participant, before a summary of their individual experiences, presented through their PETs and associated sub-themes. Where possible, participants' pen portraits will include a summary of their constructions of ADHD, their age of diagnosis, perspective of ADHD medication, and details of their academic attainment at GCSE level. Following the individual PETs will be an overview of the GETs that were constructed during cross-participant analysis. Each of the GETs, and associated sub-themes, are explored in depth, including direct quotes from the original transcript and a commentary of my interpretations, to demonstrate and discuss the points of convergence and divergence, in line with the idiographic nature of IPA. This is done without reference to relevant literature or theory (Smith et al., 2022).

Reflexive commentary:

All participants shared how their experiences had impacted their self-esteem and emotional wellbeing. Each was at a different stage of their journey towards self-awareness and felt that many staff in school had hindered this process.

Whist reframing and summarising the participants' responses, I occasionally found myself attempting to support their understanding and awareness of themselves and their experiences. It felt important to validate their emotions, normalise their experiences, and offer reassurance that their responses to the difficulties of school and GCSEs were understandable.

I drew from my personal experience of school, my practice as a TEP, and knowledge of psychological theory. I was mindful of my commitment to IPA methodology, to avoid leading the participants' responses, while maintaining my ethical obligation to support the wellbeing of the CYP I work with.

4.2 Personal Experiential Themes (PETs)

4.2.1 Overview

IPA methodology encourages researchers to work pragmatically in their writing, adopting an approach or structure that fits most appropriately to the study context (Smith et al., 2022). Following the analysis in the current study, areas of convergence across cases were common. To ensure that an idiographic approach is upheld and demonstrate that hermeneutics were examined on an individual basis, I will present a summary of the participants' PETs. This aims to highlight the uniqueness of their individual lived experiences, before any comparisons are explored.

4.2.2 Participant 1: 'Lily'

At the time of our interview, Lily was aged 17 years and 3 months, in year 12, and attending a mainstream further education college. Our interview lasted approximately 58 minutes, and we covered all the areas outlined in the interview schedule, most of which emerged naturally. Lily shared that she was diagnosed with ADHD and autism at around age 7, but did not speak in detail about the diagnostic process:

"I only got diagnosed when I was like, I don't know when it was, I was young. But I used to climb up the back of the sofa and stuff." "I'm not really sure, 7." (45-47; 50)

When asked what ADHD meant to her, Lily's construction focused on a few particular traits, including hyperactivity and emotional dysregulation:

"It's just like a switch is turned and you just go sky high with like excitement and everything." (Lily, 41-42)
"I take like any emotion I feel at that moment and just take it too far." (Lily, 60-61)

Lily shared that she experienced considerable adversity at school, which evoked some strong emotions during our discussion. She spoke openly about the barriers she experienced and the impact on her progress and wellbeing, but also shared her strengths, interests, and the protective factors that helped her to navigate these barriers. She had spent time reflecting on her school experiences and articulated them well. Lily's account did not include details of access arrangements for her exams, though she did not achieve the academic grades required for her chosen A-Levels and would be re-sitting GCSE maths and English at college.

"Alongside the course that I'm doing now, I am doing English and maths. They're helping me get a grade 4 in maths and a grade 4 or 3 in English." (Lily, 736-738)

Figure 2 illustrates how Lily's experiences were organised into three PETs, each with two

sub-themes. The first theme, **'Importance of relationships'**, captures how the presence or

absence of positive relationships appeared particularly influential during her GCSE exams and

wider school experience. She emphasised *'the value of trust'* in her friendships and relationships

with staff, and shared how her interactions with many staff and peers highlighted a broad *'lack of*

understanding' for ADHD and neurodivergence. The second theme, **'Preparation for exams'**

indicates how navigating the academic demands of the exam period was difficult for Lily,

exacerbated by the complexity of motivation (*'Feeling motivated'*) and the organisation and

application of '*Revision strategies*.' The third theme, **'The pressure of exams'**, captures how

feeling *'under pressure'* to achieve good results had a considerable impact on Lily's preparation

for exams, exam performance and wider emotional wellbeing, further magnified by her

experience of *'exam stress.'*

Figure 2: *Lily's personal experiential themes (PETs).*
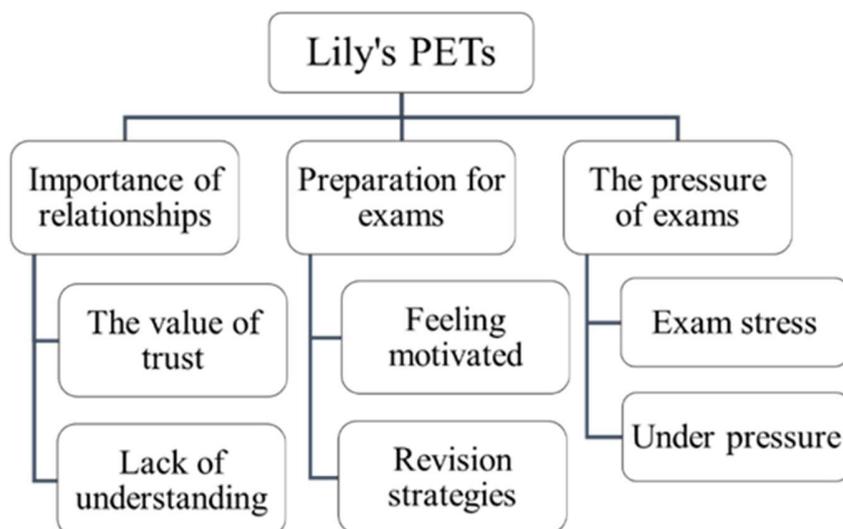
Reflexive commentary:

I am mindful that Lily's analysis constructed less PETs than the other three participants. I believe this is because large sections of her interview focused on her experience of bullying, and the associated injustice for her and other neurodivergent students. Although these experiences appeared to influence her perception of the GCSE exam period, the descriptive information surrounding bullying held less relevance to the research questions of this study, compared to the other areas we explored.

4.2.3 Participant 2: 'Olivia'

At the time of our interview, Olivia was aged 17 years and 5 months, in year 12, and attending a mainstream further education college. Our interview lasted for approximately 58 minutes, and we explored all the areas outlined in the interview schedule. She felt that the interview was tiring, but valued the opportunity to share her story:

"It's just something that needed to be said, about the experience." (Olivia, 950-951).

Olivia shared that she was diagnosed with ADHD and autism at age 11, during year 6 at primary school. She described how her parents advocated for her to access a neurodevelopmental assessment, despite disagreement from staff in school. Olivia's diagnosis offered a sense of relief and provided clarity for her experiences:

"And then it got to year 6 and they were like, "Oh we think she might be autistic." And they (parents) was like, 'Oh, no way. She's been having all these signs and we've been telling you.'" (Olivia, 388-391).

"I was relieved, because there was finally a reason for why I was just being called naughty all the time. I wasn't naughty, I just needed people to understand me a little bit, if that makes sense?" (Olivia, 393-396).

When asked what ADHD meant to her, Olivia's construction focused on the difficulties she had experienced, including focusing, completing tasks, and regulating emotions, and how she perceived herself as different from her peers:

"Erm it can be hard to focus and hard to do simple things that's easy for other people...because they can get distracted and stuff like that. Or we start like a task and then we do like 20 things at once, rather than just doing one thing. Something never gets completed so it seems like we're doing nothing." (Olivia, 23-24; 27-30)

Olivia also spoke briefly about her experience of ADHD medication, describing both negative and positive effects:

"It took ages to try and find new meds that worked. But it was like some of them made me not eat, some of them made me like too sleepy throughout the day, and some of them made me not able to sleep at all. It was all these different side effects. Then now I'm finally on ones where I can take them when I feel like I need them, which works really well, especially for being in a place like college." (Olivia, 427-434).

Olivia shared that her school experience was challenging, though it appeared she had been able to make sense of these experiences over time, through reflection and support from her parents. Prior to her GCSEs, Olivia was involved in the organisation of access arrangements, however, she felt that a lack of support throughout school had been detrimental to her exam results:

"Well, I think I would have passed my GCSEs. Cos I only got like 2s and 3s in them, and I probably would have done a bit better than I'm doing now anyway." (Olivia, 486-488).

4.2.3.1 Olivia's PETs

Figure 3 displays how Olivia's experiences were organised into three PETs, one with three sub-themes, and the others with two sub-themes. Firstly, Olivia spoke extensively of her interactions with adults and peers, and how these shaped her experience of exams and school, emphasising the **'Importance of relationships'**. Olivia was able to establish positive relationships with adults and peers who showed an understanding of her needs and a genuine interest in her views (*'Feeling heard and understood'*), but experienced dismissal and conflict from those who did not share this understanding (*'Feeling ignored and misunderstood'*). Olivia also described a gradual process of *'Developing self-awareness through communication'*, by sharing her thoughts, feelings and experiences with trusted adults, to which positive relationships were vital.

The second theme, **'Adults hold the power'**, captures how Olivia perceived a lack of agency in the decisions that affected her learning and wellbeing in school. She felt that she had *'No choice but to conform'*, in line with behaviour policies, and had to rely on *'Key adults acting as advocates'* for reasonable adjustments and SEND provision to be put in place. The third theme captures how, in support of Olivia's exam performance, **'Reasonable adjustments were only somewhat effective'**. Olivia shared how *'Some strategies were helpful'* and appreciated that her exam adjustments were agreed collaboratively with her but highlighted a number of factors that exacerbated *'The stress of exams'*, which Olivia perceived as detrimental to her academic outcomes.

Figure 3: *Olivia's personal experiential themes (PETs).*
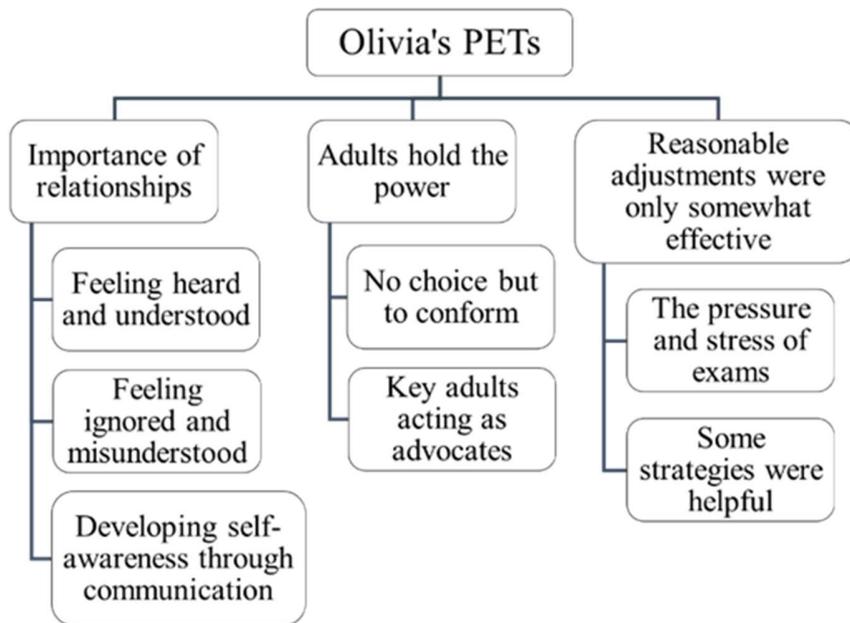
4.2.4 Participant 3: 'Ben'

At the time of our interview, Ben was aged 17 years and 5 months, in year 12, and attending a mainstream further education college. Our interview lasted for approximately 1 hour and 2 minutes, and we were able to explore all areas outlined in the interview schedule. Ben received his ADHD diagnosis in primary school but did not share further details of this experience. When asked what ADHD meant to him, Ben's construction focused on the difficulties experienced, including inattention, hyperactivity, completing academic work, and sleep deprivation:

"You have a shortened attention span and you're also prone to be hyper quite a lot, I think. And as like, personally, having it, I think it just makes me struggle with especially work. Erm, yeah, mainly work in like college or school. Like, during my GCSE's, I struggled quite a bit with like concentration and revision and actually getting the work done." (Ben, 23-28)

"I remember there were some days where I wouldn't be able to sleep, during my GCSE mocks. And I just, I'd literally go into school on, like, no sleep. And I just would not be able to focus on the work or anything at all." (Ben, 52-55)

Ben shared many positive memories of school, but experienced a range of challenges, some of which he found difficult to speak about. He articulated his experiences well, but largely in a descriptive capacity, as some topics appeared to evoke emotion. During his GCSEs, Ben received extra time as an access arrangement, though this was not organised collaboratively. Ben's experience of exams appeared largely negative, and he described feeling disappointed in his GCSE results, and the need to re-sit maths and English at college:

"maths I got like 2 grades below what I was meant to get. I got like 2 grades below everything I was supposed to get to be honest." (Ben, 652-654)

"And now I have to obviously retake them at college." (Ben, 621-622)

4.2.4.1 Ben's PETs

Figure 4 displays how Ben's experiences were organised into four PETs, one with three associated sub-themes, and the others with two sub-themes. The first theme, **'Importance of relationships'**, captures how Ben described his interactions with staff in school. He shared how he developed positive relationships with staff who supported his learning effectively using *'Restorative approaches'* to manage behaviour, but believed that the lack of agency and collaboration surrounding his GCSE provision and adjustments was detrimental to his exam performance (*'Absence of pupil voice'*). The second theme, **'A cycle of procrastination',** captures how Ben appeared to find it difficult to engage in activities to support his preparation for the GCSE exams, as his *'Motivation existed elsewhere',* seeking enjoyment from social

activities and weightlifting. This inadvertently led to a *'Lack of revision'*, which was exacerbated by sleep deprivation.

The third theme, **'Difficulties with learning'**, extends from Ben's experience of procrastination. Ben described experiencing difficulties associated with his *'executive functioning',* including concentrating in class, planning and managing time, and organising revision materials. He shared that these difficulties began to impact his capacity to manage *'Academic demands'*, which presented a further barrier to exam preparation. It is possible to illustrate links between the fourth theme, **'Impact of emotions',** and Ben's previous PETs, however, the complexity of these interactive factors is explored in Chapter Five. Ben described how an increase in the pressure associated with exams (*'Under pressure'*) increased the anxiety he experienced, which exacerbated procrastination, and led to Ben minimising difficulties to staff in school, as a coping strategy (*'Self-worth protection'*). Ben shared that because of these emotional factors, combined with limited revision and learning difficulties, his exams felt very stressful (*'Exam stress'*).

Figure 4: *Ben's personal experiential themes (PETs).*

Ben's PETs

- Importance of relationships
  - Restorative approaches
  - Absence of pupil voice
- A cycle of procrastination
  - Motivation existed elsewhere
  - Lack of revision
- Difficulties with learning
  - Executive functioning
  - Academic demands
- Impact of emotions
  - Exam stress
  - Self-worth protection
  - Under pressure
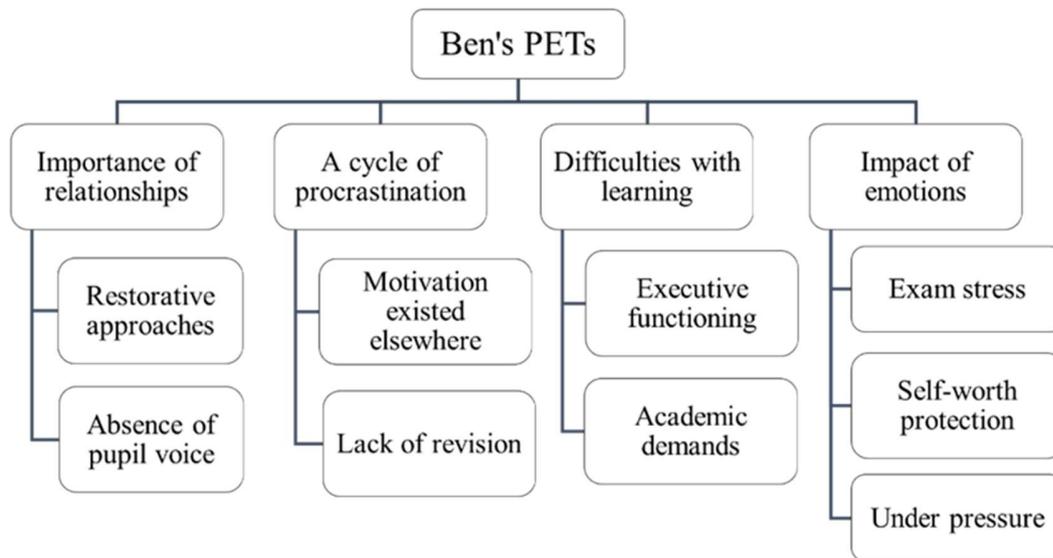
4.2.5 Participant 4: 'Darren'

At the time of our interview, Darren was aged 16 years and 10 months, in year 12, and attending a mainstream sixth form college in the UK. This was the longest of the four interviews, lasting for approximately 1 hour and 20 minutes. We were able to explore all areas outlined in the interview schedule, the majority of which emerged naturally throughout our discussion. Darren appreciated the opportunity to take part in the research and share his experience of ADHD:

"I appreciate you doing this…because I've never actually had this type of experience, where someone has sat down and asked me about it. It's always been I can tackle myself with regular help from the paediatrician, so it's like, I've also never really met someone else with the type of educational experience and how else it's gone in education." (Darren, 1054-1060)

Darren shared that he was diagnosed with ADHD around the age of 9, in year 5 at primary school, following a long period of advocacy from his mum:

"I can't remember cos I was a child, but it was quite a while ago. I know my mum was trying to get a diagnosis for 4 years, and then I finally got it when I was in year 5, I believe." (Darren, 34-36)

When asked what ADHD meant to him, Darren's construction included his experience of ADHD traits, as well as the development of his identity and personality as an ADHD young person:

"I think of it as a mental disorder, but it's also part of my personality. I've learned to live with it and try and adapt to it, if that makes any sense?" (Darren, 16-18)

"I started sheltering it less when I got my diagnosis because before that it was...before you get a diagnosis you're just like oh yeah this child may just be a bit odd and that's not very nice socially. So, once you get that diagnosis you start...erm stop covering it up. So, recently I've kind of had like more awareness of my mentality and like how that goes around my ADHD" (Darren, 20-26)

Darren spoke in detail about his experience of ADHD medication. He described a largely positive experience, despite periods of hesitation and some adverse side effects:

"I do also want to mention that in terms of both my...just like generally and my education, there is a huge difference when I take my medication and when I don't. When I take my medication, I can have that thought of 'ohh yeah, I'm going to think about this' and then take those breaks. Whereas when I don't take my meds, it's like, I'm aware that I've not took my meds and like it just gets away with it if it makes sense?" (Darren, 634-638).

"I went off my medication in year 10 summer because I wanted to try and grow...I kind of rejected my meds in my head because they make me lose my appetite entirely." "I've rejected it.

I've accepted it. I've wondered if it works. I think I've had like the seven stages of grief with my medication." (Darren, 651; 654; 674).

Darren shared that his school experience was largely positive but highlighted various barriers to his wellbeing and engagement in learning. He had spent a lot of time reflecting on his experiences, and spoke openly and honestly about them, articulating his views well. Prior to his GCSEs, Darren was consulted by staff to organise access arrangements, though he opted not to receive any. Darren shared that he was happy with his GCSE results, achieving grades 6-9 across the curriculum, and was able to access his choice of A-Levels at Sixth form:

"I was very happy generally, because I ended up getting the 9 in chemistry that I wanted, which I think tipped me over to the chemistry side…" (Darren, 806-807).

"I was still going to take physics, maths and chemistry, but I was deciding if I wanted to take psychology as a fourth, because I've always been interested in that." (Darren, 820-822).

4.2.5.1 Darren's PETs

Figure 5 displays how Darren's experiences were organised into four PETs, one with two associated sub-themes, and the others with three sub-themes. The first theme, **'Importance of relationships',** captures how Darren's relationships with his science teachers established a strong sense of *'Acceptance and understanding'*, which offered a safe environment to seek regulation and access movement breaks, to support his engagement in learning. In other settings, among staff and peers who were less understanding, Darren shared how he began *'"Sheltering" (masking) for fear of judgement',* which hindered his access to regulation strategies, and motivation to learn. Darren also expressed the impact of *'Positive peer influence'*, highlighting

how his friendship group had nurtured his love for science, promoted high expectations, and offered motivation through friendly competition.

The second theme, **'Developing self-awareness'**, captures how, over time, Darren's experiences contributed to his *'Constructions of ADHD'* and his understanding of himself. As Darren's self-awareness improved, he began to recognise the strategies that supported his wellbeing and learning and felt more comfortable *'Seeking regulation'* in some contexts. He shared that feeling able to 'unshelter' his ADHD had facilitated his progress in science and maths, which encouraged high academic expectations, and promoted a *'Growth mindset'.*

The third theme, **'Is revision a decision?',** was constructed based on the difficulties surrounding revision that Darren experienced, despite describing a love for learning and a high level of academic attainment. Darren shared how although he enjoyed learning, *'Motivation had its limits'* when attempting to engage in revision activities outside of school, and for subjects he did not consider a priority. He described how revision was not rewarding for him, which was exacerbated by difficulties with concentration, organization, and task-prioritisation (*'Executive functioning'*). As a result, Darren found himself *'Coping through procrastination',* which allowed him to manage the pressure and expectations placed on him throughout the exam period. We explored how, for ADHD students, preparing for exams may be more complex than a simple decision to revise.

The fourth theme, **'Emotions affect exam performance'**, captures the emotional factors Darren perceived as influential during the GCSE exam period. He described how the narrative surrounding exams, largely from teachers, combined with competition with friends and high expectations for himself, exacerbated the *'Pressure to succeed.'* This pressure affected his sense of control, creating a heightened sense of *'Exam stress.'*

Figure 5: *Darren's personal experiential themes (PETs).*
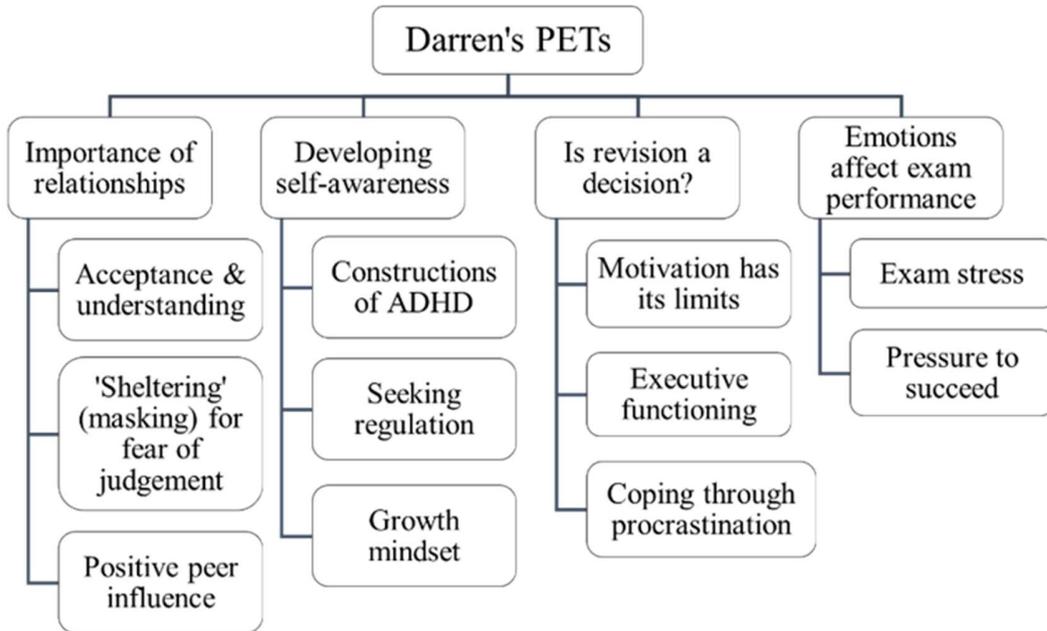
4.3 Group Experiential Themes (GETs)

4.3.1 Overview

Following the construction of PETs for each participant, areas of convergence and divergence were explored. The cross-participant analysis generated three GETs, each with three associated sub-themes. Each interview provided a wealth of data, which presented a challenge when organising the PETS and identifying which transcript extracts to include, in relation to each theme. To guide this process, Smith et al. (2022) encourage researchers to consider extracts that are "rich with emotion or metaphor" and may evoke particular thoughts and feelings from the reader, in order to best capture the participants' lived experience (p. 114).

The rationale for presenting GETs in greater detail than PETs is to create a cohesive narrative of the research, providing a comprehensive view of participants' experiences (Smith et al., 2022). By organising the findings into GETs, the study presents unique interpretations of participants' accounts, highlighting areas of convergence and divergence, to ensure key themes are understood at both individual and group levels. In Chapter Four, GETs are presented at an empathic level, closely reflecting the participants' experiences, separate to the influence of theoretical concepts. To uphold idiography, individual contributions to each GET are detailed in Table 6, illustrating the variance in lived experiences across the study. Efforts to uphold the participants' voices are reflected in the theme titles. For the GETs, these titles aim to convey shared experiences that were meaningful across all participants, with the integration of transcript extracts providing further authenticity. The use of language attempts to remain close to the terms used by participants, whilst offering a nuanced insight into the research findings and the interpretations made during analysis.

Table 6: Group Experiential Themes, sub-themes, and participant contributions

Group Experiential Theme	Sub-theme	Participants
"I think schools need to listen and be more understanding." The value of acceptance, agency and relationships	Feeling safe, heard and understood	Lily, Olivia, Ben, Darren
	Feeling rejected, ignored and misunderstood	Lily, Olivia, Ben, Darren
	Advocating for student agency	Lily, Olivia, Ben, Darren
"My brain would be in 1000 places at once." The complexity of exam preparation	Supported learning	Lily, Olivia, Ben, Darren
	Is revision a decision?	Lily, Olivia, Ben, Darren
	Developing self-awareness	Lily, Olivia, Ben, Darren
"I just wanted it done. I wanted it gone." The impact of emotions	Exam stress	Lily, Olivia, Ben, Darren
	Pressure	Lily, Ben, Darren
	Coping strategies	Olivia, Ben, Darren

4.4 "I think schools need to listen and be more understanding." The value of acceptance, agency and relationships

For participants in this study, their experience of relationships was interpreted as a significant theme across all data sets. Each participant described how their relationships, and associated interactions with adults and peers, were perceived as highly influential during the GCSE exam period and wider school experience. **'"I think schools need to listen and be more understanding." The value of acceptance, agency and relationships'** was the first GET to be constructed, and comprises three sub-themes: *'Feeling safe, heard and understood,' 'Feeling rejected, ignored and misunderstood,'* and *'Advocating for student agency.'*

4.4.1 Sub-theme 1: Feeling safe, heard and understood

Lily described how she had a positive relationship with a member of staff in school, who supported her in managing the stress she experienced during year 11. Lily appeared to value the trust in this relationship, and the opportunity to share her thoughts and feelings without judgement:

"It helped to get my feeling like shared and she helped me through it." (Lily, 489-492).

"Just talking to someone like freely and be able to trust them." (Lily, 521).

Olivia shared how establishing positive, long-term relationships with key adults helped her to feel heard, understood, and safe in school, which appeared to be important for her learning and emotional wellbeing:

"I was in PLC from year 7 to 11, so that's 5 years, and she was there the whole time. She was one of the first people I met. Erm, and she was always one of the main people to deal with all my meltdowns and stuff, so I think she got to know me over the 5 years." (Olivia, 615-619).

Olivia and Ben both described how some staff approached heightened emotions and behaviour more effectively, allowing them to maintain key relationships and avoid escalation. Olivia appeared to value the security and trust in their relationship, and felt safe expressing her emotions, knowing that the teacher understood her needs well, and would recognise her behaviour as communication. For Ben, he appeared to appreciate the respect, compassion and curiosity he was shown by this teacher, as an approach to managing behaviour in school:

"I think, although I kicked off at her, every time I went and I said sorry and we had a hug and all of that. She understood that I wasn't mad at her I was just mad at the situation, and obviously you said, we tend to take it out on people that we're close to. Because she was one of my favourite people, I ended up taking it out on her." (Olivia, 623-628).

"he was just a really nice bloke. Like, he'd always speak to me, and you can have a conversation. And then when he wanted to take something serious then he'd still be the same person about it. Like he'd still be nice and talk about it. He wouldn't say it in like such an oppressive way. He'd actually wanna know what happened, rather than just shouting at you about it." (Ben, 503-509).

Darren felt understood and accepted in his science lessons. It is likely that in developing positive relationships, Darren's science teachers were able to understand and accommodate his needs more effectively, allowing him to seek support and utilise strategies to regulate, including movement breaks. Creating a safe environment for Darren to 'un-shelter' his ADHD traits appeared to be highly important for him:

"Probably that they treated me as so. So, they understood that I had ADHD and tried to work around it…" (Darren, 419-420).

"Yeah. I felt like I had that freedom to not shelter my ADHD as much, which obviously meant that I wasn't storing any of like those passing thoughts." (Darren, 519-521).

All four participants described the positive influence of their friendships during their time at school. For example, Lily spoke of how her friends had helped her to cope with the pressure of the exam period, and Ben shared how spending time and speaking with friends felt easy and enjoyable:

"Without them, I don't think I would have got through the secondary school years, because of the pressure." (Lily, 591-592).

"Yeah. just speaking to a bunch of people that are all like, I like them all and I can have a conversation with them all about something. That's the best thing, I think." (Ben, 572-574).

4.4.2 Sub-theme 2: Feeling rejected, ignored and misunderstood

All participants described experiences where staff in school had a limited understanding or awareness of ADHD and neurodivergence. For Lily and Olivia, it was important for staff to develop a better awareness of ADHD and suitable support strategies, to ensure that ADHD students feel safe, understood, and included in school:

"Make the teachers understand that if they've got that problem, teach them how to deal with it instead of just getting them expelled and stuff." (Lily, 623-624)

"I think schools need to listen and be more understanding, no matter which way they're being told. Whether it's by them constantly like kicking off, or them actually saying 'look, help, do this.' I know it's hard to just put stuff in place straight away, but it's also hard to deal with having ADHD, and I think they need to understand that." (Olivia, 897-902).

> **Reflexive commentary:**
>
> These quotes from Lily and Olivia were particularly poignant for me. It was clear that they both had reflected on their experience of school, and the things that would have helped school to feel more manageable and enjoyable for them.
>
> Here, and at various other points during the interview, Olivia showed an awareness of the difficulties associated with implementing SEND provision in schools, whilst emphasising how challenging school can be for neurodivergent students, if needs are not accommodated.
>
> She presents valuable insight into the difficulties experienced by neurodivergent students and highlights the need to feel heard and understood, whichever way these needs are being communicated.

Olivia and Ben shared how negative interactions with staff often had long-term effects on their emotions, relationships, and engagement in learning. Through interpretation, it is likely that these difficulties were reinforced by the emotions associated with particular lessons or teachers, and exacerbated by a strong sense of injustice:

"Then it would be something else that annoyed me, then something else, and the whole day would just go to, like awful. Then it was the whole week that went awful because that one day was bad, and it's just so on and so on. It just ruined it." (Olivia, 84-88).

"It messes up everything, really. I wouldn't like, I wouldn't want to go to that lesson. I wouldn't like the teacher. I wouldn't focus or anything." (Ben, 525-527).

For Lily and Olivia, feeling ignored by staff evoked strong emotions, particularly if they had attempted to communicate their needs. Similarly, experiences of this nature appeared to be exacerbated by a strong sense of injustice:

"I wish they would be more like helpful when it comes to people being bullied, actually support them instead of brushing it off, take it seriously and not as if it's a joke." (Lily, 569-571).

"some of the teachers who taught actual lessons, they made it harder. They wouldn't like listen when I told them, so then I just stopped telling them what I needed to do, and that's when I started acting up. But I wasn't acting up, I was just, they wasn't listening..." (Olivia, 67-71).

For three participants, a perceived lack of understanding and acceptance extended to their peers and appeared to be greatly influential to their feelings of safety and belonging in school. During Lily's interview, she shared her experience of bullying in school, which seemed highly emotive for her to explore. Lily appeared to passionately advocate for victims of bullying and was driven to implement anti-bullying initiatives in school, sharing how she had volunteered as an 'anti-bullying ambassador.' However, she felt that staff did not share the same commitment. Lily indicated how prolonged peer-on-peer abuse had been detrimental to her relationships and mental health, which likely impacted her capacity to cope with the additional stress she experienced during her GCSEs:

"I never had support when I was bullied. Even with the bully ambassadors, I was one myself, but I got no support for that. I just felt like they couldn't be bothered to help me out." (Lily, 556-559)

For Olivia, she described how certain peer interactions made her feel judged and misunderstood. She perceived that her friendships had broken down due to peers lacking an understanding of her needs and accommodations, as a neurodivergent student.

"It's hard. It's not like, people joke about it and think it's just all, I'm a little bit hyper I've got ADHD, it actually like affects everything..." (Olivia, 36-38). "

"They'd get mad every time I'd leave, they thought I was leaving them, but I couldn't cope with it. Eventually I just ended up getting blocked by them cos they didn't like what I was doing, which wasn't the nicest thing…" (Olivia, 807-813).

Applying hermeneutics to the linguistics surrounding Olivia's experiences allowed a deeper level of interpretation, which indicated a fear of judgement, an absence of belonging, and feeling '*different*' to her peers. These factors help to explain her difficulty accessing classroom lessons, throughout school and the GCSE exam period:

Olivia's choice of language
*"Like, now I can sit in a lesson, whereas **before I felt like I didn't fit in.** Whereas like it's easier now."* (Olivia, 495-496).
*"It's something that affects your brain and **makes you think a bit different to others."*** (Olivia, 20-21).
*"Erm it can be hard to focus and hard to do simple things **that's easy for other people."*** (Olivia, 23-24).
*"Like, **some people say I'm being dramatic about it,** but it's not."* (Olivia, 49-50).
*"I know who's coming in and who's going out, it felt like a safe place, **which sounds really stupid,** but yeah."* (Olivia, 141-143).

Social acceptance appeared highly influential for Darren. He described how a lack of understanding from his peers led to him '*shelter*' his ADHD traits, for fear of being "*socially shunned*" (line 537). Darren worried about appearing different to his peers, which prevented his access to movement breaks in certain lessons:

"so if I'd got up just to like, start walking around or like to go over to my friends like mid activity, people would be staring at me and like having negative thoughts of me" (Darren, 537-539).

4.4.3 Sub-theme 3: Advocating for student agency

For all participants, a perceived power differential between them and adults in school was considered influential to their sense of agency, which appeared to impact their relationships with some staff. A perceived injustice remained a key theme throughout these experiences, which often determined the nature of the interaction, and subsequent thoughts and feelings, for each participant.

Lily described how the support from adults in response to bullying was insufficient, contributing to the longevity of these experiences. Lily indicates how she attempted to seek support from staff on multiple occasions and likely felt powerless when her concerns were repeatedly dismissed:

"When I got bullied, I went to the teachers, they hardly did anything about it when they said they would." (Lily, 111-113).

For Ben, some interactions with staff may have reinforced the perceived power differential, which appeared detrimental to his relationships and engagement in learning. These experiences also highlight why restorative approaches were important for Ben:

"I don't like teachers who've put themselves on a pedestal and treat you like...just garbage. Yeah, yeah, that's the that's the thing that annoys me the most. When a teacher speaks down to me." (Ben, 519-522).

Darren described how negative interactions with one teacher, alongside the absence of a positive relationship, outweighed his motivation to seek support in class, which appeared to affect his sense of agency surrounding learning and regulation:

"he was aware of the fact that I had it [ADHD], but he was a lot more strict about it, so it kind of put me off. Because it ended up being like the association of that repetitiveness and that you know, I mean like I associated him with just like sitting down and just generally negative thoughts if that makes sense?" (Darren, 421-425).

Lily and Olivia shared their perspectives relating to the implementation of behaviour policies in school. They had both reflected on their experiences, describing an expectation to conform, under threat of punitive sanctions. These experiences align with themes surrounding a lack of understanding of neurodivergence, and the absence of agency:

"when they do something naughty, they blame it on that person, however that person, it's not their fault, it's a problem they've got. I just feel like they get kicked out of school for no reason." (Lily, 606-608).

"I don't know. It almost felt torturous. Having to sit there and having no choice but to stay in the lesson, or you get a detention or whatever they wanted to do that day." (Olivia, 321-323).

"School made me feel like I had no freedom" (Olivia, 309).

Despite this, Olivia acknowledges how some situations may have escalated through conflict with staff, due to difficulties surrounding emotional regulation and social communication:

"I understand that we're not great at communicating things, but I tried to tell them, and it's just kind of annoying. I feel like they need to try and understand a little bit more, but I know they were trying at the same time." (Olivia, 125-129).

The agreement of exam adjustments was considered influential for Olivia and Ben. From the information shared, involvement in decisions surrounding access arrangements was facilitated for Olivia, and not for Ben:

"Like, they already said I was gonna be put in a 1:1 room with rest breaks, and I got to meet my examiner first, which helped a lot." (Olivia, 543-545).

"No. I never got told why I had it [extra time]. I just had to do these tests and all of a sudden I had it." "They never told me I could have rest breaks or anything." (Ben, 725-726; 733-734).

For Olivia and Darren, experiences interpreted as influential to their sense of agency began at primary school, prior to their ADHD diagnosis, as key adults had to advocate for them to access SEND provision in school. They both described how staff in primary school had acted as gatekeepers to an assessment through the neurodevelopmental pathway:

"In primary school I just got labelled as a naughty kid.....all throughout, my mum and dad thought there was something wrong, but my primary school kept telling them, 'No there's nothing wrong, she's normal, she's normal'..." (Olivia, 384-388).

"I know my mum was trying to get a diagnosis for 4 years, and then I finally got it when I was in year 5, I believe." (Darren, 34-36).

Although these experiences present an area of convergence, for Olivia, she continued to require advocacy from key adults throughout secondary school. Olivia shared that she was grateful to have support from her mum and key staff in school, but felt that if SEND provision

was implemented proactively, prior to year 11, her academic outcomes would have improved. It is important to consider how these experiences may have influenced Olivia's sense of belonging in school, as her access to support in school appeared to depend largely on the voices of those advocating for her. This provides clarity to her belief that *"the whole school system was just against me."* (Olivia, 74):

> *"And then PLC were telling the teachers, 'Look, she needs this this this and this in place,' in order to focus so I can do my GCSEs, and they sort of started to listen."* (Olivia, 458-460).

4.5 "My brain would be in 1000 places at once." The complexity of exam preparation

Whilst constructing the GETs, the interpretations and experiences underpinning each participants' PETs began to present revision as a more complex phenomenon than a simple choice. For all four participants, their capacity to revise, in preparation for their GSCEs, was influenced by a contribution of interacting factors, spanning wider than their diagnosis of ADHD. '**"My brain would be in 1000 places at once." The complexity of exam preparation**' was the second GET to be constructed, which comprises three sub-themes: *'Supported learning,'* *'Is revision a decision?'* and *'Developing self-awareness'.*

Reflexive commentary:

Preparation for exams was a significant theme explored throughout each of the four interviews. Participants described how their readiness for GCSEs was influenced by a wide range of factors, which made it difficult to organise the associated PETs and experiential statements, when constructing GETs. I reflected on the need to keep the GETs contained, whilst

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attempting to present the experiences deemed important to the participants, in line with the idiographic approach.

Because of this, the sub-themes underpinning this GET contain a wide collection of experiences and interpretations, which aim to highlight the potential complexity of exam preparation for ADHD students.

4.5.1 Sub-theme 1: Supported learning

For all participants, their experiences surrounding learning, prior to and during the GCSE exam period, were considered influential to their academic outcomes. Interpretations of the data highlighted a range of facilitating and limiting factors, and presented several areas of convergence and divergence.

Three participants shared how difficulties with learning existed prior to the exam period, which was perceived as influential to their academic attainment. The nature of these difficulties, however, presents an area of divergence. Lily appeared to experience ongoing difficulties with maths, which became a recognised trigger for heightened anxiety and panic attacks. She also described how the difficulties with maths were exacerbated by a lack of support from staff in school:

"Erm, it put pressure on me, because I really struggled with maths." (Lily, 124).

Olivia shared how her learning was greatly impacted by a lack of support and difficulties attending classroom lessons, which limited access to learning opportunities:

"Year 8 was where everything got bad, and it didn't stop until about the end of year 10 and the start of year 11, when they starting to think, 'look we've gotta sort you out for exams and that.'..." (Olivia, 370-373).

Ben described a long period of sleep deprivation, which he perceived as significant to his engagement in learning and academic progress:

"Quite a large effect on my academic knowledge. Like I wouldn't, I wouldn't complete work and then the homework I wouldn't do because usually I'd go to sleep as soon as I got home because I'd be tired and just repeat. So, I didn't get anything done." (Ben, 92-95).

Despite these difficulties, Lily described how revision sessions in school, supported by teachers, were helpful for her:

"Helpful. Without them I would have been way behind. In fact, I was like the furthest ahead out of everyone." (Lily, 347-348).

Ben spoke positively about his maths teachers, and described how their approach to teaching was effective for his learning and progress. He also shared how he required a clear understanding of learning tasks, explained in detail by a teacher, in order to comfortably engage in them. It is unclear what underpinned this requirement, though it may indicate difficulties associated with working memory or receptive processing:

"He taught you technique well and explained calculations well. That worked properly in my head..." (Ben, 416-417).

"I think my teachers have to be good at explaining it to me. And if they don't explain it in a certain way, it's probably not going to get done." (Ben, 431-433).

Darren shared how he valued having access to structured revision sessions, within his school timetable, and facilitated by teachers. He recognised that revising at home was difficult for him but engaged well with revision in school. Darren also respected the insight and experience that teachers could offer, in preparation for his exams:

"Having that space associated to revision at that time, so having that timetable, that frequency and consistency of those revision periods." (Darren, 359-360).

"Yeah. And the insights they had into the actual exams themselves." (Darren, 399).

4.5.2 Sub-theme 2: Is Revision a Decision?

Factors impacting engagement in revision activities, were shared by all participants, and were considered influential to their preparation for exams. Interpretations highlighted a range of factors, including the role of specific revision strategies, motivation, executive functioning, and feelings of safety in school.

Participants offered an insight into the strategies considered effective for them, in preparation for their GCSEs. From my interpretations, it appeared that participants showed preference for revision methods that were quick, easily accessible, and placed less emphasis on extended writing. It is unclear exactly what influenced this preference, but participants described their motivation for art (Lily and Olivia), maths (Ben), and science (Darren), which may indicate that extended writing tasks were perceived as unmotivating or challenging (see Table 7).

Table 7: *Participants' perceptions of GCSE revision strategies.*

Revision strategy	Evidence of perceived effectiveness
Past papers, flash cards, bullet points, re-writing text.	*"She also gave us **booklets** to do at home, **websites to go on, exam papers,** stuff like that."* (Lily, 363-364). *"To get important information. It's **straight to the point and easy."** "Bullet points. Flash cards. Stuff like that."* (Lily, 197-200). *"**Putting it into my own words** on a different bit of paper. And it was just **small little bits of writing** that I remembered."* (Olivia, 695-696). *"It's probably the fact that **I didn't have to sit there and write."** "Oh yeah, the **flash cards, etcetera, past papers, that didn't really stick with me as well**."* (Darren, 228; 241-242). *"For like some other subjects I just had teachers that just wouldn't teach you anything, and that'd just sit there and just **read off PowerPoint and you need to copy it down." "It just wouldn't do anything or trigger any stuff in my brain to actually learn."*** (Ben, 409-411; 460-461)
Websites, videos, tests/quizzes.	*"We **went on the computers and researched** about artists and stuff like that."* (Lily, 344-345). *"I quite like **online tasks**, yeah, I think. It was just quite nice being on a **website** and you can just do a **bunch of tests. Tests on it to see what you can improve on and stuff."* (Ben, 357-359). *"I kind of had this structure in my mind is what type of things will be on the exam question, **what can I take from this video**, and I kept like **going back listening** and like just **trying to absorb everything from this topic or that topic***..."* (Darren, 325-328). *"But I ended up doing like not an all nighter but close to an all nighter **watching 'free science lessons'** which really helped me in my sciences..."* (Darren, 212-216).

Creative subjects were an area of strength for Lily, and she described how she developed a love for art, which was nurtured by positive relationships with her art teachers. She appeared to have greater motivation for art, to complete her coursework and prepare for her art assessment, likely driven by a genuine interest in the subject:

"Creative. Fun. Like, I get absorbed into it and spend hours on a single piece." "I guess it's like a hobby. It's less pressurising - drawing something instead of doing like really hard sums." (Lily, 225-226; 231-232).

Ben and Darren described the importance of visualising their academic progress, which appeared to be highly motivating for them. They both referred to reward pathways in the brain, and the role of dopamine on their levels of motivation, but recognised that their awareness of these neurological factors had developed after leaving school. Darren shared how achieving a high grade in his science mock exams had provided sufficient reward to increase his motivation but could not see any reward for other subjects. Similarly, Ben felt that his revision did not materialise in his grades, which led to his motivation existing elsewhere:

"it was probably seeing that I had reached that target and that gave me a lot of motivation and rewarded and it's like...it gave me that reward that my brain had been searching for." (Darren, 814-816).

"I think another thing with my revision thing as well is I didn't see progress when I started, so I didn't want to keep going. So, I'd like I'd revise and then I wouldn't see like an increase in knowledge or anything or get better at the subject, so I just would stop." (Ben, 278-282).

Motivation was influenced by the participants' perception of their future prospects, including post-16 education, higher education, and employment. However, this appeared to have

the potential to facilitate and limit revision for certain subjects, depending on whether they were considered relevant to the participants' goals:

"Erm, unnecessary, really. Most of them... I'm not going to ever really use practically in life." "I have like a list of things that I kind of focus on or prioritise and they were probably like the bottom to be honest." (Ben, 391-392; 398-400).

"I think I learned anything really that was going to help me. And I think beneficial to both my education, like in terms of the future and my actual personal life." (Darren, 354-356).

Difficulties associated with executive functioning were perceived as a barrier to learning for all participants, relating to attention and concentration, working memory, organisation, and planning. In the months leading up to their exams, experiences shared by Ben and Darren indicated that difficulties with attention and organisation felt particularly influential to their engagement in revision activities.

For Ben, he described how difficult it was to organise resources and maintain his attention, whilst attempting to revise, likely exacerbated by periods of sleep deprivation:

"I struggled with the organisation a bit as well. Like getting all my work together to actually do it." (Ben, 108-109).

"It [tiredness] kind of just multiplied my ADHD to be fair. Like, it multiplied the attention bit. So, like essentially when I tried and do work. I just wouldn't be able to do it. I'd like I'd instantly zone out of it..." (Ben, 86-88).

Darren described experiencing similar difficulties with attention and shared that revising at home did not feel possible until very close to an exam, as there were too many distractions. He

also indicated how guidance from teachers or videos was most effective for his revision, as it reduced the need to plan and organise independently:

"Probably, because hearing it from another person, it was better than like having to focus myself on doing this thing. It's a lot harder to focus on an activity that I'm doing if I don't have something like noise, etcetera, so someone like saying it and speaking it was really, really helpful." (Darren, 387-391).

Although motivation and executive functioning may have influenced Olivia's experiences, her contribution to the sub-theme 'Is revision a decision?' relates more specifically to her feelings of psychological safety in school. Previous themes have presented how the absence of positive relationships with staff and peers had affected Olivia's access to lessons, and she described how, for the majority of her time in school, the classroom did not feel like a safe place. These experiences continued throughout year 11, which appeared to impact her access to learning and revision opportunities, with support from teachers, in preparation for her GCSE exams. From my interpretations, it appeared that Olivia's absence from classroom lessons and revision sessions was not a choice or decision, but was likely motivated by self-preservation. She believed that her academic outcomes would have been better, had these difficulties been supported sooner:

"I tried to go to a couple of my English lessons to do it, to try and get some more notes, but until they put them things in place, which we already said, sitting in lessons didn't really go well. So, a lot of my lessons I did try and spend teaching myself." (Olivia, 721-725).

"Well, I think I would have passed my GCSEs. Cos I only got like 2s and 3s in them, and I probably would have done a bit better than I'm doing now anyway. I don't really know what else, I just think I could have done better." (Olivia, 485-489).

Reflexive commentary:

Prior to generating the GETs, I had categorised procrastination as a difficulty associated with motivation and executive functioning. Although it is likely that these factors exacerbated procrastination, as I began to withdraw bracketing and allow my own understanding and experience of ADHD to inform my interpretations, the role of emotions in procrastination became clear. This provided clarity on where to place procrastination within the GETs, as Ben and Darren both appeared to have adopted procrastination as a coping strategy, to help them manage the stress and pressure of exams.

4.5.3 Sub-theme 3: Developing Self-awareness

Interpretations indicated that the development of self-awareness was perceived as significant for all participants. This refers to the extent to which participants were aware of their own strengths and needs, as well as the factors that affected their relationships, academic outcomes, and wellbeing. Each participant described how their self-awareness had changed over time, and how their experiences had shaped their identity and personality, contributing to their self-concept. Although this sub-theme appeared in all interviews, the ideas were explored more explicitly with some participants than others.

For Lily, the benefit of self-awareness appeared to focus on emotional literacy and emotional regulation, which was facilitated through communication with key adults:

"Having a learning mentor person, she helped...because I did something with her like to get through my stress and panic. I went once a week, and it did help me. It helped to get my feeling like shared and she helped me through it." *"Yeah, like to talk about how to control your emotions and stuff."* (Lily, 489-492; 505).

The development of self-awareness was a key theme for Olivia. She described how she communicated her thoughts and feelings to trusted adults, as a strategy to support regulation, and shared how valuable this had been for her emotional wellbeing. This theme links explicitly with Olivia's relationships, as key adults were able to support her awareness of effective coping strategies:

"And I think she realised then that that was my new way of doing things, going to her and talking to her. And eventually the meltdowns became less, and talking to her became more, and that's just how it is now." (Olivia, 264-268).

Olivia's constructions of ADHD began at an early age. Receiving an ADHD diagnosis provided some clarity as to why school had been difficult for her:

"I was relieved, because there was finally a reason for why I was just being called naughty all the time. I wasn't naughty, I just needed people to understand me a little bit, if that makes sense?" (Olivia, 393-396).

Since leaving school, Olivia shared how her self-awareness and self-concept had improved. She spoke positively about her tutors and friends at college, who had supported her emotional wellbeing and access to education. The way in which Olivia described college was considerably different than her descriptions of secondary school, particularly surrounding her feelings of safety and sense of belonging. There appeared to be a link between an improvement

in Olivia's wellbeing, and her capacity to reflect on her experiences, which may have been previously hindered by the adversity she experienced at school:

"I wouldn't have explained it that way then, I wouldn't know how. I've matured a bit since all that." (Olivia, 207-209)."

Ben described the development of his self-awareness, which had helped to improve his wellbeing and access to learning in school:

"I started realising how bad my work was getting and how I'm actually going into these exams and how it actually affects everything. So, I start thinking about it and then kind of put it into practice." (Ben, 149-152).

Despite this, Ben reflected on how his awareness had not manifested in his behaviour, particularly surrounding his preparation for exams. It appeared that there were limits to the influence of Ben's self-awareness, as other factors, including motivation, sleep deprivation and heightened emotions, interfered with his engagement in learning and revision activities. Similarly to the experiences shared by Olivia, Ben described how his perception and understanding of himself had changed since leaving school:

"I think I've changed my mindset. I've changed my mindset on working, my overall work ethic, my health, and knowledge." "I realised I was just being an idiot. I wasn't doing anything useful really. Nothing productive. So, I started doing stuff productive, that I like." (Ben, 833-839).

Darren spoke in depth about his perception of ADHD and how it had constructed over time. He described how, like Olivia, receiving his ADHD diagnosis provided clarity to his experiences, which supported his self-concept and reduced the pressure to '*shelter*' certain traits:

"before you get a diagnosis you're just like oh yeah this child may just be a bit odd and that's not very nice socially. So, once you get that diagnosis you start...erm stop covering it up." (Darren, 22-23).

In some contexts, Darren demonstrated the self-awareness to seek support from staff, in order to access learning provision. These interactions were influential for Darren, and often determined the nature of his relationships with staff, depending on whether he felt accepted and understood:

"Yeah, I just went straight up to them and told them at the start of year 10 that I had ADHD" (Darren, 509-510).

Despite this, it appeared that Darren's understanding of ADHD typically focused on meeting needs, without exploring the underlying mechanisms, in support of his self-awareness. For example, Darren described how he often felt guilty for taking movement breaks during class, perceiving them as an "*excuse*" to stop working, rather than a strategy for regulation:

"it's like a feeling in your chest where you're really energetic and you just cannot sit there and like your body is like telling you to go do something else and it was kind of a...I wasn't aware of as much of my symptoms." "I knew I had ADHD... I didn't step back and look at it and know that they were my symptoms. I was kind of just like all over the place mentally." (Darren, 595-600).

This presented an area of convergence for Olivia, Ben and Darren, as they all described how their understanding of themselves had improved since leaving school. Darren reflected on how ADHD had become part of his personality, and how his self-awareness and self-concept will continue to develop over time. His experience of school had been largely positive, which appeared to fuel his optimism and allowed him to adopt a growth mindset:

"I think of it [ADHD] as a mental disorder, but it's also part of my personality. I've learned to live with it and try and adapt to it, if that makes any sense?" "I'm trying to be a lot more aware and thoughtful of it and how it affects my mental health and daily life." (Darren, 16-18; 28-30).

4.6 "I just wanted it done. I wanted it gone." The impact of emotions.

During analysis, and the construction of PETs and GETs, it appeared clear that the impact of emotions was an area of convergence for all participants, which saw the construction of the final GET: '**"I just wanted it done. I wanted it gone." The impact of emotions.**' It is important to acknowledge that each participants' experiences were unique and influenced by a variety of interactive factors. However, the data presented consistency in the impact of both *'exam stress'* and *'pressure'*. Areas of convergence and divergence existed in the *'coping strategies'* adopted by participants, as an attempt to navigate the emotional effects of the exam period.

4.6.1 Sub-theme 1: Exam Stress

The term 'stress' was used by all participants to describe the GCSE exam period, which provided the rationale for labelling this sub-theme as 'exam stress', rather than 'test anxiety'. This choice was reinforced by a theoretical perspective presented by Putwain (2007), who noted that 'stress' can be considered both a stimulus and a response, whereas 'anxiety' is predominantly considered a response to a stressor. From my interpretations, it appeared that all participants experienced an accumulation of stressors during the wider exam period, including exhaustion, time pressure, and heightened anxiety when sitting the exam itself.

For Lily, the stress of the exam period appeared to intensify the mental health difficulties she had experienced throughout school. She described an increase in the frequency and intensity

of negative automatic thoughts, which seemed to affect both her preparation for exams and exam performance:

"Erm, horrible. Literally, I was literally depressed all of year 11 because of it." (Lily, 120-121).

"I guess like, because your own brain thinks you're stupid, like you can't do it but you can. If you know what I mean?" (Lily, 159-161).

Olivia shared how the increase in stress impacted her capacity to access a range of learning and revision opportunities, in preparation for exams. Olivia described how hard she had worked to access a greater quantity of classroom lessons during year 11 and spoke proudly of this progress. However, once the exam period began, she did not feel able to continue attending lessons, spending more time out of class or at home, in support of her mental health:

"It was really stressful. That was when a lot of the meltdowns from school came back…" (Olivia, 520-521).

"I'd challenge myself to see how long I could go, so I was doing like half the lessons in there, so then I did get to more. And then when exams came around, I just went, 'No, not going to lesson. Not doing it, can't do it.' Cos the stress was too much. So, I built my time up in the lesson, then I just didn't go." (Olivia, 744-749).

Ben described how heightened stress was perceived as detrimental to his preparation and performance, during the exam period. It appeared that Ben found himself stuck in a cycle of sleep deprivation and procrastination, which hindered his capacity to prepare for his exams:

"I remember there were some days where I wouldn't be able to sleep, during my GCSE mocks. And I just, I'd literally go into school on, like, no sleep. And I just would not be able to focus on the work or anything at all." (Ben, 52-55).

Feeling unprepared evoked strong emotions for Ben, which made it difficult to cope under exam conditions, and had an adverse effect on his exam performance:

"when I went into the exam, I just started fumbling. Like, I didn't know what to do really. Cos, I knew that I could get a good grade in maths if I really wanted to, but I just rushed through, I rushed through all the papers, every paper." (Ben, 659-662).

Darren shared that the anticipation and preparation for his exams were more stressful than sitting them. He felt stressed that the exams were spread across a two-week period, as this made them seem '*impossible*'. Darren described how he felt out of control and wanted the exams to be finished as quickly as possible, likely fuelled by a need to reduce the stress and pressure he was experiencing:

"I think it's because I saw it as a big challenge, which I've heard that a lot of people with ADHD do, they make a small task seem almost like impossible for them." (Darren, 760-762).

Factors within the exam environment were also associated with an increase in stress for Lily, Olivia and Ben, including the clock, actions of invigilators, and the silence. This appeared to make it difficult to manage distractions, remain focused, and regulate their emotions, under exam conditions:

"Erm. I guess like you keep looking at a clock on the screen, and then trying to concentrate on the question you're working on and it's just like 'ahhh', screaming in your face." (Lily, 150-152)

"I just wanted to get out of the exam hall. The exam hall was just silence, like 300 people sat

there, all doing an exam. Just sat there in silence, can't do anything. I wanted to move about, I

wanted to get out." (Ben, 671-674).

4.6.2 Sub-theme 2: Pressure

Three of the four participants described their perceptions of pressure during the GCSE

exam period. There were areas of convergence and divergence in the influence of this pressure,

as well as the sources of pressure. These sources were organised into three categories, including

self-imposed pressure; pressure from others; and situational or environmental pressure (see

Figure 6).

Figure 6: *Sources of pressure, as described by participants in the current study.*
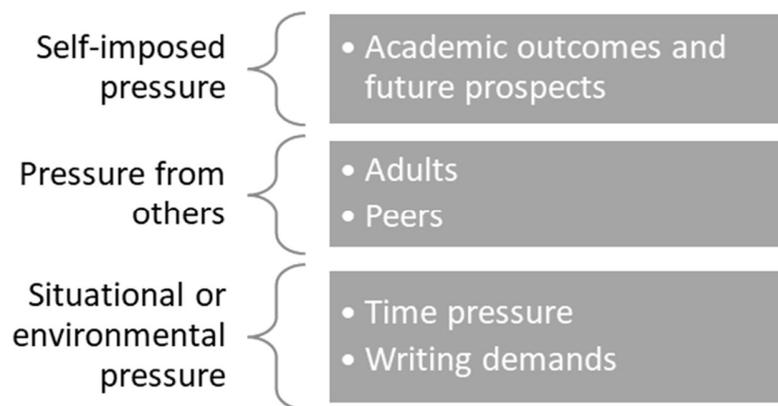
Self-imposed pressure appeared to centre around future prospects, and a need to achieve

the necessary academic outcomes to access further education or employment:

"And most of it comes from yourself. Most of it's just like self-inflicted, you just put it on yourself

cos you wanna do you best, like for post life, post high school life." (Ben, 247-250).

Ben spoke of the pressure applied by adults and peers but did not indicate how this pressure influenced his experiences. There were a variety of other factors impacting Ben's wellbeing during the exam period, and it seemed that this pressure may have contributed to the stress he experienced, which likely hindered his motivation and capacity to revise:

"I think it was the pressure, and I just wanted it done. I wanted it gone." (Ben, 667-668).

For Darren, the narrative surrounding the importance of exams, reinforced by teachers, exacerbated the stress and pressure he experienced, which reduced his motivation to revise. He acknowledged how this may be a helpful approach for some students, but not for him:

"It was always the teachers being ohh, you've got your exams in six months etcetera and it's just like the constant repetition of how important they are. It's like it, it may have motivated some students to work even harder, but not me. It just made it seem harder than it was." (Darren, 193-196).

In contrast, Darren perceived the pressure from his friends as positive, helping to increase his motivation to revise and achieve his target outcomes:

"it was a competitive attitude when it came to tests, which was quite nice because it was, we were all trying to do our best and see if we would do better than each other." (Darren, 127-129).

Lily spoke in detail of how the exam conditions contributed to the pressure she experienced. The impact of time constraints was a dominant theme, seemingly exacerbated by the demand to read and write in large quantities, within the allotted time. She described how this pressure, alongside heightened anxiety and negative thoughts, made the exams feel increasingly challenging:

"And if it's a really hard question you have to think longer, but the time goes, so you're literally trying to wrack your brain really quickly." (Lily, 152-154).

4.6.3 Sub-theme 3: Coping Strategies

Interpretations indicated a range of coping strategies that participants adopted to help them manage the demands of school, both before and during the GCSE exam period. It is important to acknowledge how some of these coping strategies were likely adopted without conscious decision or clear intention, as the participants had not established an awareness of the factors underlying their emotions and behaviours. Implementing hermeneutics was particularly appropriate for this sub-theme, to consider the gap between the participants' experiences and the way in which they are explained. A deeper level of interpretation, and application of psychology, was required to make sense of these experiences, and identify the coping strategies being described.

During our discussion, Ben indicated that he had offered a '*false sense*' of his feeling about exams, when asked by staff in school. He suggested that minimising was the preferred option, as sharing his concerns with staff would likely have led to further enquiry, which may have evoked strong emotion. Ben was not aware of what drove this action but acknowledged that discussing his emotions felt too stressful at that time, which demonstrated a function to protect his self-worth, as a coping strategy. We reflected on how this is an understandable response, considering the existing stress and pressure he was experiencing, though it likely hindered his access to additional provision, in support of his exam preparation and performance:

Ben: *"No. Not really. Or I'd just give them like a false sense."*

I: *"Right. Why do you think you gave them a false sense?"*

Ben: *"Just to shut them up about it think. I didn't really wanna talk about it that much."* (Ben, 744-747).

Olivia shared how communication with key adults became an effective coping strategy for her, though this communication was often reactive in nature, in response to heightened emotions. The absence of relationships in school made it difficult for Olivia to communicate her needs, which appeared to motivate her use of masking behaviours, to cope with the social pressure to conform. Olivia described how this hindered her access to regulation strategies and caused a build-up of emotions throughout the school day, before releasing them at home. She reflected on how her school experience and academic outcomes could have been different had she been supported to identify effective coping strategies at an earlier stage:

"Yeah. It felt like the coke bottle, you know like the coke bottle where you shake it and it just explodes at the end of the day. And I felt so bad for my mum cos I would just go home and be horrible to her, but I didn't mean to. It was just a bad day." (Olivia, 90-94)

Darren also described using masking behaviours to cope with social pressures and believed that this prevented him from accessing regulation strategies in certain lessons:

"Yeah. it would probably be...my first thought is embarrassing if I just acted like I did in my science classes. Because everyone would think I'm special and it's like a normal response to me to not want to feel like that" (Darren, 531-533)

The function of procrastination was a key theme explored by Ben and Darren. Their descriptions of procrastination, alongside interpretations from the analysis, indicate potential links to motivation, executive functioning, and exam stress. This demonstrates the rationale for presenting procrastination as a coping strategy, as it appeared that dis-engagement from revision

activities was underpinned by an absence of motivation and difficulties with concentration and organisation, exacerbated by the stress, pressure and cognitive demands of the exam period.

"Erm, I wouldn't say I put it off, but I definitely focused on other things." (Ben, 273-274).

"It made me like, I knew I needed to revise, but just the fact that they were built up so much I was like, I wouldn't say scared, but I was definitely not happy with it." (Darren, 188-190).

Ben and Darren both shared how they experienced a sudden sense of urgency to revise, shortly before their first exam. This urgency appeared to drive their motivation:

"I remember I'd done zero revision. I got up and went on the bus, and just started revising on the bus out of nowhere. I pulled out all my work and started doing all of it trying to like cram it in. Erm, yeah that was the first time I really started working." (Ben, 258-261).

"It was like procrastinating until the point where I physically couldn't stall it anymore. Because I had those expectations that I wanted to meet." (Darren, 318-321).

4.7 Summary of Findings

Chapter Four presented the findings from the analysis exploring the perceptions of four ADHD young people and their lived experience of the GCSE exam period. Cross-participant analysis of the data generated three GETs: 'I think schools need to listen and be more understanding." The value of acceptance, agency and relationships.'*,* '"My brain would be in 1000 places at once." The complexity of exam preparation.' and '"I just wanted it done. I wanted it gone." The impact of emotions.' which captured convergences in the participants' experiences. Applying IPA principles, including idiography, hermeneutics and reflexivity, I was able to make interpretations across levels, exploring how participants made sense of their experiences, whilst utilising my own experiences and knowledge to interpret wider meaning.

The themes explored relate to all three research questions and will be discussed at greater depth in Chapter Five, drawing upon the relevant theory and associated literature, and continuing the reflexive commentary.

Chapter Five: Discussion

5.1 Overview

This chapter discusses the interpretations drawn from participants' experience of the GCSE exam period. Interpretations are contextualised with relevant theory and existing literature. The chapter will address the following research questions:

RQ1: How do ADHD students experience the GCSE exam period?

RQ2: What do ADHD students perceive as influential to their academic outcomes and post-16 opportunities?

RQ3: How do ADHD students perceive the available provision, in support of their preparation, performance and wellbeing, during the GCSE exam period?

The chapter concludes with implications for practice, focusing on schools and EPs, as well as a critical evaluation of the current study and considerations for future research. In line with the inductive nature of IPA methodology, this discussion will draw upon some of the literature explored in Chapter Two, whilst introducing additional literature in the context of the findings. Although the primary purpose lies with presenting participants' authentic voice, Smith et al. (2022) highlight the importance of placing the current study within the wider context, to illuminate how the findings illuminate, agree or contradict the conclusions of other studies.

The findings are not designed to be generalisable to the wider population, though the themes explored offer an insight into what the participants perceived as influential to their experience of the GCSE exam period. Interview extracts help to ground each theoretical interpretation. This approach ensures that the interpretations remain firmly rooted in the

participants' lived experiences, while integrating a psychological perspective to provide a deeper

understanding.

Figure 7: *A diagram to represent the links between themes and research questions, as explored in Chapter Five.*
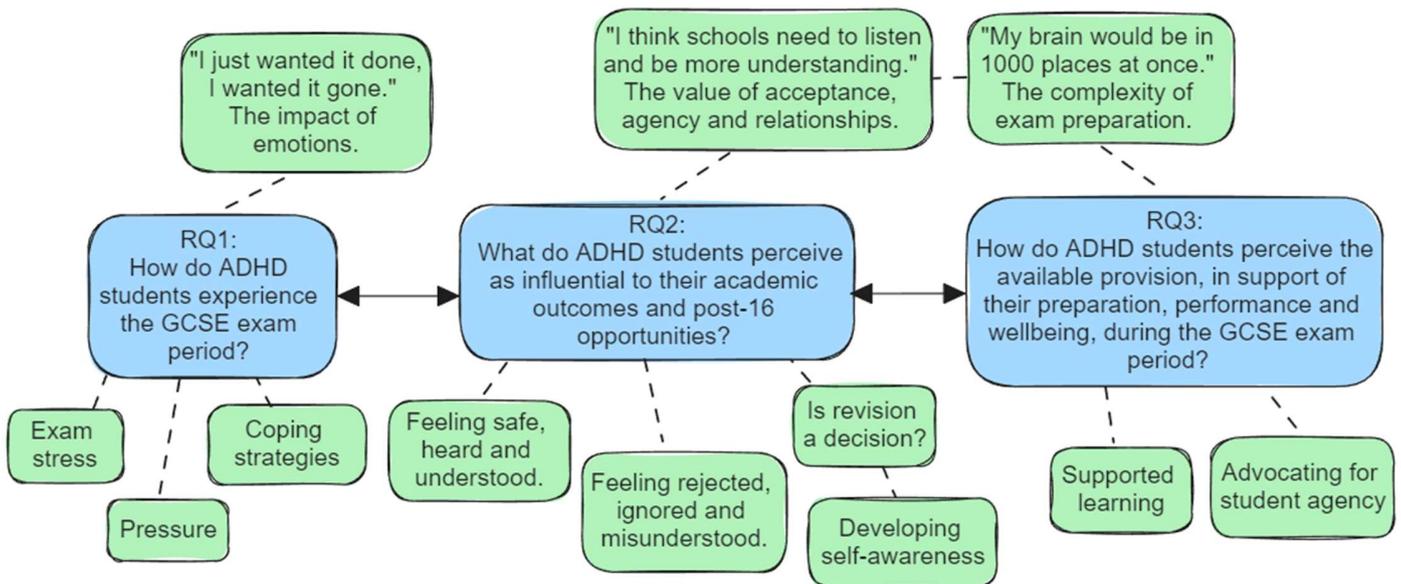
Reflexive commentary

I spent a long time deciding how to structure my discussion. What made this decision difficult was the clear links between GETs, sub-themes and the research questions. I reflected on which themes best characterise 'how' the YP experiences their exams, in comparison to 'what' they perceived as influential. Despite this, there were overlaps between the three research questions. For example, accounts of exam stress demonstrated how participants felt, as well as an experience considered influential to their outcomes. Similarly, teacher and peer relationships were considered greatly influential to outcomes, but could be considered provision, as a clear protective factor supporting access to learning in school.

I acknowledge that themes can answer more than one research question but present them in a way that makes sense to my interpretation of the findings (see Figure 7).

5.2 Research Question 1: How do ADHD students experience the GCSE exam period?

5.2.1 "I just wanted it done, I wanted it gone." The impact of emotions

In this study, the impact of emotions was a key area of convergence for all participants. This included participants' accounts of exam stress, pressure, and the coping strategies adopted in an attempt to support their emotional wellbeing. These experiences refer largely to year 11, in the build-up to exams, during the GCSE exam period, and the conditions and environment when sitting their exams.

Students' perception of the GCSE exam period varies in the surrounding literature. While many young people report a largely positive experience, describing a sense of belonging, closeness to peers, and hope for the future, GCSEs are often perceived as a negative experience, particularly for students with additional needs (Brown, 2020). Other studies report students experiencing low levels of enjoyment, poor wellbeing, and high levels of stress, findings which have remained consistent over the last two decades (Denscombe, 2000; Roome & Soan, 2019; Brown & Woods, 2022).

5.2.2 Exam Stress

In the current study, Lily and Olivia felt that the increase in stress during year 11 had a significant impact on their emotional wellbeing, and reported a deterioration in their mental health. They described feeling worried, panicked, anxious, depressed, tired, and overwhelmed, which is reflected in the literature (e.g. Putwain, 2007; Brown & Woods, 2022). Importantly, Lily and Olivia felt that the stress of the exam period had directly contributed to the frequency of emotional dysregulation.

"*I almost had about two panic attacks per day.*" (Lily, 90-92),

"It was really stressful. That was when a lot of the meltdowns from school came back…" (Olivia, 520-521).

'Exam stress' acts as an umbrella term, referring to the experience of test anxiety, alongside other negative effects associated with the exam period, including stress, exhaustion, reduction in social activities, and damage to relationships (Putwain, 2007). Studies describe how these negative effects lead to a noticeable deterioration in students' emotional wellbeing and academic performance, during year 11 (Roome & Soan, 2019; Brown et al., 2022). Findings indicate that ADHD students are at higher risk of experiencing academic-related stress and anxiety, compared to their neurotypical peers (Dan and Raz, 2012; Di Lonardo Burr & LeFevre, 2021), which reflects the experiences of participants in this study.

Lily and Olivia both spoke about their perceptions of school, as an Au-DHD person, and felt that their cooccurring diagnoses exacerbated the emotional difficulties they experienced during the exam period, alongside their capacity to cope. Olivia shared, *"Because I get anxiety with the ADHD and autism, which obviously they don't help each other, at the best of times."* (Olivia, 499-501). The co-occurrence of ADHD and autism is common (Hours et al., 2022), and studies have suggested that Au-DHD girls are most likely to experience anxiety and depression, compared to their neurotypical peers (Accardo et al., 2022). However, it is important to recognise how the presence of key protective factors can help to alleviate such difficulties, including positive relationships, student agency, and self-advocacy skills (Mansfield & Soni, 2024; Tyrrell & Woods, 2018).

For Darren, his main source of stress appeared to be a lack of agency, and the unpredictable scheduling of his exams. He shared, *"It's the unpredictability, uncertainty and lack of control I had over my own exams that made it very stressful."* (Darren, 755-756). Feeling

underprepared and out of control were common causes of exam stress for participants in other studies (e.g., Roome, 2018; Brown, 2020) as well as the absence of agency (Brown & Woods, 2022). These themes are explored further in Section 5.4.1.

When working under exam conditions, all participants described experiencing test anxiety. In this context, the term test anxiety refers to a form of social evaluation anxiety experienced in an assessment context (Putwain, 2007), and typically occurs in response to the stress and pressure associated with high stakes exams (Roome & Soan, 2019; Brown et al., 2022). Though the experience of test anxiety was an area of convergence during analysis, convergence and divergence existed in the manifestations of this anxiety, between participants.

Table 8: *Factors interpreted as influential to participants' experience of test anxiety.*

Contributing factor	Interpretation of experience	Example of perceived affects (transcript extracts)
Psychological	E.g. Negative automatic thoughts; internal monologue; worries about failing.	*"I guess like, because your own brain thinks you're stupid, like you can't do it but you can. If you know what I mean?"* (Lily, 159-161). *"when I'm in my exams, I've got way too much going on in my head. I'm thinking about a million things, other than the subject."* (Ben, 699-701)
Emotional	E.g. Frustrated; stressed; overwhelmed; pressured; trapped.	*"But my brain being the way it was blamed it all on her. She was the one that annoyed me. And so I walked out..."* (Olivia, 555-557). *"I wanted to move about, I wanted to get out."* (Ben, 673-674).

Social / environmental	E.g. Large room; lots of people; silence; time constraints; distractions.	*"I just wanted to get out of the exam hall. The exam hall was just silence, like 300 people sat there, all doing an exam. Just sat there in silence, can't do anything."* (Ben, 671-673). *"Erm. I guess like you keep looking at a clock on the screen, and then trying to concentrate on the question you're working on and it's just like 'ahhh', screaming in your face."* (Lily, 150-152) *"Like I said, little distractions... and there was also a class outside of the little room we was in."* (Olivia, 552-553).
Academic	E.g. Feeling underprepared; executive functioning difficulties;	*"When I went into the exam, I just started fumbling. Like, I didn't know what to do really."* (Ben, 659-660). *"the questions they put were really hard to understand and the time went straight away and the amount that you had to work out was ridiculous."* (Lily, 679-681)

Lily, Olivia and Ben perceived a variety of factors contributing to the test anxiety experienced, which I interpreted as interactions between psychological, emotional, social and academic factors (see Table 8). This multidimensional conceptualisation of test anxiety reflects findings by Power (2017), where students described a 'stress cycle', with interactions between thoughts, feelings and behaviours reinforcing exam stress and test anxiety experienced. Lily and Ben shared that negative thoughts about themselves and their exam performance increased the stress experienced, as well as functioning as a distraction, disrupting cognitive functions. Brown et al. (2022) found that teaching GCSE students to recognise and manage negative automatic thoughts was an effective strategy to reduce test anxiety, however, they acknowledge that

students with SEND may be more vulnerable to the effects of test anxiety, and it is unclear whether their sample included ADHD students. Low self-esteem may act as a mediator for ADHD traits and test anxiety (Dan & Raz, 2012), which reflects the findings of Lewandowski et al. (2013). For ADHD students, this helps to conceptualise negative thoughts as a cognitive obstruction, interfering with the executive functions involved in exam performance, including attention, working memory and task-prioritisation (Dan & Raz, 2012; Jerrim, 2023).

Though it is important to consider the influence of ADHD traits on exam stress, the effectiveness of neuro-affirming revision and coping strategies are well documented (Dan & Raz, 2012), with many ADHD students achieving expected academic outcomes. Sutton-Davies (2018) found no significant difference in test anxiety scores between ADHD and non-ADHD students. However, one key criticism of this study and other positivist studies, is the artificial experimental conditions, as there were no negative consequences for poor performance, which lacks ecological validity, and may not represent the experience of students sitting high-stakes exams. As previously highlighted, ADHD students who receive adequate support and intervention to alleviate their difficulties can achieve academic success (Morley & Tyrrell, 2023), which reflects Darren's experience with science subjects. This highlights the need to adopt a holistic approach to understanding the relationship between ADHD and exam stress. Implying that all ADHD students will experience higher levels of test anxiety presents a reductionist and determinist view of a complex phenomenon, without adequate consideration of relevant contextual influences.

5.2.3 Pressure

Three of the four participants spoke explicitly of how an increase in pressure had influenced their preparation, performance, and wellbeing during the GCSE exam period. My

interpretations indicated that participants perceived three sources of pressure: self-imposed pressure, pressure from others, and situational or environmental pressure. The impact of high-stakes exams on emotional wellbeing is well documented, with heightened levels of stress and pressure affecting both students and staff (Brown & Woods, 2022).

In the current study, self-imposed pressure centred around the participants' future prospects, and the academic outcomes they perceived would determine access to their chosen post-16 setting, and subsequent higher education or career options. The students all placed pressure on themselves to achieve, and showed an awareness of how this pressure impacted their emotional wellbeing, with direct links to exam stress (Roome & Soan, 2019), as well as their motivation to revise. For Ben, one significant negative effect was sleep deprivation, which is reflected in the literature (e.g. Roome, 2018). Ben recognised that a lack of sleep increased the anxiety and executive functioning difficulties he experienced, however, sleep deprivation has been identified as both a predictor and consequence of the anxiety associated with high-stakes exams (Wuthrich et al., 2020).

Lily shared, "*I can't afford to fail.*" (386-887) and emphasised how important it was for her to "*get a good job*" (390-391) when she left school. Similarly, the "*disappointment*" (775-776) Darren felt with an earlier mock exam motivated him to achieve highly in this subject. Although thoughts about the future were largely motivating, the pressure to avoid failure contributed to the stress experienced, exacerbating the negative effects on their emotional wellbeing. Lupton et al. (2021) referred to year 11 as a 'pressure cooker', making it too difficult for students to consider their post-16 pathway, alongside the existing pressure of preparing for their exams.

The narrative surrounding the importance of GCSE exam performance and outcomes was frequently reinforced by teachers in school, described as *"constant repetition"* by Darren (193-196). This was largely perceived as negative and demotivating by participants, increasing the pressure and stress experienced, to the detriment of their engagement in learning. Darren shared, *"It may have motivated some students to work even harder, but not me. It just made it seem harder than it was."* (Darren, 193-196). The use of 'fear appeals' is common practice during the GCSE exam period, where teachers use persuasive messages as an attempt to encourage students to increase their efforts, to avoid negative consequences (Putwain & Von Der Embse, 2018a). This strategy is effective and motivating for many students (Putwain & Remedios, 2014) but for others, it increases the risk of exam stress and test anxiety (Power, 2017; Brown, 2020; Roome & Soan, 2019). As experienced by Ben and Darren, for ADHD students, these effects may be further exacerbated by a heightened sensitivity to failure (Dan & Raz, 2012) and a motivation to protect their self-worth (Martin, 2020). Additionally, negative interactions with staff are likely to affect student-teacher relationships, as a key protective factor for reducing exam stress (Brown & Woods, 2022), which highlights the potential impact of using fear appeals for ADHD students.

"I probably shut down the idea of revising because I decided it wasn't worth it for what I was going to get out of it. Because it seemed like a lot." (Darren, 205-207).

Roome and Soan (2019) found that students who perceived less pressure from parents and staff were better able to cope during their exams. This emphasises teachers' responsibility to alleviate the stress and pressure experienced by students, in support of their academic outcomes. However, this highlights a key theme in the surrounding literature, relating to staff wellbeing and the influence of performative culture (Putwain & Von Der Embse, 2018). Students in Barrance and Elwood (2018) felt that teachers applied additional pressure in core subjects (e.g. English,

maths, science), which was not in the students' best interests, and instead motivated by accountability measures. Similarly, scare tactics, including fear appeals and timing reminders, are used more frequently by teachers who perceive higher accountability, and those with lower self-efficacy in their ability to facilitate student engagement and positive academic outcomes (Putwain & Von Der Embse, 2018a). This suggests how wider systemic pressures influence teachers' actions during the GCSE exam period, funnelling down to the pressures experienced by individual students (Roberts et al., 2020; see Figure 8). Despite this, it is important to recognise that most teachers genuinely want their students to succeed and will attempt to empower and motivate them to take control of their learning, in support of their outcomes (Wilkinson et al., 2020).

Figure 8: *A diagram to represent the pressure driven by accountability regimes in the English school system, adapted from Roberts et al. (2020).*
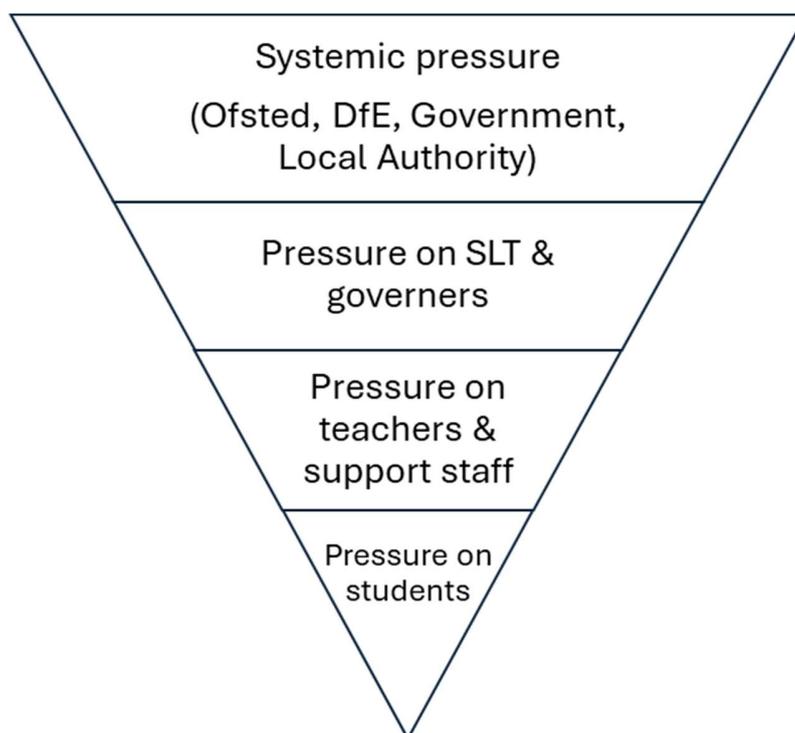
The environmental or situational factors, and their contribution to the pressure experienced, were considered significant for participants in the current study, with the impact of time presenting a key area of convergence. Over a six-week period, students are required to sit a high number of high-stakes exams, often with multiple exams of different subjects, in a single day, alongside revision, coursework and attempting to maintain relationships and self-care (Putwain, 2008). For Darren, this extended period of pressure and unpredictability functioned as delayed gratification (Von Der Embse et al., 2018) which led to him question whether his efforts were *"worth it"* (206).

Lily shared how exams were *'too short'* (666), and that her *"brain just does not cope"* with being rushed (460), indicating that the time constraints during exams exacerbated the test anxiety and executive functioning difficulties she experienced, hindering her performance. Similarly, Ben felt that the pressure he experienced, alongside a need to *"get out"* of the exam hall (674), caused him to *"rush through all the papers, every paper"* (662). These findings support that of Roome and Soan (2019), where students felt that the pressure to answer hard questions within a time limit directly contributed to their level of stress. Out of the four participants, Olivia was the only student allocated a separate room for her exams, an accommodation which was agreed collaboratively with her, and described as *"a big help"* (651). The absence of environmental stressors (e.g. time, peers) may explain why Olivia had a more positive exam experience than Ben and Lily. Although this comparison does not represent a causal relationship, Olivia's experiences are reflected in Tyrrell and Woods (2018), who saw improvements in autistic students' self-esteem and exam performance when they were actively involved in organising their access arrangements.

5.2.4 Coping Strategies

As explored in Chapter Four, participants in the current study spoke of the coping strategies adopted during the GCSE exam period, to reduce the stress and pressure they experienced. I acknowledge that there is no definitive explanation for the functions of their actions, however, the application of psychological theory provides clarity to my interpretations, in the context of ADHD literature. Since coping strategies were largely adopted without clear intent, principles of hermeneutics are particularly pertinent, as I must move further away from the participants own constructions (Willig, 2013).

Coping strategies typically fall into two categories, adaptive and maladaptive. For ADHD people, adaptive strategies (e.g., planful problem-solving, seeking social support, cognitive reframing), are those which support overall functioning and the management of ADHD traits, whereas maladaptive strategies (e.g., avoidance, confrontation, minimising needs) offer short-term coping, while maintaining or progressing difficulties (Young, 2005; Shippen et al., 2021; Meachon & Alpers, 2022).

In the current study, participants attributed heightened and fluctuating emotions to their ADHD and felt that coping with these emotional changes was more challenging for them, compared to their neurotypical peers (DSM-V-TR, 2022; Shaw et al., 2014). The added stress and pressure of the GCSE exam period may have led to participants adopting more maladaptive, emotion- or avoidance-oriented coping strategies (e.g., procrastination) than adaptive, task-oriented strategies, which is common in ADHD students (Al-Yagon et al., 2020). Presented in Table 9 are examples of maladaptive coping strategies used by participants, all of which inadvertently hindered their access to learning opportunities and support from staff.

Table 9: Participants' use of maladaptive coping strategies

Participant	Example of maladaptive coping strategy	Evidence from transcript
Lily	Avoidance or escape	*"It got me so stressed I ended up walking out the revision class cos I couldn't be there."* (Lily, 473-474).
Olivia	Avoidance or escape	*"No, not going to lesson. Not doing it, can't do it. Cos the stress was too much."* (Olivia, 744-747).
Ben	Avoidance or escape	*"I just wanted to get out of there."* (Ben, 681).
Darren	Masking (avoidance)	*"My first thought is embarrassing, if I just acted like I did in my science classes. Because everyone would think I'm special…"* (Darren, 531-533).

It is important to recognise that the use of coping strategies was not a matter of choice between adaptive and maladaptive, but likely offered the temporary relief required to regulate their emotions, reduce stress, and protect their self-worth (Barra et al., 2021). Ben and Darren presented a resonant example of this, both stating how they acted against their educational interests by rejecting the use of extra time, in order to leave the exam room earlier. Similar findings were reported by Hipkiss et al. (2020).

Adaptive coping strategies were used by all participants (e.g. seeking support from peers and adults), however, these positive behaviours were dependent on a range of protective factors, including the presence of positive relationships, feelings of psychological safety, and levels of stress or anxiety. Additionally, the use of task-oriented strategies is pro-active, requiring a level

of self-monitoring and planful problem-solving (Young, 2005), skills which were often disrupted by heightened emotions and executive functioning difficulties (Al-Yagon et al., 2020).

5.3 Research Question 2: What do ADHD students perceive as influential to their academic outcomes and post-16 opportunities?

Analysis of the participants' accounts provided a rich insight into the experiences they considered most influential to their academic performance and outcomes. As discussed in Section 5.2, the impact of emotions appeared significant, however, a key area of convergence exists in the experiences underpinning these emotions, including the presence or absence of positive relationships, understanding of ADHD, and the factors affecting exam preparation for ADHD students.

5.3.1 "I think schools need to listen and be more understanding." The value of acceptance, agency and relationships.

From my interpretations, feeling understood and accepted in school appeared fundamental to the development of positive relationships, a key protective factor for all participants. Relationships formed a clear area of convergence across the four interviews and were considered greatly influential to the students' preparation, performance, and outcomes, during the GCSE exam period.

5.3.1.1 Feeling safe, heard and understood

The students shared how their interactions with people in school, and the thoughts and emotions associated with these interactions, had a considerable impact on the development of positive relationships. Interactions considered positive were those where students felt heard and

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understood, which formed the basis of their established relationships. Additionally, students

identified several key attributes, held by teachers, which were pivotal in the development of

positive relationships (see Table 10).

Table 10: participants' perceptions of positive teacher attributes.

Participant	Key attribute held by staff	Evidence from transcript
Lily	Trustworthy	*"Just talking to someone like freely and be able to trust them."* (Lily, 521).
Olivia	Understanding	*"They helped you to get on with the work you needed to do, and like a place to calm down and that. They were really understanding."* (Olivia, 65-67).
Ben	Respectful	*"When he wanted to take something serious then he'd still be the same person about it. Like he'd still be nice and talk about it. He wouldn't say it in like such an oppressive way. He'd actually wanna know what happened, rather than just shouting at you about it."* (Ben, 505-509)
Darren	Accepting	*"I think my science teachers gained a greater understanding and more acceptance of what that actually was like when they experienced it."* (Darren, 510-512).

In the current study, the presence of positive relationships formed a key protective factor

for the students during the GCSE exam period. Participants reported that close connections with

teachers positively contributed to their school engagement and helped to maintain their sense of

enjoyment, which is reflected in the literature (Pérez-Salas et al., 2021; Brown & Woods, 2022).

All participants felt they were better able to develop relationships with teachers who

demonstrated an understanding of ADHD and made efforts to implement provision and adapt

their practice to meet areas of need. Feeling understood and accepted in school appeared to help

participants to regulate their emotions and better cope with increasing demands, aligning with

findings by Bevan (2023). The current findings also support those of Russell et al. (2023) who

found that teachers who responded to ADHD inclusively in the classroom promoted attendance, engagement, and support seeking behaviours.

Friendships and peer relationships were considered an area of importance, with participants describing a range of positive influences. As displayed in Table 11, these relationships too acted as a protective factor, and offered a regular source of support during the GCSE exam period (Roome & Soan, 2019; Brown & Woods, 2022). All participants described how spending time with peers helped them to cope with the stress and pressure of exams, and offered motivation to revise and adopt more adaptive coping strategies (e.g. planful problem-solving). For ADHD students, this link between positive interpersonal connections and adaptive coping is reflected by Young (2005).

Table 11: *Participants' perceptions of the impact of positive peer relationships.*

Participant	Impact of positive peer relationships
Lily	*Without them, I don't think I would have got through the secondary school years, because of the pressure.*" (Lily, 590-592).
Olivia	*"We could talk to each other about it, and we sort of helped each other deal with it, and cope with things."* (Olivia, 785-786).
Ben	*"I think they helped just because I could actually talk to them, play games with them and meet them outside of school. So, I'd get to see them and just destress, I think."* (Ben, 565-567).
Darren	*"I would argue that I was nurtured quite well with my friend group."* (Darren, 138-139).

The benefits of positive peer support and relationships for neurodivergent students are reflected by Fotheringham et al. (2023), who studied the development of a neurodivergent student-led peer support programme in mainstream high schools. Participants recognised key benefits to this initiative, including access to peer support from other neurodivergent students, building a sense of community, and creating a safe and authentic space in school. These perceptions mirror Olivia's experience of working with neurodivergent students in a separate area of school: *"They were dealing with similar things, so they'd understand."* (Olivia, 820-821).

5.3.1.2 Feeling rejected, ignored and misunderstood

The current findings highlight how crucial positive relationships can be in enhancing wellbeing, performance, and outcomes for ADHD students. However, it seems that the negative interactions they encountered, and the resulting absence of supportive relationships, had an even greater impact. Participants described how school staff lacked an understanding of ADHD, often leading to disagreement or conflict. For Lily, Olivia, and Ben, this increased the frequency of emotional dysregulation, particularly during the exam period, when stress levels were already elevated. Ben shared, *"It messes up everything, really. I wouldn't like, I wouldn't want to go to that lesson. I wouldn't like the teacher. I wouldn't focus or anything."* (Ben, 525-527). These heightened emotions had the potential to impact learning in various ways, for example, disrupting executive functions or reducing motivation in the subject. This also saw an increase in the use of maladaptive coping strategies, such as avoiding the class, or escaping the situation, which may have further hindered their academic progress and emotional wellbeing, reflecting findings by Al-Yagon et al. (2020).

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The participants described the small number of staff with whom they were able to develop positive relationships, although, expanding this support network to a wider range of staff appeared challenging. The absence of relationships was attributed to a lack of trust, feeling ignored or misunderstood, and a strong sense of injustice, often following a negative interaction. The current findings support those discussed in Chapter Two, where teachers felt less confident collaborating, managing conflict, and forming relationships with ADHD students (Berchiatti et al., 2021; Rogers et al., 2015), and ADHD students felt less connected to their teachers (Ewe, 2019). As previously highlighted, this underscores the need for staff training to increase awareness of ADHD and to foster a deeper understanding of effective approaches for building stronger student-teacher relationships (Zendarski et al., 2020).

Three of the four participants shared how many of their peers also lacked an understanding of ADHD and neurodivergence. They shared their experiences of bullying and social exclusion, describing efforts to mask their ADHD traits, to avoid judgement or isolation. For Lily and Olivia, negative interactions with peers appeared to greatly affect their wellbeing and engagement in learning, which was further exacerbated by the stress and pressure of the GCSE exam period. Olivia shared, *"I think it was a bit stupid. They didn't understand. Like, I tried telling them multiple times, they just wouldn't listen."* (Olivia, 817-818). ADHD students often face higher rates of peer rejection (Berchiatti et al., 2021), while positive peer relationships have been found to mediate depression in ADHD adolescents (Powell et al., 2020). This indicates the need to increase awareness of ADHD and neurodiversity among students, and for schools to prioritise creating a safe and neuro-affirming environment for all.

One criticism of some literature surrounding ADHD and relationships is the deficit focus, often portraying a reductionist and deterministic view, suggesting that all ADHD students will

inevitably struggle to form connections with staff and peers. The current study challenges this notion, demonstrating that with the right conditions and support, grounded in acceptance, trust, and respect, ADHD students can successfully develop strong, positive relationships. Another concept that provides important context for Lily and Olivia's experiences is the double empathy problem. Milton (2012) proposed that for autistic people, difficulties with social communication between autistic and non-autistic people exist due to mutual misunderstanding, where perspectives can be misinterpreted by both parties. As Au-DHD young people, Lily and Olivia described feeling rejected by the majority of their peers, which led to social isolation. Applying a double empathy problem lens helps to contradict the notion that relational difficulties are inherent to neurodivergent people. This further emphasises the need for improved awareness and acceptance of neurodiversity in the school environment (Naylor, 2023), to create a sense of security for neurodivergent students, in support of their access to learning and academic progress.

5.3.2 "My brain would be in 1000 places at once." The complexity of exam preparation.

For many students approaching their exams, revision is fundamental to their preparation (Power, 2017). For GCSE students, preparation for exams typically involves an extended period of revision, practicing study skills and time management, using a variety of strategies and resources (e.g., past papers, flash cards, group revision with peers). Alongside mock exams, this revision allows students to consolidate their skills and address any gaps in their knowledge, in support of their exam performance. Participants in this study all recognised the importance of revision, however, there were clear divergences in how this awareness was reflected in practice. The extent to which students engaged in revision appeared to be influenced by a complex

interplay of factors, which prompted the question of whether revision can be considered a decision or matter of choice for ADHD students.

5.3.3 Is Revision a Decision?

Highlighted through the PETs and GETs, these influential factors include executive functioning, motivation, procrastination, and self-awareness. Importantly, as reported by the students themselves, emotions and relationships appear to be undeniably intertwined with these factors, notably impacting their academic experiences and outcomes. These findings help to address and provide insights into research question 2.

5.3.3.1 Executive Functioning

Executive functions are a set of interrelated cognitive processes that are responsible for a variety of cognitive skills. The evidence associating executive functioning difficulties with ADHD is robust, recognising effects on attention and working memory (Groves et al., 2021), inhibitory control (Fosco et al., 2019) and set shifting (Irwin et al., 2020). These functions also appear to play a fundamental role in students' capacity to focus, apply skills, and prioritise tasks during high-stakes exams, which forms one explanation as to why exam performance can be poorer for ADHD students (Jerrim, 2023). In the current study, participants all described several examples of difficulties relating to executive functioning (see Table 12), though their awareness of how this may have impacted exam performance varied.

Table 12: *Participants' accounts of executive functioning difficulties.*

Participant	Example of executive function	Participants' account of how this affected their learning.
Lily	Working memory	*"The amount of work that you have to read or write, it's very overwhelming."* (Lily, 695-696).

Olivia	Self-regulation	*"it completely threw me off, which is why I think everything built up and I ended up walking out again."* (Olivia, 678-679).
Ben	Organisation and planning	*"I struggled with the organisation a bit as well. Like getting all my work together to actually do it."* (Ben, 108-109).
Darren	Attention and concentration	*"My brain would be in 1000 places at once while sat down. But when I walked around I could kind of clear my mind and like get those thoughts out, if that makes sense?"* (Darren, 428-430).

Brown (2009) proposed a theoretical model to describe how ADHD affects executive functioning (see Figure 9). The model helps to conceptualise how executive dysfunction may have influenced the participants' exam preparation and performance, requiring extended periods of focus, sustaining effort, and managing frustration. As explored in Section 5.2, elevated stress and anxiety likely interfered with the students' executive functions during exams, hindering their capacity for flexible thinking and problem-solving (Beilock, 2008; Jerrim, 2023). This may help to understand why students adopted maladaptive coping strategies, for example, rushing through their exams (avoidance) or leaving the room (escape; Al-Yagon et al., 2020).

__Figure 9:__ Brown Model of Executive Functions Impaired in ADHD (Brown, 2009).
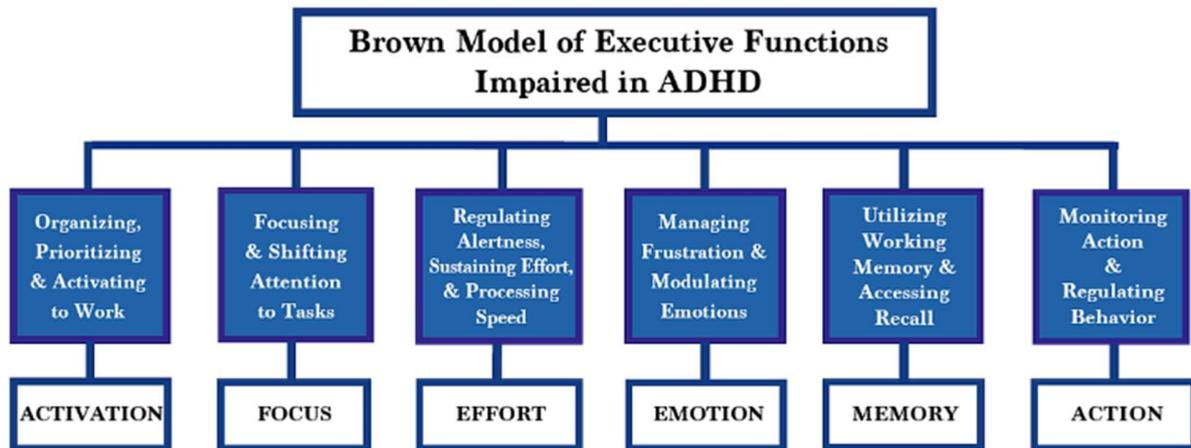
Darren's experience differed from the other participants, as he demonstrated greater confidence in retaining, recalling and applying the necessary information, particularly during his science exams. His proficiency was likely enhanced by his interest in science and positive relationships with teachers, though it indicated strong working memory skills. Darren was able to retain large quantities of information in a relatively short period and recall this information effectively during exams. He shared:

"*in the mocks I didn't revise until quite close to them, but I ended up doing like not an all nighter but close to an all nighter watching a free science lessons, which really helped me in my sciences and ended up getting a triple 9 in sciences…*" (Darren, 212-216).

This interpretation aligns with Groves et al. (2021), who found that improved working memory correlates with reduced ADHD traits and better emotional regulation. This emphasises the potential benefit of supporting ADHD students to develop their working memory skills, to maximise academic performance and outcomes. Furthermore, this highlights the importance of implementing provision to mitigate stress and anxiety, in support of optimal working memory

functioning (Jerrim, 2023). It is also important to acknowledge that much of the supporting literature surrounding ADHD and executive functioning adopts a positivist approach, aiming to establish causal relationships (e.g. Silverstein et al., 2018). This focus often overlooks the complex interplay of factors that can be uncovered through qualitative methods, exploring lived experience at an individual level. Mansfield & Soni (2024) indicate how executive functioning impairments can be difficult to alleviate for ADHD students, emphasising the importance of student-teacher relationships and environmental modifications to promote academic success (DECP, 2022). Participants in the current study offer an insight into how executive functioning can impact exam preparation and performance, supporting the notion that revision should not be reduced to a matter of choice or decision for ADHD students.

5.3.3.2 Motivation

The findings illustrate key factors influencing the motivation of ADHD students during the GCSE exam period. Participants experienced both intrinsic motivation, driven by personal interests and goals, and extrinsic motivation, influenced by external pressures, competition, and social connections. Interestingly, there appears to be a notable convergence between the previously identified sources of pressure and those driving motivation. For example, Lily was driven by her goal of finding a fulfilling job, while Darren found the motivation to revise through structured revision sessions and teacher support. This is reflected by Brown and Woods (2022), whose systematic review indicated that maximising prospects and receiving educational and emotional support from teachers were closely associated with higher motivation levels among students completing their GCSEs. Peer relationships also appeared to play a vital role, offering both motivation and enjoyment, which helps to explain why revision sessions at school were preferred over studying at home. Olivia shared, *"we'd all meet up in the morning and like*

convince each other to go in." (Olivia, 774-776). Roome and Soan (2019) reported how friends can enhance motivation, however, it is noted that for some students, interactions with peers can escalate pressure and anxiety, potentially hindering their exam preparation.

Motivation in ADHD students appeared closely linked to their reward pathways, influenced by dopamine levels (Blum et al., 2008; Volkow et al., 2009). Ben's engagement in enjoyable activities, such as the gym, was highly motivating and provided "*a big boost dopamine*" (Ben, 194). However, during exam preparation, Ben and Darren felt that revision was unenjoyable and unmotivating, often because it lacked immediate rewards. Darren expressed, "*I had no motivation or incentive, so my brain couldn't really see a reward at the end of it.*" (Darren, 342-343). Smith and Langberg (2018) explain that ADHD individuals often struggle with tasks requiring delayed gratification and instead seek immediate gratification through more enjoyable activities, despite the risk of negative consequences. Turgeman and Pollak (2023) found that ADHD traits link to procrastination, exacerbated by low self-efficacy and delay discounting (steep reduction in the value of a task), which may explain why ADHD students find it challenging to sustain their exam preparation, and supports to the question of whether revision is a decision. For example, it appeared that Ben and Darren procrastinated as they did not perceive immediate benefits from revising. Ben shared, "*I'd revise and then I wouldn't see like an increase in knowledge or anything or get better at the subject, so I just would stop.*" (Ben, 278-282).

Although positivist literature offers insights into the motivational challenges experienced by ADHD students, it is important to recognise the limitations of this perspective. Students in this study were able to sustain attention and manage hyperactivity during certain engaging activities, illustrated by Lily's description of her art lessons: "*I get absorbed into it and spend*

hours on a single piece." (Lily, 225-226). Similarly, supporting students in regularly acknowledging their academic strengths and progress may offer the necessary rewards, motivation, and confidence to maintain their exam preparation (Russell et al., 2023). Darren expressed: *"Seeing that I had reached that target and that gave me a lot of motivation and rewarded and it's like...it gave me that reward that my brain had been searching for."* (Darren, 814-816). This highlights the importance for ADHD students and their teachers to identify rewarding revision strategies, to maximise their engagement and academic success, which is reflected by Rogers et al. (2015).

5.3.3.3 Procrastination

The relationship between ADHD traits, procrastination, and motivation is complex and likely influenced by various interactive factors. In the current study, procrastination emerged as a significant theme in Ben and Darren's GCSE experiences. Although, their use of procrastination appeared to be passive, functioning as a coping strategy to manage the negative emotions and lack of motivation they felt toward revision. Darren reflected, *"I probably shut down the idea of revising because I decided it wasn't worth it for what I was going to get out of it."* (Darren, 204-206). Similarly, Ben shared: *"I never got into the habit of doing like homework, revision, or anything like putting time into work outside of school."* (Ben, 106-107). The impact of emotions is reflected by Bodalski et al. (2022), who note that emotional regulation and self-esteem mediate the relationship between ADHD traits and procrastination. This emphasises the value of supporting ADHD students to enhance their self-regulation and self-esteem. Strengthening these areas may act as a protective factor, helping to reduce procrastination and improve their ability to manage academic tasks effectively. Highlighting how motivation and emotions influenced

procrastination behaviours further supports the idea that engagement in revision, for ADHD students, may not be determined by choice or decision.

An important insight from the analysis is the impact of Darren's self-awareness on his procrastination behaviours. Despite acknowledging that stress and pressure were significant contributors to his procrastination, Darren recognised his ability to perform well academically in high-stakes exams. This self-awareness seemed to influence Darren's decision to delay his revision, particularly in science, in which he scored highly. He shared, *"I procrastinated right up until last minute and I realized that I couldn't anymore and do it."* (Darren, 727-729).

Darren's approach bears resemblance to active procrastination, a strategy where individuals delay engagement in a task to optimise focus and performance (Chu & Choi, 2005). This strategy is often used by ADHD individuals to cope with tasks that seem unmanageable when approached conventionally (Choi & Moran, 2009). Active procrastination may be less suitable for GCSE-level students and is more applicable to higher education students who have developed the self-efficacy to recognise how to optimise their progress (Müller et al., 2023). However, supporting the development of self-awareness in ADHD students may help them to identify the underlying function of their procrastination, as a maladaptive coping strategy or a useful tool for enhancing attention and motivation. This is reflected by Kreider et al. (2019), though it is noted that procrastination carries the risk of not allocating sufficient time to complete tasks. This further highlights the value of self-awareness, allowing students to recognise when procrastination is becoming counterproductive.

5.3.3.4 Developing self-awareness

Developing self-awareness appeared fundamental for recognising and implementing positive coping strategies, which subsequently enhanced self-esteem. For students in the current

study, the limits of self-awareness seemed to hinder their ability to identify positive strategies to navigate exam preparation, again supporting the question of whether revision is a decision for ADHD students. The students indicated an awareness of the importance of test-taking skills and relaxation techniques, to support their exam performance and emotional regulation. They described using these techniques across contexts prior to their exams, however, they felt that heightened emotions in their final exams impeded their ability to implement them. Olivia shared that she required prompts from staff to use rest breaks to regulate during her exams: *"She was able to read my body language and be like, ask me, 'do you want a break?' Rather than me telling myself, 'do I need a break?'...like she helped me realise that, cos I forgot."* (Olivia, 605-612).

Brown et al. (2022) found that students valued the opportunity to explore and practice these strategies before the exam period, ideally starting in year 10. They report that this proactive process allowed students to refine the approaches and coping strategies during their mock exams and throughout year 11. Participants described using methods to manage negative automatic thoughts and stay relaxed during their exams, which they had practiced in advance. Roome (2018) supports these findings, noting that positive pre-exam experiences help to desensitise students to the stress and pressure of the exam period. Darren's account reflects this, as his success in mock exams likely increased his confidence for the final GCSEs.

Ringer (2019) highlighted that ADHD students often compare themselves to their neurotypical peers, suggesting that a students' perception of their uniqueness can influence their capacity to cope. Having the awareness to recognise their place as individuals can reduce the impact of social comparison and enable the adoption of effective coping strategies across contexts. However, as described by Lily, Olivia, and Darren, the fear of social isolation in the

school environment is powerful and may outweigh the motivation for open expression of their uniqueness. Darren reflected, *"I'm very affected socially by how I shelter it."* (Darren, 527-528).

All students expressed that their self-awareness had improved since leaving school. During the relatively short period between their GCSEs and our interviews, they had reflected on their past experiences and began to understand why they found the exam period so challenging. From my analysis, three main experiences appeared to contribute to this development (see Table 13). These insights highlight the potentially critical role that self-awareness plays in helping ADHD students to navigate their academic and personal challenges (Bevan, 2023), suggesting that targeted and preventative support, during their school years, could foster more effective self-reflection and understanding at an earlier stage. The students' retrospective accounts of their experiences and ADHD traits support this idea resonantly.

Table 13: Experiences interpreted as influential to the participants' self-awareness.

Experiences affecting self-awareness	Rationale for this interpretation
The impact of emotions	The heightened stress and pressure during their GCSEs likely hindered the students' ability to reflect on their experiences at the time. The immediacy and intensity of exam preparation consumed their focus, leaving little room for self-examination.
Support and provision	During their time at school, the students may not have received adequate support to foster self-awareness and understand their neurodivergence. Without guidance and strategies to comprehend their ADHD traits, the students struggled to navigate their academic challenges effectively.

Transition to post-16	Moving to college or sixth form seemed to provide a new, safer environment that offered greater agency and autonomy. This transition allowed students the space and opportunity to reflect on their past experiences in a less pressured context. This increase in autonomy, described by Darren as "*freedom*" (835), likely facilitated a better understanding of their strengths and needs.

5.4 Research Question 3: How do ADHD students perceive the available provision, in support of their preparation, performance and wellbeing, during the GCSE exam period?

The analysis provided valuable insights into the support received by some ADHD students during the GCSE exam period. Participants were able to identify aspects of their provision in school that were beneficial, ineffective, and for some, detrimental to their progress. To understand these nuances, a deeper interpretative approach was essential, using hermeneutics to connect the students' personal experiences with broader psychological theory. From the GETs, *'Supported learning'* and *'Advocating for student agency'* were the two sub-themes selected to address research question 3. However, as participants felt their sense of agency was directly linked to their access to effective learning support, these themes are presented together. Additionally, these themes are closely related to issues explored in the previous research questions, such as emotions, relationships, and motivation, illustrating the interconnected nature of the students' experiences.

5.4.1 Supported learning and student agency.

Participants in this study recognised that difficulties with learning, prior to year 11, affected their preparation and performance during their GCSE exams. Despite receiving effective support from some staff, the students felt there were notable inconsistencies in school, among

different teachers and subjects. These disparities appeared to make it challenging to maintain steady academic progress leading up to their exams. Currently, the rate of GCSE re-sits is increasing, with only 45.3% of students achieving a grade 5 or above in English and maths in the last academic year (GOV.UK, 2023). For ADHD students, these figures are lower, with consistently poorer academic outcomes, particularly in core subjects, persisting into adolescence (May et al., 2020; Birchwood & Daley, 2012). The students' narratives about their academic challenges align with these previous research findings. However, the depth of the data in this study provides a nuanced understanding of the risk and protective factors that influence academic outcomes.

Access to high-quality teaching and neuro-affirming support is crucial for facilitating academic progress among ADHD students (Russell et al., 2023). Ben highlighted the importance of clear and effective teaching methods, particularly in maths: *"He just he taught you technique well and explained calculations well. That worked properly in my head…"* (Ben, 416-417). Similarly, Darren emphasised how well he was supported by his science teachers, which he believed was key to his success: *"I felt like I had all the support I needed…"* (Darren, 167-168). However, inconsistencies in learning support across subjects seemed to impact the students' outcomes. Lily shared that she felt under supported and unprepared for her maths exam: *"The questions they put were really hard to understand and the time went straight away and the amount that you had to work out was ridiculous."* (Lily, 679-681). Roome & Soan (2019) found that inadequate teaching, and a high quantity of curriculum content can contribute considerably to students' experience of exam stress. These findings highlight the need for teachers to have adequate knowledge of the appropriate accommodations and approaches to effectively support learning and exam preparation for ADHD students (Adamis et al., 2024).

Creating safe and inclusive classrooms, underpinned by trust and positive relationships, was considered pivotal by all participants. For Darren, this nurtured his love for science and promoted acceptance of his ADHD traits: *"my teachers were very aware of my ADHD in school, and they were aware that sometimes I would get up and walk around and talk to some people because I can't sit and do something for an extended period of time, which definitely helped me…"* (Darren 406-409). Similarly, this reflected Lily's experience of art: *"They helped me get through things. Like my artwork, I have improved throughout the years, because I had the same teacher and she helped me to really improve."* (Lily, 215-218). Mansfield & Soni (2024) highlight how positive relationships with teachers enhanced ADHD students ability to self-advocate, facilitating their access to effective support in school. The current findings indicate that positive relationships and social acceptance appeared to promote academic progress, acting as a key protective factor for academic outcomes (Dvorsky et al., 2015).

Despite this, the absence of inclusive or neuro-affirming approaches by teachers appeared detrimental to participants' academic progress and their sense of agency. They described how support for learning and wellbeing was slow to implement, required external advocacy, or was not offered at all. Olivia felt she could not safely access classroom lessons, reflecting that earlier intervention would have eased these difficulties. She shared, *"If they would have gone and done that in year 8 when the problems started it would have made things a lot easier, which sort of annoyed me…"* (Olivia, 460-463). Similarly, Lily felt she had minimal support from teachers in addressing bullying, which appeared detrimental to her mental health and student-teacher relationships: *"When I got bullied, I went to the teachers, they hardly did anything about it when they said they would."* (Lily, 111-113). Russell et al. (2023) indicated that ADHD students are at increased risk of school absence due to emotionally-based school non-attendance (EBSNA) and

higher exclusion rates. These factors, coupled with missed learning opportunities, exacerbate social isolation, which may negatively impact academic achievement (Dvorsky et al., 2015).

A key area of convergence, throughout the analysis, was the students' experiences and perceptions of punitive behaviour measures. Participants described direct links between negative interactions with teachers and their engagement in learning, which appeared to affect academic progress and their student-teacher relationships. For instance, Ben expressed, *"I don't like teachers who've put themselves on a pedestal and treat you like...just garbage. Yeah, yeah, that's the that's the thing that annoys me the most. When a teacher speaks down to me."* (Ben, 519-522). Similarly, Olivia described how despite being aware of her learning provision, teachers consistently ignored this guidance. She shared, *"it made me feel like everyone was against me."* (Olivia, 366).

The absence of relational approaches and student agency, alongside a strong sense of injustice, helps to make sense of the wider difficulties experienced by ADHD students (Bevan, 2023; Mansfield & Soni, 2024). Russell et al. (2023) emphasises the importance of maintaining trusting relationships and minimising the use of punitive measures, particularly during stressful periods (e.g., GCSE exams). Upholding SEND provision is fundamental for creating safe and inclusive learning environment. Concerningly, the current findings are not in isolation, and reflect the experiences of ADHD students in other studies:

"It almost felt torturous. Having to sit there and having no choice but to stay in the lesson, or you get a detention or whatever they wanted to do that day." (Olivia, 366; 321-323).

"She won't be forced to do subjects that she found torturous…to sit in a lesson…and copying them [things on the board] down is just torturous for someone who can't concentrate." (Russell et al., 2023; p. 950).

As explored previously, access to structured revision sessions, within school, facilitated by trusted teachers, were considered the most effective approach to exam preparation. From my interpretations, these sessions were favoured for four reasons (see Table 14).

Table 14: *Interpretations of in-school structured revision sessions*.

Benefits of structured revision sessions	Rationale	Evidence from the data
Expert guidance	Students valued the support offered by teachers who had insight and previous experience of the GCSE exam period.	*"Ok, they know what they're doing, they've been through this multiple times. So, just generally experience is what I was kind of taught by."* (Darren, 394-397).
Access to resources	Students were able to access a range of appropriate resources, removing potential barriers to revision (e.g. organisation, motivation, procrastination).	*"He's one of those teachers that, he gives you good resources so you can actually complete good work and actually work towards something."* (Ben, 414-415).
Increased motivation	Students were able to revise at their own pace, in a familiar learning environment, in the presence of their peers.	*"Having that space associated to revision at that time, so having that timetable, that frequency and consistency of those revision periods."* (Darren, 359-360).

Additional time	Students valued the additional time available to complete coursework and prepare for exams, reducing some of the stress and pressure experienced.	*"Helpful. Without them I would have been way behind. In fact, I was like the furthest ahead out of everyone."* (Lily, 347-348).

Involving pupil voice in SEND provision is crucial for fostering an inclusive learning environment. Students with identified SEND have the right to participate in decisions affecting them, including the agreement of exam access arrangements (DfE, 2015). Olivia's experience indicates the benefits of such inclusive practices. Her exam accommodations were agreed collaboratively and tailored to her needs, including a smaller room, the presence of a familiar adult, and rest breaks. She shared, *"I got the offer of listening to music, but I didn't wanna take that, because if I was in a 1:1 room I didn't think I needed it. The breaks really helped…"* (Olivia, 652-654). Olivia further expressed the comfort provided by key adults: *"she [key adult] was able to come and sit and be my examiner, which made it so much easier."* (Olivia, 598-599). This highlights the potential advantage of a separate exam room (Hipkiss, 2018) and reflects the views of other autistic students whose voices were heard and included during exam periods (Tyrrell & Woods, 2018).

Despite the recognition of its importance, the involvement of student voice in exam arrangements often remains inconsistent (Woods et al., 2018), potentially challenging their sense of agency and undermining their rights and best interests. Ben's experience highlighted this issue, reporting a lack of consultation when deciding his access arrangements, exacerbated when staff threatened to remove his extra time unless he used it: *"I didn't use it, then they started saying to me that 'you need to use it otherwise you'll get it taken off you.' But I just didn't really*

care" (Ben, 731-733). Ben also expressed the benefit of movement, to *"clear my head again and start over again."* (Ben, 692), which aligns with Olivia and Darren's experience, and highlights the benefit of rest breaks for ADHD students (Russell et al., 2023). However, this option was not made clear by staff: *"They never told me I could have rest breaks or anything."* (Ben, 733-734). This absence of agency is a common frustration among students during the GCSE exam period, with many feeling they have little control and limited opportunities for their voices to be heard (Brown, 2020; Power, 2017).

Reflexive commentary:

When writing the discussion, I felt uncomfortable reporting how the negative experiences shared by the students are so clearly reflected in the wider literature, as this felt deficit-focused and did not align with my personal values. However, I felt it was important to stay true to the experiences shared with me, to illuminate how difficult school and the GCSE exam period can be for neurodivergent students. All participants shared how important it is for other people (staff and peers) to better understand ADHD and neurodiversity, in support of the wellbeing and outcomes of neurodivergent students in the future.

Chapter Six: Conclusion

This chapter includes a summary of the research findings, implication for practice, a critical evaluation of the research, and recommendations for future research. The report concludes with final reflections, drawing an end to my reflexive commentary.

6.1 Summary of Research Findings and Original Contribution to Research Area

This research project explored the perceptions of four neurodivergent students with a diagnosis of ADHD regarding their lived experiences of the GCSE exam period. Guided by three research questions, the study aimed to gain insight into how the exam period was experienced, what the students felt was influential, and their perceptions of available provisions that supported their wellbeing, preparation, performance, and outcomes. The qualitative analysis revealed a wide range of experiences, highlighting the complex and unique interactions each young person faced. Despite the variance in their accounts, several key convergences emerged, presented as GETs and sub-themes.

Participants all described their GCSE exam experience as highly stressful and anxiety-provoking. This stress was exacerbated by pressure from multiple sources, including self-imposed pressure to succeed, expectations from teachers, and the demands of the environment under exam conditions. In response to stress and pressure, students appeared to adopt maladaptive coping strategies to alleviate negative emotions and protect their self-worth. These included avoidance, procrastination and minimising difficulties, which offered temporary relief, but may have ultimately interrupted their academic attainment. Students' relationships with their teachers and peers appeared crucial in navigating these challenges. Positive, trusting relationships were considered highly influential, and underpinned by respect, empathy, and an

understanding of ADHD. The students emphasised how these supportive relationships and interactions helped to regulate emotions, engage in learning, and foster a sense of safety and acceptance in school. Conversely, participants expressed how the absence of understanding from staff and peers often led to negative interactions, heightened emotions and disengagement.

Executive functioning difficulties appeared to affect students' ability to apply their skills, problem-solve, and complete tasks efficiently. Difficulties with motivation and procrastination were common, likely exacerbated by limits to the students' self-awareness, which affected engagement in revision, complicating their preparation for exams. These experiences challenge the efficacy of traditional revision strategies and raise questions about whether revision can be considered a decision for ADHD students. Access to high-quality teaching and suitable provision was considered critical for the students as they prepared for their GCSE exams. However, the consistency of this support varied, influenced by teaching approaches, behaviour management strategies, and student-teacher relationships. The students' involvement surrounding their exam access arrangements varied, which was considered influential to their sense of agency, and capacity to cope during the exam period. The experience of collaborative and individualised exam arrangements indicated how inclusive practices can considerably reduce anxiety and improve academic outcomes.

The findings from this research offer a valuable contribution to the existing knowledge base regarding the experiences of ADHD students during the GCSE exam period. By illuminating the participants' individual perspectives, this study indicates that ADHD students may experience additional barriers not faced by the wider student population. While both groups appear to experience exam-related stress and anxiety (Roome & Soan, 2019; Morley and Tyrrell, 2023), ADHD students often report executive functioning impairments, such as difficulties with

working memory, organisation, and self-regulation (Mansfield & Soni, 2024), all of which are crucial for effective exam preparation and performance. The social and emotional difficulties experienced by many neurodivergent students, such as forming and maintaining positive relationships with teachers and peers, may hinder their sense of belonging in the school environment (Fotheringham et al., 2023). Social support is considered a key protective factor for maintaining enjoyment and positive wellbeing during the GCSE exam period (Brown & Woods, 2022), so the absence of this support may intensify feelings of isolation for neurodivergent students (Ringer, 2019; Dvorsky et al., 2015).

These difficulties may be further exacerbated by a lack of awareness of neurodiversity in school, and misunderstandings between neurodivergent students and their neurotypical peers, as explained by the double empathy problem (Milton, 2012). Though a lack of agency surrounding their GCSEs is reported by many students, involvement in the organisation of access arrangements can help to alleviate this for neurodivergent students, restoring a sense of control considered critical to wellbeing and outcomes (Tyrrell & Woods, 2018). However, involvement in this process appears inconsistent (Woods et al., 2018), and may depend on a student's self-awareness and their capacity to self-advocate, presenting further barriers to inclusion (Mansfield & Soni, 2024; Bevan, 2023).

6.2 Implications for Practice

The experiences of participants in this study, as explored in Chapters Four and Five, and in the context of surrounding literature, support our understanding of the factors considered influential to their GCSE preparation and outcomes. This highlights a range of implications for practice, for schools and educational psychologists, as well as recommendations for future research.

6.2.1 For Schools

The current findings indicate how ADHD students' may perceive a wide range of experiences as influential to their preparation, performance and outcomes during their GCSEs, some of which occur before they reach the exam period. For this reason, the key implications for schools address two stages in students' educational journey: wider school experiences (whole-school neuro-affirming practice) and navigating the exam period (GCSE preparation and performance).

6.2.1.1 Whole-school neuro-affirming practice

In this context, the term 'neuro-affirming practice' refers to a style of practice that is advocated for by those who adopt a neurodiversity perspective (Naylor, 2023). In schools, this approach promotes inclusivity, empowers neurodivergent voices, and supports students to develop an understanding of their needs and become confident self-advocates (Aitken & Fletcher-Watson, 2022). With this in mind, the following implications apply more broadly to neurodivergent students, before focusing more closely on ADHD in section 6.2.1.2.

To promote a whole-school commitment to inclusion, schools must seek to foster a culture of acceptance and respect, where neurodiversity is both understood and celebrated. This involves embedding inclusive values in teaching methods and behavior management strategies, such as adopting neuro-affirming language (Aitken & Fletcher-Watson, 2022) and making environmental adjustments to classrooms (DECP, 2022). This may also involve promoting relational approaches and reducing the use of punitive sanctions, which can contribute to social isolation for many neurodivergent students (Russel et al., 2023). Raising awareness and encouraging respect for neurodiversity can nurture positive relationships between students and

their teachers and peers, enhancing their sense of belonging and access to learning opportunities (Wood et al., 2022).

Social support may be further enhanced through neurodivergent peer support programmes, though Fotheringham et al. (2023) highlight the need for schools to "recognise the expertise of neurodivergent students" (p. 10) and empower them to take the lead in the development of such initiatives. The findings highlight that some neurodivergent students feel excluded by their peers, which underscores a notion presented by Naylor (2023), to expand the definition of 'normal' by acknowledging the normality of neurodiversity.

For more targeted support, school staff can support the development of self-awareness and self-advocacy skills in neurodivergent students, at the earliest point. Developing self-awareness will improve students' ability to recognise the provision that is effective for them (Bevan, 2023). Promoting pupil voice will ensure students feel heard and validated, and support the co-production of individual, tailored provision plans (Russell et al., 2023; Tyrrell & Woods, 2018). As highlighted by the current findings, when considering post-16 education and employment options, it is important for these options to align with students' strengths and interests. Neurodivergent students should be given adequate time and support to explore their options and develop a suitable transition plan (Crompton & Bond, 2022). Collaboration with the student and their family is essential, ensuring that planning takes place when the student is ready to explore their future, without adding unnecessary pressure (Lupton et al., 2021).

6.2.1.2 GCSE preparation and performance

The current findings highlight several key implications for school staff supporting ADHD students as they navigate their GCSE exams. Notably, the effectiveness of this support may be

strengthened by the broader support systems mentioned previously, including the maintenance of positive relationships with teachers and peers, and fostering the development of students' self-awareness and self-advocacy skills. These factors are considered particularly important during stressful periods (Russell et al., 2023).

Firstly, understanding the barriers to exam preparation and performance experienced by ADHD students appears crucial for staff to provide effective support to overcome these challenges. These include supporting students to develop strategies to enhance executive functions, including attention, working memory, organisation, and self-regulation, as key skills utilised during exams. Participants highlighted the benefits of structured revision sessions in school, which appeared to alleviate several barriers to engagement. These sessions provided targeted support and insights from teachers familiar with the exams, extrinsic motivation through the presence of friends and peers, and improved access to resources, eliminating the need for students to plan or organise revision independently. Such sessions offer valuable opportunities for students to discover effective and motivating revision strategies, which may be particularly important for ADHD students who may not benefit from traditional approaches (e.g., past papers, flash cards).

Given the impact of exam stress and test anxiety reported by many GCSE students (Roome & Soan, 2019; Power, 2017), schools should prioritise student wellbeing and offer targeted interventions for vulnerable students. As some neurodivergent students may experience exam stress more intensely than their neurotypical peers, targeted interventions may support these students to develop self-regulation strategies and provide opportunities to practice them with guidance from trusted adults (Parekh, 2023; Russell et al., 2023). Staff should be mindful of the language used to describe the importance of exams and avoid fear-based approaches, which

can provoke additional pressure on already stressed students (Putwain & Von Der Embse, 2018a). Staff should be sufficiently trained to recognise the use of maladaptive coping strategies, including procrastination, and support students to adopt alternative strategies, such as seeking social support or planful problem-solving. However, staff should also be aware of how heightened emotions may inhibit students' capacity to utilise adaptive coping (Al-Yagon et al., 2020), and offer appropriate support to mitigate this.

Finally, schools should ensure that students with identified SEND are actively consulted in the organisation of GCSE access arrangements, throughout years 10 and 11, upholding their right to participate in decisions made about them (DfE, 2015). Ensuring that neurodivergent students feel heard and involved in their education can foster a sense of agency and empowerment (Bevan, 2023), and enhance confidence and motivation (Tyrrell & Woods, 2019), which may be pivotal in maximising their academic outcomes.

6.2.2 For Educational Psychologists

At a systemic level, EPs can play a key role in enhancing the educational experiences of ADHD students, through direct collaboration with schools (Smillie & Newton, 2020). Through staff training, EPs can support schools to adopt a whole-school approach to neuro-affirming practice, to promote inclusion, student wellbeing, and academic outcomes. Similarly, EPs are well positioned to develop specific ADHD training for school staff and other professionals, further promoting the views of ADHD students, in support of organisational change (Russell et al., 2023). Training may also include broader concepts considered particularly relevant to exams, including executive functioning, self-awareness, and exam stress. As the guidance surrounding exam stress and test anxiety appears to vary between local authorities, EPs could work towards

standardising this guidance, ensuring consistent and effective strategies are recommended, underpinned by pupil voice and relevant literature (e.g., Roome & Soan, 2019).

At a more targeted level, EP are well positioned to support the assessment, planning, and implementation of interventions for ADHD students in schools (DECP, 2022). Naylor (2023) offers a valuable perspective, emphasising the potential benefits of developing neuro-affirming assessment tools that challenge the use of neuronormative standards and outcomes for neurodivergent CYP. This approach may encourage schools to consider learning provision through a neurodiversity lens, promoting the celebration of students' strengths and fostering the involvement of neurodivergent students in provision planning. To enhance long-term outcomes, EPs can facilitate the participation of neurodivergent students in person-centred planning methods, such as 'Planning Alternative Tomorrows with Hope' (PATH; Pearpoint et al., 1993). These strategies can be employed to create clear action plans tailored to individual needs, supporting students as they prepare for GCSEs or transition to post-16 education.

> **Reflexive commentary:**
>
> This project has influenced my own practice as a TEP in many ways, though a key implication relates to my capacity to advocate for ADHD and neurodivergent CYP and families. I feel noticeably more informed about the key issues surrounding ADHD, and the recommendations for best practice highlighted in the literature base.
> Moving forward, the development of specific ADHD training is something I am keen to pursue. From discussions with EPs, school staff and parents, there appears to be a demand for ADHD training, which is highly motivating for me. I intend to continue advocating for

neurodivergent voices and promoting an understanding of ADHD and neurodiversity
throughout my practice.

6.3 Critical Evaluation of the Research

This research contributes to the limited body of literature surrounding the GCSE exam experiences of neurodivergent students with a diagnosis of ADHD, offering a qualitative perspective in an area predominantly explored through positivist approaches. The findings align well with similar qualitative studies (Mansfield & Soni, 2024; Russell et al., 2023), providing valuable insights that can inform practice, provision and policy for educators and professionals working with ADHD students in school and during the GCSE exam period. By shedding light on the difficulties experienced by ADHD students, this research contributes to our understanding of the academic outcomes observed in this particular group, from the perspective of the young people affected. In addition, this research indicates the importance of promoting pupil voice and facilitating opportunities for ADHD students to express their individual experiences and perspectives.

The recruitment process posed limitations, as staff from the educational settings acted as gatekeepers, potentially restricting access to a broader range of participants. A longer recruitment period might have allowed the inclusion of more 'hard to reach' students, offering additional perspectives. In addition, the sample size of four participants was suitable for IPA research (Smith et al., 2022), but a slightly larger group could have enhanced the depth of insights and provided greater convergence in findings, strengthening the study's conclusions. Furthermore, participants were recruited exclusively from further education settings, which presents potential bias. For example, students experiencing socio-economic disadvantaged are often

underrepresented in these environments (Pickering, 2021), though ADHD prevalence tends to be higher in this group (Russell et al., 2016). Including participants from outside further education could have provided valuable insights into educational barriers faced by other marginalised groups (Parekh, 2023). Despite this, further education settings offered an effective recruitment avenue within the available time and contributed to the necessary homogeneity of the sample, in IPA research (Smith et al., 2022).

Although the interviews focused on the participants' experiences of ADHD, school, and exams, certain contextual details were missing that might have added further depth to the findings. For instance, whether participants had an Education, Health, and Care Plan (EHCP), their socio-economic status, academic records, or how exam access arrangements were organised. Similarly, Olivia and Darren briefly described their experience of ADHD medication, as presented in their pen portraits. Within the scope of this research, I was not able to expand of these constructions further, though they too may have provided further context to their experiences. Despite this, the participant-led nature of the interviews encouraged students to explore experiences that were of personal significance to them. Future research, using a different methodology or focusing more explicitly on these contextual factors, could provide additional insights into how these variables influence ADHD or neurodivergent students' perceptions and experiences.

My positioning as an insider researcher presented potential challenges. Bukamal (2022) highlights the complexity of navigating this position, with potential for "reduced explanations from the participants and potential blurring of professional boundaries during interactions." (p. 345). For example, the students may not have felt the need to elaborate on their responses, as they assume I already understand certain nuances. However, Dwyer and Buckle (2009) recognise

the benefits of insider status, including building trust and rapport, which likely contributed to the honesty and reflectiveness of the students' accounts.

While efforts were made to address the influence of my own experiences, it is important to consider the potential for unconscious bias, particularly as this research holds personal significance to me. Although this bias may have shaped my interpretation of the findings, these influences are appropriately accounted for in the principles of IPA methodology (Smith et al., 2022). Supporting the self-awareness of ADHD students to better understand and alleviate their difficulties forms a key recommendation in this study, though there is a risk that this emphasis could inadvertently reinforce the deficit or within-person focus of the medical model. Despite this, ADHD continues to be framed predominantly within the medical model, which is often reflected in how school staff perceive and interact with ADHD students (Russell et al., 2023; Hill & Turner, 2016).

The current study supports the need to shift the the narrative surrounding ADHD, advocating for settings to prioritise environmental modifications to create more inclusive conditions for all students (DECP, 2022). However, considering the rise in diagnosis rates for ADHD and neurodivergent CYP, and the lack of understanding reported by those with lived experience, it is critical for settings to support staff and peers in schools to deepen their understanding of neurodevelopmental conditions. Increased awareness of the educational, social, and psychological barriers faced by neurodivergent students, including emotional regulation, executive functioning, and interpersonal relationships, could lead to greater acceptance and support in school. Involving neurodivergent voices in shaping more inclusive environments may support access to learning, agency, and a sense of belonging in school, in support of wellbeing and outcomes.

I believe that the voices of the participants in this study have been authentically upheld. Botha (2021) and Naylor (2023) stress that neurodivergent individuals are experts in their own experiences, and while participants' perceptions of ADHD may be shaped by broader socio-political factors, this does not invalidate their lived reality. The participants believed that they experienced the world differently from their neurotypical peers, with inherent factors playing a central role in shaping these experiences. Though the medical model of ADHD is problematic, supporting neurodivergent CYP to understand how their brain may function differently to others, whilst celebrating strengths and individual differences, can foster positive self-concept and self-awareness (Ringer, 2019; Parekh, 2023). This understanding is crucial for navigating educational systems that are rarely designed with neurodiversity in mind (Bevan, 2023).

6.4 Future Research

From the findings of this research and the conclusions drawn in the context of wider literature, I present several areas for future research (see Table 15).

Table 15: Areas for future research, indicated by the current findings.

Area for future research	Rationale and supporting literature
ADHD students' experience of the processes surrounding GCSE access arrangements.	In line with the conclusions drawn by Brown & Woods (2022), these insights may help shape practices for supporting ADHD or neurodivergent students in organising their GCSE access arrangements. The findings may highlight which specific arrangements are considered most effective for neurodivergent students and also explore the contextual factors, such as school policies, staff involvement, and individual needs, that influence how these arrangements are implemented.
Teachers' perspectives on ADHD and GCSE exams	Future research could include the perspectives of school staff on relationships, learning, and wellbeing for ADHD students preparing for their GCSEs. Understanding teachers' experiences and narratives during exam periods could provide valuable insights into how support can be improved (Rushton et al., 2019).
The lived experience of neurodivergent students from other backgrounds.	Exploring the GCSE experiences of ADHD or neurodivergent students who are underrepresented in research, such as those experiencing socioeconomic disadvantage, from specific racial or ethnic groups, or not accessing further education settings. This could provide deeper insights into the unique barriers and contexts that shape their academic outcomes (Parekh, 2023). Understanding these factors is crucial for addressing the systemic inequalities and developing targeted interventions to improve educational experiences and achievements for this diverse group of learners.
Quantitative data on ADHD revision strategies	Researchers should consider collecting quantitative data to identify the most common and effective revision strategies for ADHD students. This could inform the development of tailored revision programs that better meet their needs, to maximise academic performance and outcomes (Russell et al., 2023)

6.5 Final Reflections

Given the depth and richness of the data collected, this report could have been considerably longer. My primary goal throughout the research was to remain close to the students' lived experiences and uphold their unique perspectives during this complex stage of their educational journeys. By doing so, I aimed to present an authentic representation of their experiences, and capture the ways in which these experiences were navigated. The students' voices were central to this work, and I hope their accounts will provide an original and meaningful contribution to the research base surrounding ADHD students in educational settings.

"Your mind is like one of the most powerful things you have…if you believe you can do something." (Darren, 681-683).

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Appendices

Appendix 1: Markers of a high-quality IPA study (Smith et al., 2022), as implemented in the current study.

Marker of relative quality in IPA studies (Smith et al., 2022; p. 150)	Summary
Consider the analytic span.	I aimed to find a balance between breadth and depth. Some areas were explored in greater detail, guided by the research questions, whereas others were more descriptive, but helped to contextualise the findings.
Make space to elaborate on each PET or GET.	PETs and GETs were sufficiently explored, to demonstrate the depth and details of my interpretations, during analysis.
Ensure high-quality data.	As discussed in Section 3.5.3, amendments were made to the interview schedule, following practice. The updated schedule upheld IPA principles, but allowed a more natural interview experience. I believe this maximised the quality of the data collected, as I was able to be more present, rather than focusing on the question sheet.
Demonstrate your rigour.	A transparent and comprehensive account of the analysis process is provided. The reflexive commentary indicates how time and care was taken during this process.
Detail the complexity of your analysis.	Section 4.4. presents a comprehensive picture of the interpretations and reflections made during analysis. Areas of convergence and divergence are discussed, and each participants' contribution the the GETs are presented in a table (see Table 6).
Illustrate analytic depth and avoid description.	The theoretical underpinnings of IPA (e.g. idiography, hermeneutics, reflexivity) are upheld and discussed throughout sections 3, 4 and 5. This demonstrates a commitment to methodological rigour and a deep and critical level of analysis.
Attentive and skilled writing.	I aimed to create and sustain a coherent narrative throughout the paper. I believe I was able to illustrate how the findings link with the discussion, placing the findings in the context of relevant psychological theory and literature.

Appendix 2: Pre-interview participant handout.

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Pre-interview participant handout

The overall topic for the interview will discuss ADHD, school, and exams/GCSEs.

I would like you to have a chance to think about the interview topics before the interview, so that we can talk about the things that are important to you, and so you don't have to remember things on the spot.

If you think it would be helpful, please use the boxes below to write down some of your thoughts about what you would like to talk about. If you'd like to use a different method, that it fine too.

ADHD

School

Exams/GCSEs

Other thoughts, feelings, or experiences.

CONTROLLED

Exploring the perceptions of young people with ADHD and their lived experiences of the KS4 exam period

The following interview schedule will be refined and revised as required through the research process. An example of an interview questions will be attached to the information sheet to support valid consent, participant preparation and reduce anxiety around the interview process.

In line with Interpretive Phenomenological Analysis methodology, this interview schedule is subject to alteration following initial interviews and in response to participant feedback.

Speech is written in italics.

Interview questions

1) *How are you finding year 12 / college / 6th form so far?*

So, as you know, I'm interested in your experience of school and exams, as a student diagnosed with ADHD.

2) *What do you think ADHD is? What does ADHD mean to you? (Diagnosis, good/bad things, what have you learned?)*

3) *What was school like for you? (Good/bad things. Helpful/not helpful. Affected by ADHD? Support?)*

4) *What was it like during your GCSE exam period? (Revision/preparation. Exam days. Whole exam period.)*

5) *What do you think helped you to prepare for your exams? (Who/what helped? Support? ADHD students)*

6) *What was it like when you received your results? (thoughts/feelings, other people, results you're proud/disappointed with?)*

7) *In what way have your results affected your post-16 options? (thoughts/feelings. Impact of ADHD? What might you say to other students with ADHD doing exams this year?)*

Is there anything that we have not talked about that you feel is important and would like to tell me?

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Hi, I'm Max!

Exploring the perceptions of young people with ADHD and their lived experiences of the GCSE exam period.

Invitation to the research

Hello, my name is Max Devereux.

I am a Trainee Educational and Child Psychologist, studying at the University of Birmingham and on placement [redacted]

I am doing a research study to explore the views of young people with ADHD and their experience of Key Stage 4 (KS4) exams.

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition which affects an estimated 2% to 5% of children and young people (CYP) in the UK. People with ADHD experience a range of different symptoms, but it often affects how we learn, feel and behave. Research continues to show that CYP with ADHD find exams and assessments more difficult than their peers, which can impact their options for further education (post-16).

My research aims to explore what young people with ADHD think about their experience of the KS4 exam period, with hope to better understand these experiences, help schools to provide the best support, and promote the voice of a small group of young people.

You are invited to take part in this research if:
- Have a diagnosis of ADHD.
- Received the diagnosis over 2 years ago.
- Sat your GCSE exams in summer 2023, in a mainstream secondary school.
- Attend a mainstream post-16 educational setting (e.g. 6th form or college).

Participant information sheet
(Version 2, 30.10.23)

What will I be asked to do?

After reading this information sheet, if you decide you'd like to take part, you will first be asked to provide informed consent. This will involve confirming that you understand what is being asked of you and signing the consent form provided.

If you give your consent, I will then contact you and your parent/guardian to arrange a date and time for an interview. The interview will last no more than 1 hour and will take place in your educational setting. During the interview, I hope to talk about ADHD and your experience of GCSEs and the KS4 exam period. The interview will be informal, with small breaks throughout and you will not have to answer any questions that you would prefer not to.

Can I change my mind?

Yes. If you agree to take part, it is completely voluntary and you can withdraw your data from the study at any time, without giving a reason, up to 2 weeks after the interview.

If you change your mind during the interview, just let me know and we can stop.

Withdrawing from the study means that all of your information will be destroyed.

What if I feel worried talking about my experiences?

There is a small chance that you may experience emotional distress, given the nature of the research topic and the need to discuss experiences relating to a potentially stressful stage in your life. So, to help with this:

- There will be small breaks during the interview, and you are welcome to ask for a break at any time.
- You are welcome to move around or bring an object to fiddle with whilst we talk, to make sure you're comfortable.
- I am genuinely interested to hear your views and will listen carefully during our discussion. One example of a question I will ask is:

    "Can you tell me about your experience of school/education?"

Participant information sheet
(Version 2, 30.10.23)

- If there are any questions you would prefer not to answer, this is absolutely fine.
- The interview can be stopped at any point, and if necessary, we can arrange further support from key staff members, including the Special Educational Needs Coordinator (SENCo) in your setting.

Who can see what I say in the interview?

Your identity will be anonymised, using a pseudonym (false name). This means that your real name, and other participants' names, will not be included in the data or any reports. This also includes the names of other people, places or educational settings that are mentioned during the interview.

Our discussion will remain confidential. However, if, for any reason, I become concerned about your own or other people's safety and/or wellbeing, I have a responsibility to pass on this information to the designated safeguarding lead, to decide how support will be offered. I would speak to you about this first.

What will happen to my information?

We will agree a pseudonym to replace your name in the study. The information will then be written up in a doctoral thesis using the chosen pseudonym. Any information given as part of the research project will be stored using the university storage system (which is secure and encrypted) and will only be access by people involved in the project. The University of Birmingham will store your information for 10 years, and then it will be destroyed. Your information will be processed in line with the General Data Protection Regulations (GDPR; 2018) - which is in place to keep your data safe. The final research paper may be published in academic or professional journals.

Feedback

Once the project is complete, you will be sent a letter (via email) containing the key findings and conclusions of the research, as well as an explanation of how your data has contributed to our understanding in the research area of ADHD in education. The letter will also contain any key contact details, should you wish to get in touch, or access any additional support.

How do I take part in the study?

If you would like to take part in the study, please complete the attached consent form, then either email or give the form to ==[insert name of SENDCo]==, SENCo at ==[insert name of setting]==. If you are under the age of 18, I will also contact your parent/carer to obtain a signed copy of the 'Parent/Carer' consent form.

If you have any questions before signing up or anytime during the process, please contact Max Devereux using the email address provided below.

Once I have received your consent forms, I will contact you and your parent/guardian via phone, to introduce myself and organise a date/time for the interview.

Name	Who are they?	Contact details
Max Devereux	Researcher	██████████████
Dr Katie Callicott	Research Supervisor	████████████
Dr Julia Howe	Research Supervisor	████████████

What shall I do if I have any questions?

If there is anything else you would like to know about the research, please email me using ██████████████

Thank you for taking the time to read this information sheet.

Best wishes

Max

Participant information sheet
(Version 2, 30.10.23)

Appendix 6: *Research Ethics Review Application*

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Dear Katherine Callicott, Julia Howe, Max Devereux

RE: Exploring the perceptions of young people with ADHD and their lived experiences of the KS4 exam period.

Application for Ethical Review: ERN_1503-Oct2023

Thank you for your application for ethical review for the above project, which was reviewed by the Humanities and Social Sciences Committee.

On behalf of the Committee, I confirm that this study now has ethical approval.

Any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx) are adhered to.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards,

The Co-Chairs of the Humanities and Social Sciences Committee

E-mail: ethics-queries@contacts.bham.ac.uk

Appendix 7: *Participant consent form.*

Hi, I'm Max!

UNIVERSITY OF BIRMINGHAM

Exploring the perceptions of young people with ADHD and their lived experiences of the KS4 exam period.

Participant Consent Form

Name:	Date:
Date of birth:	Ethnicity:
Contact number (if over the age of 18):	
Name of educational setting:	

I _____ would like to take part in the study looking at young people's experiences of ADHD and the KS4 exam period (GCSEs). This study is being carried out by Max Devereux, Trainee Educational Psychologist, as part of a Professional Doctorate in Educational and Child Psychology at the University of Birmingham.

Please read the below consent form and complete it by circling the answer.

	Yes	No
I have read the information sheet and I understand what the project is about, what I would be expected to do and what would happen to the information I give.	Y	N
I have had an opportunity to ask Max Devereux any questions and I feel my questions have been answered.	Y	N
I confirm that I have a diagnosis of ADHD (received over 2 years ago)	Y	N
I confirm I am 16-17 years old and attending a mainstream post-16 educational setting.	Y	N

Do you understand that you are free to withdraw from the study at any point without giving a reason, up until 2 weeks after your interview?	Y	N
I give permission for the information I give to be anonymised and used in the write up of a doctoral research project.	Y	N
I agree to being audio recorded and I understand that the recordings will only be heard by Max Devereux and his research supervisors.	Y	N
Do you agree to take part in this study?	Y	N

Participant	Researcher only
Name of participant (in block capitals): ……………………………………………………	*I have explained the study to the above participant, and they have agreed to take part.*
Signature of participant: ……………………………………………………	Signature of researcher: …………………………………………………………
Date: ……………………………………………………	Date: …………………………………………………………

What do I do with my completed consent form?

Please pass or email the form to [link in setting e.g. SENDCo].

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Hi, I'm Max!

Exploring the perceptions of adolescents with ADHD and their lived experiences of the KS4 exam period.

Parent/Guardian Consent Form

Date:	Name:
Child/Young Person's name:	
Contact number:	
Name of educational setting:	

I _____ agree for my child to take part in this study exploring adolescents' experiences of ADHD and the KS4 exam period (GCSEs). This study is being carried out by Max Devereux, Trainee Educational Psychologist, as part of a Professional Doctorate in Educational and Child Psychology at the University of Birmingham.

Please read the below consent form and complete it by circling the answer.

	Yes	No
I confirm I have parental rights for my child.		
I have read the information sheet and I understand what the project is about, what my child would be expected to do and what would happen to the information my child gave.	Y	N
I have had an opportunity to ask any questions and I feel my questions have been answered.	Y	N
I confirm that my child has a diagnosis of ADHD (received over 2 years ago)	Y	N

	Y	N
I confirm my child is aged 16-17 and attending a mainstream post-16 educational setting.	Y	N
I understand that my child is free to withdraw from the study at any point without giving a reason, up until 2 weeks after their interview.	Y	N
I give permission for the information my child gives to be shared with other researchers in the study (their information will be anonymous, meaning no one will know who they are).	Y	N
I agree for my child to be audio recorded and I understand that the recordings will only be heard by Max Devereux and his research supervisors.	Y	N
Do you agree for your child to take part in this study?	Y	N

Parent/guardian of participant	Researcher only
Name of parent/guardian (in block capitals):	*I have explained the study to the above parent/guardian, and they have agreed for their child to take part.*
Signature of parent/guardian:	Signature of researcher: ....
Date:	Date: ....

What do I do with my completed consent form?

Please pass or email the form to [link in setting e.g. SENDCo].

Appendix 9: *Example of the original interview transcript and Steps 1, 2 and 3 of IPA (Smith et al., 2022).*

Experiential statements	Original transcript	Exploratory notes **Descriptive**, **Linguistic**, **Conceptual**
ADHD makes you think in a different way to other people. **Simple tasks can feel difficult.**	1 **I:** Ok. So, just to confirm, we're going with Olivia? Happy with that? **Olivia:** Yeah. **I:** Ok. And just to confirm, you're happy to talk to me today, 5 and you understand what we're gonna be talking about, and you know that you can go and have a break, or you can leave anytime you want to, and you don't have to answer everything either. **Olivia:** Yeah. 10 **I:** Ok. Happy? **Olivia:** *nods head* **I:** Ok. So, Olivia, we're here today to talk about ADHD and think about the links between ADHD and school, ADHD and exams, and thinking about post-16 as well, so, your college or 15 further than that. Whatever you want to talk about. And we're also having a think about how that's been experienced for you throughout the years. **Olivia:** *nods head* **I:** So, to start, what do you think ADHD is? 20 **Olivia:** It's something that affects your brain and makes you think a bit different to others. **I:** Ok, in what way? **Olivia:** Erm it can be hard to focus and hard to do simple things that's easy for other people. 25 **I:** Ok. When you say it's easy for other people, why do you think it's not easy for people with ADHD?	'Affects your brain' – Olivia firstly highlights how ADHD affects our brain. Medical/biological focus. ADHD affects the way you think. Olivia makes the comparison with other people (non-ADHD) – highlighting early on that she thinks/feels differently to others. Difficulty focusing and doing 'simple things' that are 'easy' for others. Again, comparing with other people. Easily distracted. Difficulty with organisation and completing tasks.

| Difficulties with concentration and listening.

Difficulties organising and completing tasks.

Description of ADHD is largely negative and problem saturated.

Other people lack an understanding of what ADHD is and how difficult it can be.

ADHD is often minimised by others 'a bit hyper.'

Behaviours can be perceived as dramatic or excessive by others. | **Olivia:** Because they can get distracted and stuff like that. Or we start like a task and then we do like 20 things at once, rather than just doing one thing. Something never gets completed so it
30 seems like we're doing nothing.
I: Ok. I know exactly that feeling. So, it sounds like its a few different things, and are these things that you've experienced yourself?
Olivia: Yeah.
35 **I:** Ok. So, what would you say ADHD has been like for you?
Olivia: It's hard. It's not like, people joke about it and think it's just all, I'm a little bit hyper I've got ADHD, it actually like affects everything, especially in college and all that. It's hard.
I: Yeah. It affects more than people think, doesn't it?
40 **Olivia:** Yeah.
I: In what ways is it hard, when you said about college and school?
Olivia: I can never complete work on time, cos I forget to do everything. Or I try to do it all at the same time and I can't do
45 it.
I: Is there anything else?
Olivia: Every little thing in the classroom distracts me, like, every single little noise and that. It's like 10 times louder I feel like. Like, some people say I'm being dramatic about it, but it's
50 not. Like, the clock was ticking earlier, like it's ticking now, and it's distracting me.
I: You've drawn my attention to it now *laughs*
Olivia: *Laughs*
I: Ok. So, things in the classroom distract you, and they feel
55 more distracting or loud than other things, 10 times louder? | Tasks 'never' get completed. 'seems like we're doing nothing' – Olivia highlights how she may not appear busy, but can be completely overwhelmed with tasks. Possible links with ADHD people being called 'lazy'.

'It's hard' – Olivia's first thoughts about ADHD were negative. She repeats this again afterwards.
People lack an understanding of what ADHD. They joke about it and minimise the difficulties experienced. 'I'm a little bit hyper' – the term 'hyper' appears common in the narrative surrounding ADHD.
'affects everything' – Olivia highlights the wider impact that ADHD has had on her life.

Olivia highlights again how she has difficulty 'completing work' on time. Can be forgetful, or try to do too many tasks at the same time.

Easily distracted in learning environments (e.g. noises). Noises are '10 times louder' - highlighting sensory processing difficulties (linked with concentration). 'being dramatic' – other people lack understanding of these difficulties, and perceived Olivia's response as irrational or excessive. |

ADHD can impact people in lots of different ways.	**Olivia:** Yeah. **I:** And then when you're trying to get tasks done or lessons done, work and things, it's either all at the same time, too many things to finish, or you forget to get things done?	
	60 **Olivia:** Yeah. **I:** Yeah. Ok, how's that been for you throughout school?	Some staff in school had a good understanding of ADHD and how to support Olivia.
Distractions in the environment can make it difficult to focus on learning.	**Olivia:** Some of the teachers were really understanding. We had this called PLC it's like what it is here. Yeah, but it was more just like they helped you to get on with the work you 65 needed to do, and like a place to calm down and that. They were really understanding, but some of the teachers who taught actual lessons, they made it harder. They wouldn't like listen when I told them, so then I just stopped telling them what I	Area in school where students with SEND could access support. Staff working there were 'really understanding' A 'place to calm down' – this was likely a safe/quiet space in school where Olivia could regulate. Teachers in classroom lessons 'made it harder' – other staff in school were less understanding.
Access to a safe place in school is important.	needed to do, and that's when I started acting up. But I wasn't 70 acting up, I was just, they wasn't listening do I wasn't talking, telling them what I needed anymore. And that was just hard because it made everything seem like everyone was against me, like the whole school system was just against me.	Teachers wouldn't listen when Olivia communicated her needs or tried to seek support – so she stopped trying.
Teachers lacked an understanding of how to support students with ADHD. **Felt like the whole school system was against her.**	**I:** And feeling like teachers don't understand can be really 75 tricky. In what ways did it feel like the whole school was against you? Why do you think that's how you ended up feeling? **Olivia:** Because it's like, if they wasn't listening, like if I said, Miss I can't sit too close to the board cos it's hurting my eyes,	This is when she 'acted up' in class – likely referring to heightened anxiety/frustration and dysregulation. 'that was just hard' – uses the term 'hard' again. 'the whole school system was just against me' – emphasis on the school system – highlights how these difficulties may have been consistent across school.
Emotions and behaviours escalated when staff wouldn't listen to concerns.	80 cos the light was too bright, and it was distracting me. If I then sat there and it was annoying me the whole lesson, and it would build up. Then it would be something else that annoyed me, then something else, and the whole day would just go to, like	A teacher declining a reasonable adjustment (e.g. move seats) escalated to disengagement in learning for the whole day – sometimes week.

The school system felt negative, punitive and blaming. **Requests for reasonable adjustments were ignored.** **Minor disagreements would quickly escalate.** **Negative interactions with staff would have a prolonged impact on learning.** **Anxiety/frustration builds up throughout the day.** **Felt safe unmasking to trusted adults.** **School became really overwhelming.**	85 awful. Then it was the whole week that went awful because that one day was bad, and it's just so on and so on. It just ruined it. **I:** Yeah. So, little things build up and turn into bigger things over time? **Olivia:** Yeah. It felt like the coke bottle, you know like the 90 coke bottle where you shake it and it just explodes at the end of the day. And I felt so bad for my mum cos I would just go home and be horrible to her, but I didn't mean to. It was just a bad day. **I:** Yeah. I think sometimes we take it out on the people closest 95 to us, especially if you've had a really tough day. **Olivia:** Yeah. **I:** And people underestimate how quickly things can build up. So, thinking about emotions, because it sounds like it had an emotional toll on you, what emotions do you think of when you 100 think about those days at school? **Olivia:** I think it was really overwhelming. Some days were really good, like some days I'd just have a full-on laugh with people. But, other days it was just really hard and I'd just come home and I'd either get really angry and cry and shout about it, 105 or get really sad and cry and shout about it *laughs* which was mostly the reaction. And because school wasn't as understanding, unless I went to the PLC to calm down, it was just bad for my mum and then, whatever reaction I had I then felt bad after, again. So, it made it 10 times worse on top of the 110 already bad day. **I:** Yeah. So then did it feel like it affected school and home at the same time? **Olivia:** Yeah.	One negative interaction with staff would snowball over the week. 'ruined it' – Emotions would build up during the day, then 'explode' (dysregulation) at the end of the day. Olivia would express these emotions to her mum at home – but she feels like this wasn't intentional. It was influenced by experiences in school. 'really overwhelming' Olivia has some positive memories of her time in school. She would have a 'full-on laugh' with her peers. Highlights how hard days at school would lead to dysregulation at home. Either expressed as anger or sadness. Clarifies that staff in the PLC were understanding, but others weren't. Olivia felt guilty about how she treated her mum when experiencing heightened emotions.

	I: Yeah. And how often was this happening?	She remained aware that her mum was not to blame, but she often received the brunt of the emotion.
Felt guilty for how she treated her family.	115 **Olivia:** 2-3 times a week. And it got to the point where some days, because I was so exhausted from the meltdown the day before, I couldn't go in the day after. So, then I was missing a day as well and then school would get angry about that, and again they wasn't understanding that because I got annoyed the 120 day before I couldn't bring myself mentally to go in the next day.	'Meltdowns' were happening in school 2-3 times per week. This would affect Olivia's attendance, as she felt exhausted after a bad day. School didn't understand the emotional/physical toll of these experiences. Couldn't 'bring myself' to attend – emphasising that it wasn't a choice to be off school, it was a need.
	I: Yeah. Thinking back to that time, and school not being understanding about things, how did that feel for you? **Olivia:** I don't know, I don't know how to put it. I understand 125 that we're not great at communicating things, but I tried to tell them, and it's just kind of annoying. I feel like they need to try and understand a little bit more, but I know they were trying at the same time. It felt like we were both trying and it was getting nowhere.	Reflecting on how she had difficulty communicating her needs, but she 'tried.' Staff should have been more understanding. Reflecting on how staff may have been trying, but their approach wasn't effective.
Emotional dysregulation was frequent during the school week. **Felt exhausted after a bad day.**	130 **I:** Yeah. Were there any times when it was different with teachers? **Olivia:** Yeah, sometimes. When I used to get overwhelmed and upset in school, I used to take myself to the toilet to calm down and that's when someone from PLC would come and try and 135 help. They were good. They did their best.	Used to go to the toilet to calm down during the day. Staff would come to offer support.
Tried her best to communicate her needs to staff.	**I:** Yeah. So, two things there, you said you took yourself to the toilet, what was it about the toilet that was helpful? **Olivia:** Erm, it was an enclosed space. There was only one way in and one way out, and I felt like if I just put myself in that, I 140 know who's coming in and who's going out, it felt like a safe place, which sounds really stupid, but yeah. **I:** It doesn't.	Olivia likes having a safe/enclosed space, where she knew who was coming and going.

Toilet was a safe place in school. **Sometimes felt embarrassed about her actions.** **Feeling safe in school is important.** **Needed time and space to regulate.**	145 150 155 160 165 170	**Olivia:** Yeah. Whereas in the whole school, there was so many people everywhere. And because there was like 5 different toilets, I knew that the chances of them using just 1 wasn't that high, so it felt more safe for me to just be there, so I could just calm down. **I:** Yeah. And you were noticing that you needed that time to have that safe space, which shows that you were aware of how to help yourself calm down. And you said about the PLC staff, did you go to them, or did they come to you? **Olivia:** They came to me. A lot of the time the teachers emailed saying oh I've left lesson, erm she's probably in whichever toilet, cos I had a favourite toilet, which sounds stupid again, but... **I:** So, you had a place where you felt safe? **Olivia:** Yeah. So, they always knew where I was. It wasn't unsafe me just running away, they knew the whole time. **I:** Yeah. So, what did they do following that email from your teacher? **Olivia:** They'd come to the toilets and just either try talking to me, and if I said I wanted 5 more minutes they'd leave me in there for 5 more minutes, and either I'd go to them, which was the room opposite the toilets, which was quite helpful, or they'd come back in and see whether I needed to talk or be left alone again. It was that until I'd go talk to them and tell them what's going on and then they'd just sit down and let me just have a rant basically, just get it all out. **I:** Yeah. When you say get it all out, what did that normally look like for you, when you were talking to the PLC staff?	'sounds really stupid' – Olivia is conscious of the social aspects of this behaviour (e.g. unusual or atypical). 'People everywhere' - highlighting a need to be away from other people. Expressing a need to feel 'safe'. Needing time to 'calm down' Teachers would email staff in PLC when Olivia had left class. Staff knew where Olivia was likely to be when she had left class. This appears to have become an accepted response, to avoid escalating further (e.g. Olivia running away). Staff allowed Olivia the time and space to regulate – which was helpful for her. This demonstrated an understanding of the approach required to meet her needs.

Some staff understood which strategies and approaches were helpful. **Describes her reactions as dramatic.** **Staff offering time to listen helped her feel heard and understood.**	**Olivia:** Because I'd calmed down from the situation at this point, I just went a bit dramatic about it, I was like, ahh so and so has done this and it's really annoyed me, and also this has 175 happened and this has happened. They'd just basically be like, either try and come up with a solution or give me a distraction, which was normally colouring or something like that, just to calm me down for the next lesson. Then, if I was able to, I'd either have a little break and go to the other part of the lesson, 180 or go to the next lesson, or whichever one. So, they'd do their best to calm me down and then send me back off to lesson, which normally worked, but if it didn't, they'd send me home. They'd call my mum and explain, look I'm having a bad day, is she able to go home? Then, depending on the answer, most of 185 the time it was yes because my mum's really understanding, and then I'd just get to go and chill out at home. That was normally the day where I couldn't go in the next day because it was so exhausting. **I:** Yeah. It can be really exhausting can't it. 190 **Olivia:** Yeah. I think that's the part that people don't understand as well. **I:** Yeah. So, what do you think it is about that process that makes it feel really exhausting? **Olivia:** Because your brain gets really overwhelmed and it's 195 like, do you know a race car, it feels like it's zooming along and then when you tell it to stop, it's just got to like fully like stop, and it just takes a while for it to come to a stop. If you brake it's just gonna go everywhere, it's gonna crash. **I:** That's a really good way of putting it. And you're just saying 200 that you need time to come round and regulate after such a	Olivia then spent time with PLC staff, explaining what had happened – 'just have a rant basically.' Describes herself as 'dramatic' PLC staff offered a space for Olivia to feel heard and to validate her emotions. They would support her to identify solutions/strategies to resolve issues, or offer a distraction to support regulation. Colouring was a helpful activity (mindfulness/relaxation). Once regulated, Olivia would return to lesson. Occasionally, she would go home, as a preventative measure. Mum was 'really understanding' – she recognised that Olivia sometimes needed more time to regulate. Often felt 'exhausted' after bad days. People didn't understand this. Referred directly to her brain, again.

Mum was really understanding.	stressful period, which makes perfect sense. Do you think that made sense to the people you were working with in school? **Olivia:** Probably not cos I wouldn't have explained it that way then, I wouldn't know how. I've matured a bit since all that. I don't know, yeah.	Analogy to represent how it takes time to slow down and regulate. Rushing this can lead to further dysregulation.
	I: Yeah. And that's a really valuable reflection though. If you're thinking about your experience then, how you might things have been different, what might you have told yourself? **Olivia:** I probably would have told myself to take a step back and think about things, because then I wouldn't have gone to my mum about it... (staff member walks in/out). Anyway, now I go to my mum about everything, she's sorta like my number one person to go to, whereas then I thought she was like against me, if that makes sense. Like, I understand she was just trying to help, I probably would've been like.. **staff member walks out, door creaking**.	Olivia reflects on how she has come to understand herself better, and can now articulate her feelings/experiences better. She feels she has 'matured' since school.
	I: Need some WD-40 on that door.	Reflecting on the importance of taking time to think about her actions.
Her own understanding of ADHD has improved over time.	**Olivia:** Yeah, take a step back and go and tell someone else calmly, rather than shouting about it, because it doesn't really make a difference. **I:** Ok, so you think you might have approached things differently? **Olivia:** But I knew that I wasn't, I don't know, it's hard.	Now talks to her mum about everything. They have developed a relationship built on trust, honesty and understanding. But at school, Olivia believed her mum was also 'against' her.
	I: Yeah. And it's difficult, because you're older now and you've reflected on it and thought about it more. It's difficult to think how it might have been different when you were younger, and in school, and in that situation. You've mentioned about the relationship with your mum, how has that changed over time?	Reflecting on how expressing her feelings calmly would have been better.

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	Olivia: Erm, nothing that she's done has changed, it's the way that'd I've looked at things. I know now that when anything kicks off or anything, she's always in my corner, she's always backing me, she's always there. But I always thought that she was against me, that she was like my number one enemy, if that makes sense? So, I used to...obviously I already said I used to kick off at her and I used to take it all out on her. I always used to feel bad after because I knew, but in the moment, I couldn't see that, if that makes sense? Whereas now, I can calm myself down a little bit, cos she knows that when I come back I normally want space, so I don't do that anymore. I'll go and talk to her if something is wrong, but before I used to just shout at her to tell her everything, rather than doing it calmly, if that makes sense? **I:** Yeah. So, what helped you to come to an understanding that this new way of approaching the situation is better than the old way? **Olivia:** I don't know really. I don't know how it came to...it must have been one of the times when I wasn't at school, something annoyed me, I can't remember what it was, but I remember the day because I felt really bad in my head, if that makes sense? It wasn't just because everything was annoying me, it's because I felt sad at the same time. It was a new type of feeling. I think it must have been in like year 9 or year 8, and I wanted to...but this was before I like fully started doing this, it was one of the first times. I went to her and I...calmed myself down a bit first, then I went to her and was like "I don't feel good in my head." And she was like, "what can I do to help you?" So, I just sort of like ranted to her about everything that I	

Line numbers: 230, 235, 240, 245, 250, 255

Left column:
Mum always advocated for her.

She couldn't always recognise when people were trying to help.

Perceived that no one cared about her.

Right column:
The way her mum approaches things hasn't changed, but Olivia's perception has changed. She recognises that her mum always advocated for her.

It's likely that because these negative experiences were so frequent, Olivia found it difficult to see that her mum did care and wanted to help.

At school, Olivia was not able to make sense of things when experiencing heightened emotions. What support was offered to help Olivia understand her emotions (emotional literacy) and build strategies to regulate? It has only been 6 months since year 11, what has happened in that time to facilitate this progress?

	was thinking about, and that helped a lot. And then I kept doing 260 that, but obviously with school still stressing me out I didn't do it there, but when I was at home I started to do it. And I think she realised then that that was my new way of doing things, going to her and talking to her. And eventually the meltdowns became less, and talking to her became more, and that's just 265 how it is now. **I:** Yeah, yeah. **Olivia:** Like don't get me wrong, I'll still...I came home from a bad day a couple of weeks ago. I was here, and I sorta kicked off, but it wasn't as bad as it used to be, because she just got me 270 to calm down again. She was like, "go upstairs for a little bit, then come back down." Obviously not like that, in a much nicer way. But it worked. **I:** Yeah. And it's still ok to have off days isn't it? But would you say, on the whole, things have changed compared to when 275 you were at school? **Olivia:** Yeah. **I:** How do you feel about that? **Olivia:** It's good. **I:** Yeah. 280 **Olivia:** Yeah. **I:** Why's it good? **Olivia:** It just doesn't stress me out as much anymore, and it's not as draining. Whereas every day at school felt like full on effort to get out of bed. Whereas here I sometimes look forward 285 to it. **I:** Yeah. And that's lovely, to want to get up out of bed and come to college.	Olivia recalls a situation where she first opened up to her mum about how she felt in her head. This helped them both to realise that having space/time to express/release emotions supported Olivia's regulation at home. 'Meltdowns' became less frequent from this point.

Felt really bad in her head.

Recognised that sharing her thoughts and feelings helped her to feel regulated.

Emotional dysregulation became less frequent, with support from mum.

Mum recognised that Olivia needs time and space to regulate before expressing her emotions. This is the same strategy that was effective in school, when Olivia was accessing the toilet. It's important to consider whether the mechanisms and psychology underpinning this strategy were communicated to Olivia, to support her understanding (e.g. escalation curve)

College isn't as 'draining' as school.

	Olivia: *nods head*	Attending school every day felt like 'effort'.
	I: Has anything else helped college feel like you want to come	
College is less draining than school.	290 here, compared to school?	
	Olivia: Erm, my tutors a lot more understanding. I love my	Olivia looks forward to her days at college.
	tutor.	
	I: Yeah? Is that your tutor for media?	
	Olivia: Yeah, for media. So, he's really understanding, and he	
	295 makes it better. Also, I've got friends here so...whereas my	
	friends at school wasn't really my friends.	
	I: Ok. So just about your tutor then, what makes you think he's	College tutor is a lot more 'understanding.
	understanding?	
	Olivia: I dunno, it's just, when I'm not getting on with	
	300 something, he'll be like, "oh do you want to go for a walk?"	
	Then I'll come back and do it. He just knows how to get me to	Olivia has friends at college. She didn't really have friends at school.
	work, if that makes sense? I don't know how he knows, but he	
	just knows.	
	I: Yeah. You mentioned earlier about those feelings of safety.	
College tutors are more understanding.	305 Does working with him, your tutor, feel different? In what ways	
	does it feel different, than when you were working with your	Tutor recognises when Olivia needs a break. He understands how to support and motivate her.
	teachers at school?	
	Olivia: School made me feel like I had no freedom, if that	
	makes sense? Like, not in that sense, like, I don't know how to	
	310 put it. But college give me more...I feel like I've got room to	
	breathe if that makes sense?	
	I: Yeah. It makes a lot of sense.	
	Olivia: Yeah.	
College tutors recognise the need for breaks during lesson.	**I:** So, thinking about that word 'freedom', how would you	Lack of 'freedom' in school.
	315 describe your normal day or lesson at school that didn't make	College feels like she has 'room to breathe' – It's likely that her experiences
	you feel like you had any freedom?	

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	Olivia: I don't know. It almost felt torturous. Having to sit there and having no choice but to stay in the lesson, or you get a detention or whatever they wanted to do that day. And having 320 all these little things annoy you, and then having it all build up build up build up. It was horrible. I don't know how else to put it, but torturous, like I said. It's just not nice.	at school made the school environment feel unsafe, claustrophobic, anxiety provoking.
There was no freedom in school. **There was no choice but to conform. Staff held the power.**	**I:** No. And it sounds like it was a really difficult time, and sounds like it went on for quite a long time as well. So, 325 comparing that to your tutor and your media lessons at college, how is it different? **Olivia:** If something starts to annoy me, I'll just be like, "can I go do whatever I need to do to calm down?" And he'll be like, "yeah." And if it's a no, he'll tell me how long I have to wait 330 until, and normally I can handle that. Like, let's say it's like 5 minutes to break, he'll say, "can you hang on until break?" But if I say no, he'll still let me go. It's just more understanding.	School felt 'tortuous.' 'It was horrible. Students had no choice but to remain in lesson and were issued punitive sanctions if rules were not followed. If staff were not aware of strategies to support ADHD in the classroom, it is likely that Olivia was perceived as a 'problem.' Staff held the power.
School felt torturous. **Little annoying things would build up during the day.**	**I:** Yeah. And having an understanding of how long it might be until you can go and do something... 335 **Olivia:** That helps. **I:** It's very clear, do you know what I mean? **Olivia:** Yeah. **I:** So, how does he communicate that you, and how does it feel to have that understanding?	Staff in college still maintain boundaries and expectations – but reasonable adjustments are made in collaboration with students. Explicitly stating when Olivia can access a break/time to regulate is helpful.
Clear and calm communication from staff is important.	340 **Olivia:** I don't understand what you mean? **I:** Ok. So, when you said, "can I go and have a break?" But then say a situation where he might say, "not just now, but in 10 minutes you can". What is it about that situation that makes you feel like you can manage it more, compared to if he just said, 345 "no."	

	Olivia: If he's like, "yeah" just depending on how ever long, it makes me feel like he's agreeing but obviously he's still got some rules, but I'm gonna that because he's understanding me. But if he just flat out says, "no" without any reason, I'm like	
	350 well, "why?" Because I've told you what I need, and it's like ok. If he's like, "you've just got to wait however long" then normally I just be like, ok well in my brain I'm like, "that's 10 minutes of work, if I can't do it then I'll ask again." And then, yeah, I just try and see what I can do, if that makes sense?	This demonstrates a compassionate and relational approach to teaching, whilst maintaining boundaries/expectations.
	355 **I:** Yeah. And that helps you to cope?	
	Olivia: Yeah.	
	I: Yeah. Did any teachers use that same approach when you were at school?	
	Olivia: No. It was always just, "no."	
	360 **I:** Yeah. And what was the impact of that "no" when you were at school?	
	Olivia: Like I said, it made me feel like everyone was against me. Yeah.	
	I: Ok. So, when did you start having these difficulties at	
Staff simply saying 'no', in response to students seeking support, is not effective or appropriate.	365 school? Can you remember?	
	Olivia: Year 8 was where everything got bad, and it didn't stop until about the end of year 10 and the start of year 11, when they starting to think, "look we've gotta sort you out for exams and that" which is why exams went a little bit differently.	Staff in school did not use this approach. This emphasised Olivia's feelings that staff were against her, and highlights a lack of understanding.
	370 **I:** Ok. We'll come back to that if that's ok?	
	Olivia: Yeah.	
	I: So, you said about year 8. Do you know when you got diagnosed with ADHD?	School was most difficult between year 8 and year 10.

Staff often rejected her requests for a adjustments or breaks.	375 **Olivia:** Yeah. I think it was in the middle or at the end of year 6. **I:** Ok, so you were still at primary school? **Olivia:** Yeah. **I:** And what was your understanding of that process then, and 380 this new diagnosis?	Staff made adjustments and implemented provision when Olivia was in year 11, in support of her GCSEs.
Provision was only implemented in year 11, in preparation for exams.	**Olivia:** In primary school I just got labelled as a naughty kid. They just thought...no, because all throughout, my mum and dad thought there was something wrong, but my primary school kept telling them, "No there's nothing wrong, she's normal, 385 she's normal." And then it got to year 6 and they were like, "Oh we think she might be autistic." And they (parents) was like, "Oh, no way. She's been having all these signs and we've been telling you." Erm, they wasn't telling me like oh there's something wrong with you, they was just like...I don't even 390 know, I don't really remember it, but. I was relieved, because there was finally a reason for why I was just being called naughty all the time. I wasn't naughty, I just needed people to understand me a little bit, if that makes sense? **I:** Yeah, and do you think that diagnosis...are you autistic as 395 well?	Olivia was diagnosed with ADHD and autism in year 6. Labelled as the 'naughty kid' at primary school. Before year 6, mum and dad believed there was 'something wrong' – but staff disagreed and said she's 'normal'. How did this language impact Olivia's perception of neurodivergence? Then in year 6, staff in school agreed that she may be autistic.
Labelled as the naughty kid.	**Olivia:** Yeah. **I:** Were you diagnosed with ADHD and autism at a similar time? **Olivia:** At the same time. 400 **I:** Same time, ok. So, what was it about that diagnosis that helped that process?	Olivia was 'relieved' when she received her diagnoses. This supported her identity and explained why she was being called 'naughty.'
Primary school staff rejected the possibility that she	**Olivia:** Erm, when I went up...cos obviously after...I think it was the end because they tried to put some things in. I	Olivia needed people to understand her.

could be neurodivergent.	remember in primary school I made a book, and I took it up to 405 secondary school, so I could explain to my teachers at secondary school why I was how I was. And that's when I went to PLC for the first time. Erm, they sort of like tried to help, but they didn't. **I:** Yeah.	At the end of year 6, Olivia made a book that she could take with her to year 7, to support staff's understanding of her.
She wasn't naughty, she was misunderstood.	410 **Olivia:** I forgot what I was gonna say. **I:** That's ok. So, we were talking about how the diagnosis helped? **Olivia:** Oh yeah, so, when I went into year 7, there was a reason for why I was being how I was. And in year 8 is like 415 where things got worse, because my meds weren't working anymore, I had to change my meds, and that what made it all worse then. **I:** Ok. So, were you offered medication straight away when you were diagnosed?	This was when Olivia went to the PLC for the first time.
First accessed SEND provision in year 7.	420 **Olivia:** Yeah, for a trial on this one, which worked really well, and then I changed them because they kept giving me...I think it kept making me feel sick, or they might have been the headache ones. One of them gave me headaches and one of them made me sick. So, then those 2 got changed, and it took ages to try 425 and find new meds that worked. But it was like some of them made me not eat, some of them made me like too sleepy throughout the day, and some of them made me not able to sleep at all. It was all these different side effects. Then now I'm finally on ones where I can take them when I feel like I need 430 them, which works really well, especially for being in a place like college. **I:** Definitely, yeah. Which one is it that you're on now?	Things got worse in year 8. Olivia's medication wasn't working. Had to change her medication. Medication was effective at first, but Olivia experienced various side effects from different medication, including nausea, headaches, loss of appetite, drowsiness.

| Changes in ADHD medication were difficult to manage.

Experienced a range of negative side effects from ADHD medication. | 435

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460 | **Olivia:** Ahh I can't remember what it's called.
I: Erm, so there's one called Elvanse.
Olivia: No, it's not that one. It starts with an 'M'.
I: M, M. No.
Olivia: They're quick releasing ones.
I: Yeah. I know the scientific name, but I can't remember the brand name. It's ok, doesn't matter. So, how long have you been on that one that works?
Olivia: Erm, I think it was in summer, no, yeah, no, it was just before I went to do my exams.
I: Methylphenidate.
Olivia: That's it yeah! I got put on it just before I went to do my exams, because I was convinced that I didn't wanna take them anymore, because I thought they were just making me feel really bad mentally so...
I: Ok. Was that in the lead up to your GCSEs did you say?
Olivia: Yeah.
I: Yeah. Ok. So, thinking about, you said earlier, when you go to year 10 things started to change. In what way did things change?
Olivia: Erm, obviously I got my new meds and that helped me. And then PLC were telling the teachers, "Look, she needs this this this and this in place," in order to focus so I can do my GCSEs, and they sort of started to listen. Which I think if they would have gone and done that in year 8 when the problems started it would have made things a lot easier, which sort of annoyed me, but at the time I was just like whatever is gonna work just...I've only got however many months it was at the time, just get out. And then it worked I guess, in the end. But | Now identified one that works well and helps whilst she's at college.

Olivia started a new medication in summer 2023, just before she sat her GCSE exams.
She was reluctant and worried to start a new medication, due to previous negative side effects.
Others made her feel 'really bad mentally.' |

		it's just kind of annoying, the fact that something could have been done about it, and it never was.	PLC staff advocated for Olivia and the strategies/provision she required to meet her needs, in preparation for her exams.
Offered a different medication just before GCSE exams.	465	I: Yeah. How might having "this this and this" in place in year 8 have made a difference?	
Worried how the new medication would impact her mental health.		**Olivia:** Well, I got a 'Time Out' pass, which meant that I didn't get in trouble for leaving lesson anymore, and it's the same here *shows college 'time out' pass*. Erm, so, it was sort of like, I'd show them the little card and I'd get to leave like for...I think it	If this support was available in year 8, it may have prevented the negative experiences she had, for several years.
	470	was 5 minutes. But there was a 2-minute one and a 10-minute one, and then there was a PLC one, which I also got, which meant you got to go to the place. So, I either got the 5-minute	Something could have been done sooner.
Some staff in school advocated for her to access additional provision, in year 11.	475	one or the PLC one, whichever one I felt like a needed, which is when I went to the toilet to calm myself down, which helped a lot. Then I was able to go back to lesson and carry on with my work, rather than leaving for an entire lesson, going to PLC to calm down for like another lesson, then even not going back for the next lesson, so then I was learning nothing.	Olivia had access to a 'Time out' pass – to have a break from lesson and allow time to regulate.
	480	I: Ok. So how might things have been different if all that was in place from year 8 onwards?	
Support should have been offered sooner.		**Olivia:** Well, I think I would have passed my GCSEs. Cos I only got like 2s and 3s in them, and I probably would have done a bit better than I'm doing now anyway. I don't really know what else, I just think I could have done better. Probably	Accessing breaks, without threat of sanctions, was very helpful.

This allowed Olivia to access more classroom subjects and spend more time in each lesson. |
	485	found different ways to cope with things as well, rather than learning later on how to deal with things.	
Time out card was offered to support regulation.		I: So, learning how to deal with things, what did it help you to feel?	
	490		Olivia scored 2's and 3's in her GCSEs.

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Didn't achieve expected GCSE results. **Better support would have improved her exam performance.** **Developing coping strategies has helped her feel more normal.** **Didn't feel like she fit in at school.** **Everyday tasks felt draining at school.**	495 500 505 510 515	**Olivia:** It helped me to feel a bit more normal to be fair. Like, now I can sit in a lesson, whereas before I felt like I didn't fit in. Whereas like it's easier now. **I:** Yeah. And how has that affected how you feel about yourself? **Olivia:** I feel more normal in a way. Because I get anxiety with the ADHD and autism, which obviously they don't help each other, at the best of times. So, it made me feel less anxious, and it made me feel more calmer, which overall made me feel better in myself. It was less draining to hang about with people, it was less draining to sit in a lesson, less draining to do every day normal things, which I said was already a struggle. **I:** Yeah, and so, it's a big impact affecting loads of different areas. Has that carried on into your college? **Olivia:** Yeah. I mean obviously the first couple of weeks were stressful, it's a new place, a new thing, which stresses anyone out really. **I:** Yeah. Ok. So, thinking about your exam period. Did you sit your GCSEs in year 10 and 11, or were you part of the group that did some in year 9 as well? **Olivia:** Well, I can't remember. I know we did mocks, and I know we did real ones. **I:** Ok, so, thinking about year 11 then... **Olivia:** Ok. **I:** As a whole, how was that exam period for you? **Olivia:** It was really stressful. That was when a lot of the meltdowns from school came back, and that was when a lot of things got put in place to prevent those things. Because mum	Olivia reflects on how learning effective coping strategies earlier may have supported her to better manage her GCSEs. Olivia feels 'more normal' in college. She felt like she 'didn't fit in' at school. This likely affected her relationships with peers and staff, if she felt misunderstood or marginalised by others. Olivia experiences anxiety, as part of her ADHD and autism. Developing a better understanding of herself has helped to improve her mental health. Felt less anxious, calmer and more positive about herself. In school, it felt 'draining' to hang around with peers, sit in lessons, and to do 'normal' things.

GCSE exam period was really stressful. **Pressure of exams increased anxiety.** **Emotional dysregulation was more frequent during exams.** **Provision to support preparation for exams was reactive, not proactive.**	520 kept complaining like, "she can't keep coming home like this because you're not gonna get her the next day" or whatever. **I:** Yeah. So, the stress of that period, more of those emotions and behaviours started coming back? **Olivia:** Yeah. 525 **I:** Then, school put things in place. So, you said earlier that they put them in place because you were coming up to your GCSEs. Why do you think that is? **Olivia:** Because they didn't want me to be how I was being at the start of whenever it was, in year 8. They knew it was gonna 530 happen. They said they was gonna do it, and then they didn't do it until it actually happened, if that makes sense? **I:** Yeah. **Olivia:** Which was again, kind of annoying, but at least they did it. 535 **I:** So, do you wish things would have been different? **Olivia:** Yeah. **I:** In what way? **Olivia:** I think if they would have put it in place before, it could have prevented a lot of those stressful times, if that makes 540 sense? Like, they already said I was gonna be put in a 1:1 room with rest breaks, and I got to meet my examiner first, which helped a lot. And I got the same examiner throughout. I've actually got something wrote down about that as well. **I:** Ok, what have you written down about that? 545 **Olivia:** Erm, one of the times I was doing my main GCSEs they swapped the examiner because...I don't even know why...because she was booked with me the whole time. Cos, I don't like change. And they changed it, and I couldn't handle	GCSE exam period was 'really stressful.' Emotional dysregulation became more frequent in school. Mum advocated for Olivia to have more support. School then put provision in place to prevent Olivia from missing days. Staff in school wanted to prevent the difficulties Olivia was experiencing in year 8. But this provision wasn't implemented until Olivia's emotions/behaviours deteriorated, due to stress of exams. Olivia wishes school would have acted sooner. Exam provision included a separate room, 1:1 with an examiner, chance to meet the examiner prior to exams, same examiner throughout.

Reasonable adjustments for exams were agreed in collaboration with Olivia.	550	the way that she was. She was like eating and like she had a cold at the time, so she was constantly sniffing, and obviously, like I said, little distractions... and there was also a class outside of the little room we was in, and it was just a coincidence it was her, but my brain being the way it was blamed it all on her. She was the one that annoyed me. And so I walked out, and I kept
	555	saying how I hated her and all that. She never did anything wrong, she was just...I mean she probably shouldn't eat as an examiner.
		I: She was snotty as well.
Consistency and predictability was important to reduce anxiety, during exams.	560	**Olivia:** Yeah, you can't have a cold, it's not her fault she had a cold, but I still got really mad at her and said ahh I hate her, I'm not going back in that exam ever again. I got sent home from school that day after my exam, and that's when they also put that they let me go home after exams. They put that in...I can't remember when it was...but a lot of people got that, that was
Agreed provision should be implemented and maintained, to maximise exam performance.	565	also in PLC, doing their GCSEs. They got to go home after exams.
		I: Yeah. So, what was it about going home straight after exams? Why did they put that in place?
	570	**Olivia:** Home is my safe place, and they know that I wanted to be in my safe...cos even if I got stressed in my exams, I was able to calm myself back down, so I was able to go the next day, rather than sitting through a lesson and then getting annoyed at that, and then just yeah.
		I: Ok. And, in a way, that was preventative, wasn't it?
	575	**Olivia:** Yeah.

Green annotations:
During one GCSE exam, they swapped the examiner.

Alongside the anxiety surrounding a last-minute change, the examiner was poorly (congested) and was eating. This was very distracting for Olivia.

Blue annotation:
Olivia became dysregulated and left the exam. This situation could have been avoided, if staff had remained mindful of Olivia's needs and the provision agreed to support her exams.

Green annotation:
From this point, Olivia was allowed to go home after exams, to support her regulation and allow time to rest. This helped to prevent further heightened emotions in class, and supported her attendance the following day.

Red/blue annotation:
'Home is my safe place' – again, feeling safe was important to Olivia.

Home was a safe place.	**I:** Because they saw how stressful the exams might be, so allowing you then to go home and have that time to regulate, how effective was that for you? **Olivia:** I didn't get any more meltdowns, and if I did, then they were minimal. Like, hardly anything happened. Probably just me screaming, then going up to my room, which was easy for her to deal with, rather than me destroying the place, basically. **I:** When you say she, do you mean your mum? **Olivia:** Yeah.	Allowing Olivia to go home after exams reduced the dysregulation she experienced.
	I: Yeah. Ok. So, after that one exam, that you remember that didn't go very well, did things change after that? **Olivia:** Erm yeah. Because the other examiner was booked for the other room still, a person from PLC...who was actually one of my... she was one of my favourite people in there. I kicked off at her a few times as well. I ended up calling her a dinosaur one time, so we had that as a joke between us. I absolutely love her, I miss her too. She actually had the thing, so she was able to sit and be an examiner. And it didn't make a difference because she didn't teach me. So, she was able to come and sit and be my examiner, which made it so much easier. So, I had her and the other examiner which I'd already met, a lot of the time in the room. And she came and sat with me each exam	Following the negative exam incident, a trusted staff member was allocated to sit in the room with Olivia. 'One of my favourite people in there' – Olivia highlights how she had a positive and trusting relationship with one member of the PLC staff.
Positive and trusting relationships with staff were influential for her exam performance.	after that as well, so, it was like a comfort person in there as well as the examiner, which helped. **I:** Ok. What was it about her that helped you feel that comfort? **Olivia:** Because she was already one of the people that knew how to handle me when I was not in the best of moods, we'll say. She was able to read my body language and be like, ask me, "do you want a break?" Rather than me telling myself, "do	Support from a familiar, trusted adult is important during the exam period. 'comfort person' – emphasised how the presence of trusted adults supported regulation.

Support from familiar and trusted adults helped during exams.		I need a break?" Cos obviously that's not something I'm gonna be thinking about while I'm doing an exam. So, that helps as well, so I could leave if I needed to, like she helped me realise that, cos I forgot. I forget a lot of things.	'knew how to handle me' 'read my body language' – highlighted how developing an understanding of Olivia's needs was important. During stressful periods, Olivia wasn't as able to recognise when she needed support or time to regulate. Support from key adults helped to address this – offering reminders/encouragement to use brain breaks throughout.
	610	**I:** Yeah. You said about body language, how do you think she was able to read your body language?	
Key staff could recognise when she needed a break.		**Olivia:** I dunno, I was in PLC from year 7 to 11, so that's 5 years, and she was there the whole time. She was one of the	
	615	first people I met. Erm, and she was always one of the main people to deal with all my meltdowns and stuff, so I think she got to know me over the 5 years.	
		I: Yeah, yeah. So, she got to know you really well?	
		Olivia: Yeah.	
	620	**I:** And how did that affect your relationship over those years?	Staff had spent years building a relationship with Olivia. Were key strategies shared with other staff in school? Solution focused approach.
		Olivia: I think, although I kicked off at her, every time I went and I said sorry and we had a hug and all of that. She understood that I wasn't mad at her I was just mad at the situation, and obviously you said, we tend to take it out on	
	625	people that we're close to. Because she was one of my favourite people, I ended up taking it out on her.	Clear examples of relational/restorative practice. Some staff recognised that Olivia's behaviour was communication – expressing a need to regulate.
		I: Yeah.	This staff member encouraged Olivia to reflect on her actions, and adopted a restorative approach to repairing and maintaining their relationship.
		Olivia: We joke about it now. I went up to the school the other day to get my brother, and she said, "do you miss us yet, ya	
	630	dinosaur?" Then she told me that she was leaving, which made me quite sad.	
		I: Yeah. Even though you're not there anymore.	'take it out on the people we're close to' – highlights the trust and safety in their relationship.
Restorative approaches were not consistently used in school.		**Olivia:** Yeah.	
	635		

Key staff prioritised repairing and maintaining relationships.		**I:** It sounds like you and her had a really good relationship. Do you think things would have been different if you didn't have her there? **Olivia:** Probably, yeah. Cos I wasn't as close to the other ones as her, the other members of staff. **I:** Yeah, yeah. And you mentioned about trust and feeling safe earlier. Did she give you those feelings? **Olivia:** Yeah. **I:** And that's really important, especially during really stressful times. **Olivia:** *nods head* **I:** Yeah. Ok. So, those things they put in place for you during the exam period, are there any other things that made a difference? **Olivia:** I think the 1:1 room was a big help. And I got the offer of listening to music, but I didn't wanna take that, because if I was in a 1:1 room I didn't think I needed it. The breaks really helped, like I said. Erm, having the same examiner, which sounds really stupid, but having the same person, without change, I knew what to come in and expect every day. It was always the same room, always the same place, always the same people. And again, it sounds stupid, but one of the times they changed my chair, and I was like, "can I put my chair back in the other place?" They didn't realise it'd changed, I think someone else must have use it for a different exam. It was just like the little things, like them letting me change my chair around, that really helped. Cos, I think if I sat there, I would have been able to see out the window, which wouldn't have helped at all.	
	640		
	645		
	650		Staff offered other adjustments for Olivia's exams, including the option to listen to music. Allowing breaks was really helpful.
	655		
	660		Maintaining as much consistency and predictability as possible, to reduce anxiety.

	665 **I:** Yeah. So, keeping those little things the same, for each exam, was really helpful? **Olivia:** Yeah. Cos, I knew what to come in and expect, so it was less stressful. **I:** Yeah. Definitely. And that makes perfect sense, because I 670 think sometimes we over think things, as it's that anticipation for things being different or things being stressful. So, you knowing that everything was gonna be the same, how did that make you feel, knowing that you were coming in to something you were familiar with? 675 **Olivia:** It gave me that safe feeling again. Knowing what to expect. And obviously that time when it was someone completely different, it completely threw me off, which is why I think everything built up and I ended up walking out again. **I:** Yeah. So, that consistency was really important during the 680 exams? **Olivia:** Yeah. **I:** Yeah. Ok. That makes perfect sense, by the way. Ok. So, we've talked quite a lot about your relationships with key adults or key people throughout school, and we've talked a bit about 685 how things were very up and down, depending on how much support was in place. So, erm, thinking about the lead up to the exams, the learning side of things, what was it that helped you with in preparation, with revision and things like that? **Olivia:** I did a lot of my revision in PLC, when I couldn't bring 690 myself to go to lesson. Rather than drawing, that's what I did. And I lot of that was me like having my notes from the lesson, or having the notes that someone else took from the lesson, and	Olivia showed an awareness of the strategies that would support her attention/concentration and reduce distractions. Predictability made exams less stressful. Co-constructing a plan, with students and their key adults, is helpful to reduce the stress experienced.
She recognised the reasonable adjustments that would and wouldn't be helpful for her.		

	sort of putting it into my own words on a different bit of paper.	There was an area in school where Olivia could revise, if she wasn't able to access lessons.
	695 And it was just small little bits of writing that I remembered.	Notes from lessons were passed on to Olivia, to support her learning.
	I: Yeah. Was that for all of your subjects?	
	Olivia: Yeah.	
	I: Ok. Were there any subjects in particular that you remember revising for?	
Access to a safe place in school to revise.	700 **Olivia:** English. English was a big one. Because I hadn't learned most of the poems, so I taught myself to remember...I think it was like 5 of them...and I said, "well if I know 5 of them, I can't really go wrong." And I got lucky, cos it was actually one of the ones that I revised, in the exam.	'Small bits of writing' that I remembered. Reducing the amount of content to retain was important. Possible links to processing or executive functioning.
	705 **I:** In the anthology?	Also, reducing the literacy demands (reading/writing) was helpful.
	Olivia: Yeah.	
Reducing the amount of content to retain was important.	**I:** Is that what it was? Yeah. So, what did you do to memorise, or how did you revise for those 5 poems?	Olivia used revision strategies to maximise her chance of success in English.
	Olivia: Erm, I took it and I pointed out like ahh that's a verb	
	710 that's a noun that's whatever. I did that for 5 of the poems. I was saying like ahh he means this here, whatever. I don't really remember it.	
	I: Yeah. All that analytical stuff.	
	Olivia: Yeah.	
	715 **I:** Yeah. I know what you mean. So, you said you did that mainly in the PLC, was there anywhere else in school that you did that, or did you do that at home as well?	
	Olivia: I tried to go to a couple of my English lessons to do it, to try and get some more notes, but until they put them things in	
	720 place, which we already said, sitting in lessons didn't really go well. So, a lot of my lessons I did try and spend teaching myself. Whether that was with the laptop on a Teams call,	

Classroom lessons didn't feel manageable during the exam period. **Absence of positive relationships with teachers.**	725 730 735 740 745 750	listening to the lesson, which we was allowed to do cos it was one of the thing that got put in place after. Or, getting notes from lesson, like I said, from someone that had already sat in it. **I:** Yeah. Who was it that normally gave you those notes? **Olivia:** Erm, there was normally a TA that came and sat in the room. She'd like write it and do whatever, and then PLC would be like, "look can we have these notes?" And then be like yeah, and then we got them. **I:** Yeah. And then you use those for your revision? **Olivia:** Yeah. Or sometimes the teacher would take the notes and then give them to me, depending on the type of teacher it was. **I:** Yeah. So, in year 11, how much time do you think you were spending in the classroom, compared to in the PLC? **Olivia:** At the start, it was like 50/50 I'd say. I'd say like 2 out of the 4 lessons I was in lessons, and 2 out of the 4 in PLC. But then it got to about...I was doing half a lesson in PLC and half a lesson in erm...and I'd like walk out once I'd sat the first half of the lesson. I'd challenge myself to see how long I could go, so I was doing like half the lessons in there, so then I did get to more. And then when exams came around, I just went, "No, not going to lesson. Not doing it, can't do it." Cos the stress was too much. So, I built my time up in the lesson, then I just didn't go. **I:** Yeah. So, at the start of year 11, you were going to kind of half and half, and then you kind of pushed yourself to start going to more lessons, even if it wasn't for the whole lesson. **Olivia:** Yeah.	Revision in lessons was very difficult until the additional provision was put in place. Olivia had to revise a lot of the content independently, due to difficulty accessing lessons. If lessons had felt more manageable (e.g. relationship with teachers), this may have better supported her preparation/revision. In year 11, Olivia was spending half of her lessons in class, and the other half in PLC. She was trying to increase her time in class. During her GCSEs, Olivia mostly stopped attending class, spending all of the time in the PLC. This emphasises the impact of her exams on her emotional wellbeing and capacity to cope.

Attending lessons after exams was too stressful.	755 760 765 770 775 780	**I:** But then when exams hit, what was it about that time that made you think, "I can't go." **Olivia:** It was cos it was too stressful. I couldn't sit an exam, then go to an English lesson after, I just couldn't bring myself to do it. So, that's when they started to let me go home and that. **I:** Yeah. And you said that was helpful for you. **Olivia:** Yeah. **I:** Yeah, and one of the biggest things was being able to go the next day, cos if you'd...say you went to an English lesson after an exam... **Olivia:** Where I was already wound up. It would have just wound me up more and I just wouldn't have been able to do it. **I:** Yeah. And you said that those things make you really tired anyway, and then you wake up the next day...would that have made you less likely to go to school the next day? **Olivia:** Yeah. I probably would have kicked off in the morning as well, cos I didn't wanna go. **I:** Ok. So, during the exam period, other than having the same examiner, and the lady you worked with in PLC, are there any other positive memories from then, from the exam period? **Olivia:** I remember a couple of my friends from PLC, that was doing the same things as me. Erm, we'd all meet up in the morning and like convince each other to go in. And I remember one morning, we was a little bit late, but we didn't have an exam in the morning, we all shared a bag of quavers *laughs* so that was quite funny. Cos I know that I had them with me, doing the same thing, which helped a little bit, and we'd all go home after, which was helpful.	It was 'too stressful' to attend a lesson after an exam. Olivia already felt 'wound up' from the exams. Support from friends during the exam period. They would agree to meet up and support each other to attend each exam.

Peers with additional needs were more understanding.	I: Yeah. What was it about having those other students doing the same things as you, why was that helpful? **Olivia:** We was helping each other out doing it. I don't know, it was like, we could talk to each other about it, and we sort of 785 helped each other deal with it, and cope with things. I: Yeah. Did you help them cope, as well? **Olivia:** Yeah, I tried to. I: Yeah. How did you help them to cope? **Olivia:** I don't remember. 790 I: Is it all a blur? **Olivia:** Yeah *laughs* I: Yeah. Do you remember what they did to help you cope? Other than quavers **Olivia:** I don't remember. I just remember us all helping each 795 other, convinced each other to come in. I: Come in to school or come in for the exam? **Olivia:** Come in for the exam and come into school. I: Yeah. Ok. You said earlier that your friendship groups in secondary were a bit up and down? 800 **Olivia:** Yeah. A lot of the people in normal lessons, they wasn't the nicest. But the people in PLC, which was the people I was friends with, were. I: Yeah. So what was the difference between the students in lesson... 805 **Olivia:** They wasn't, they didn't understand why I was different, even though I wasn't different, and why I couldn't sit in for the whole lesson. They'd get mad every time I'd leave, they thought I was leaving them, but I couldn't cope with it. Eventually I just ended up getting blocked by them cos they	Having other students who understood Olivia's situation, and were doing the same thing, was helpful. Olivia mentioned that she felt she didn't 'fit in' with her peers, which explains why she felt more comfortable with the students accessing PLC, as they were also experiencing difficulties with exams or SEND etc. Olivia's friends helped to motivate her to attend every exam. Peers in lessons were unkind to her. This may have influenced Olivia's motivation to attend lessons.
Friends motivated each other to attend every exam.		

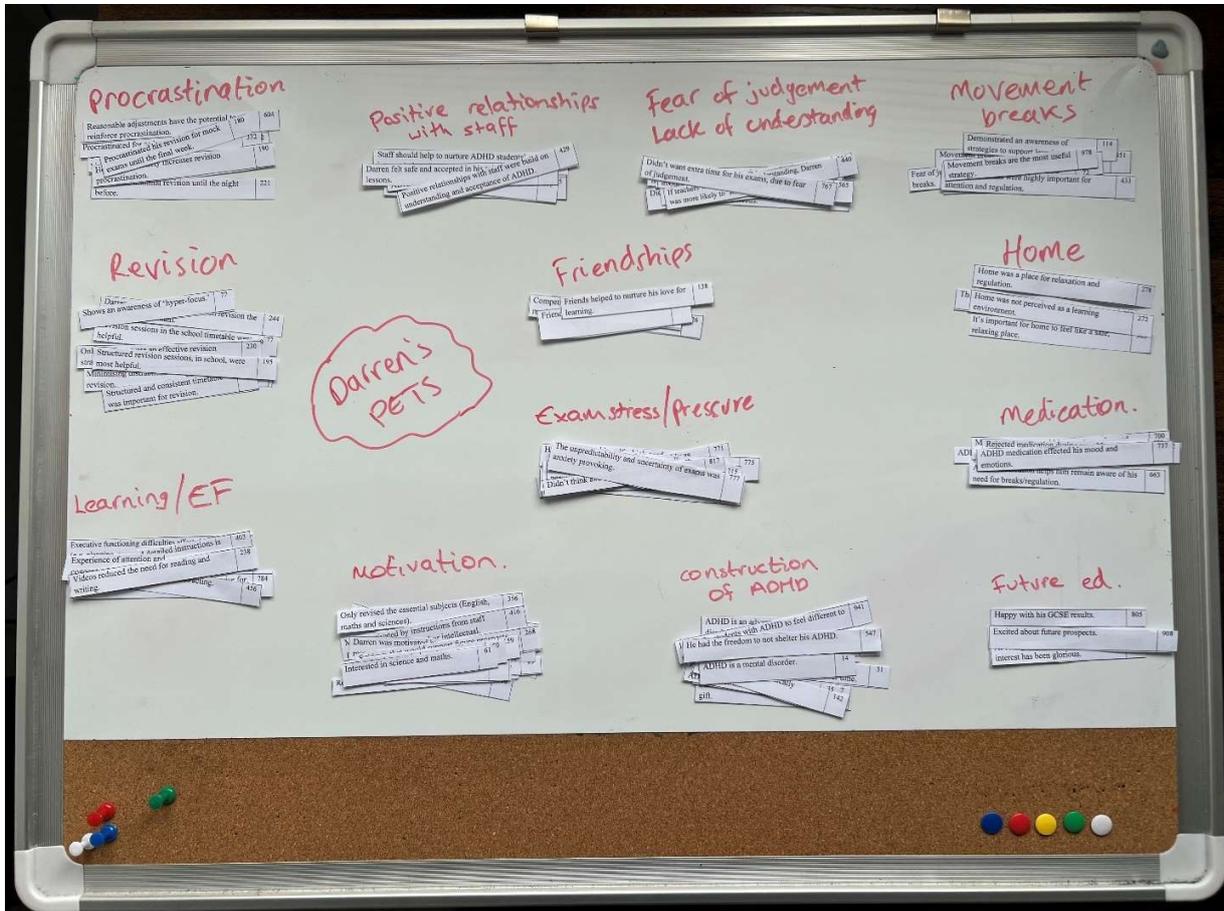|		
	810 didn't like what I was doing, which wasn't the nicest thing, but...	Peers didn't understand why Olivia was 'different' – they would 'get mad' if Olivia needed to leave a lesson to regulate.
	I: No. And how do you feel about that series of interactions with your friends, or people who you thought were your friends?	
Peers in classroom lessons were unkind.	815 **Olivia:** I think it was a bit stupid. They didn't understand. Like, I tried telling them multiple times, they just wouldn't listen.	This resulted in friendships breaking down. This likely contributed to Olivia feeling isolated, and feeling like the school was against her.
Most peers lacked an understanding of neurodivergence.	**I:** Yeah. But then the students in the PLC...	
	Olivia: They were dealing with similar things, so they'd understand.	
	820 **I:** So, they understand, and that's what was different? Any other ways that that was different?	Other people 'not listening' extends to peers, as well as staff. Lack of understanding of Olivia and her needs.
Friendships broke down.	**Olivia:** Erm. I don't know.	
	I: Yeah. Cos it's come up a few times about people understanding you, for other students, peers, and staff as well,	Peers in the PLC did understand. For this reason, and the relationships with staff in the PLC, it's likely that Olivia felt a sense of belonging there. This is another reason why she preferred to be at the PLC, compared to classroom lessons.
Neither peers nor staff would listen to her.	825 and your mum. At any point have you learned to understand yourself better?	
	Olivia: Yeah. I think it was around the exam time, that was when I started trying to understand myself a bit more.	
	I: Yeah. And what impact has that had?	
	830 **Olivia:** I think I'm more mature now and I deal with things a lot better.	Olivia started to understand herself better during the exam period. Does this correlate with the additional provision put in place, which supported her regulation and allowed more time for reflection. Olivia likely became more aware of the strategies that were effective in meeting her needs, with additional support from key staff.
	I: Yeah. How has that affected your education following school?	
	Olivia: I think I'm better in lessons now, than what I was.	
	835 **I:** Is there anything else it's affected? Feeling more mature and understanding yourself better.	

	840	**Olivia:** I don't get as annoyed easily, cos I know how to deal with things better. It makes me feel better within myself. I dunno. **I:** And since starting college, what else has changed? **Olivia:** Basically, the same thing. **I:** Yeah. Cos you said earlier about how you've got a different	
	845	group of friends now. **Olivia:** Yeah. **I:** What is it about this group of friends that's different to those at school? **Olivia:** They understand me. I miss the people from school, but I feel like everyone is more mature here, so it's better.	Self-esteem and confidence has improved since starting college. Heightened emotions are less frequent.
	850	**I:** Yeah. When you say mature, what does that look like to you? **Olivia:** I don't know. I don't know how to put it. **I:** Cos you've described yourself as mature a couple times, so what is it about your friends being more mature that's made things feel different?	New group of friends are more understanding and mature.
	855	**Olivia:** I don't know how to put it. **I:** I think naturally, at college, it's a different space isn't it, and you're at a different point in your life. So, things generally feel different. And you said earlier about how lessons feel different now, and you feel more understood and more mature, so, it's	
	890	quite nice to have that change compared to how your experience was at secondary school. **Olivia:** Yeah. **I:** Ok. So, if you were to look back. You did get some support during your GCSEs, which was helpful. Are there any other ways that you think children and young people with ADHD should be supported, during school or during the exam period?	

| | | Olivia: I think schools need to listen and be more understanding, no matter which way they're being told. Whether it's by them constantly like kicking off, or them actually saying look, help, do this. I know it's hard to just put stuff in place straight away, but it's also hard to deal with having ADHD, and I think they need to understand that. | Staff in schools need to listen to students, to ensure they feel heard and understood – regardless of how their needs are being communicated. |
		I: Yeah. So, offering support, regardless of how the young people are communicating their needs, is important?	
		Olivia: Yeah.	'I know it's hard to just put stuff in place straight away, but it's also hard to deal with having ADHD.'
		I: Cos, a lot of kids might just ask for help, or they might communicate it in a different way, in a more emotional or behavioural way, which is often out of their control?	
		Olivia: Yeah.	
		I: Ok. So, about the support from staff, specifically. How do you think staff should approach the GCSE period, for students with ADHD?	
		Olivia: Erm, I don't know. Just things put in place, like I said. I don't think, like obviously you learn up until your GCSEs, but I don't think classes should be going on while you have exams. I think you should like, be able to come in, do your exam, and then go. Which I know it's not like up to me, but I think it would just make more sense. Cos why are you actually trying to learn something after you've took the exam.	Educational demands and expectations should be reduced during exams, to support students emotional wellbeing. This would reduce stress and allow sufficient time to regulate between exams.
		I: Yeah. So, when do you think they should be doing the learning?	
		Olivia: Up until it's time to do the exams. Then sort of like, either have the option to come in and revise, or just let people stay at home, like revise at home or calm down after an exam.	

		I: Yeah. Is there anything about that learning/revision process that would help the exams feel easier?	
		Olivia: Erm, I don't know. I just like copied things down after, like I said. That helped me, but I don't know about other people, cos everyone likes to revise differently.	
		I: Yeah. Ok. Ok, I think we've covered everything. Is there anything else that you wanted to talk about? Have you talked about everything you've written down on your list?	
		Olivia: Yeah.	
		I: Yeah. Any other questions at all?	
		Olivia: No.	
		I: Is there anything you thought I might ask about, and I haven't.	
		Olivia: No.	
		I: Ok. Any closing comments, any thoughts?	
		Olivia: No.	
		I: Ok. Thank you, Olivia. How did this chat feel for you?	
		Olivia: It was good.	
		I: Yeah.You can be honest, by the way?	
		Olivia: *sighs* tired.	
		I: You're tired?	
		Olivia: Yeah.	
		I: Yeah. Did it feel quite intense or heavy?	
		Olivia: Yeah, but it's just something that needed to be said, about the experience.	Sharing her views/experience is important.
		I: Yeah. And that's exactly right, this is about your story and your experience, and sharing that is really valuable, so thank you very much. And, by the way, you're not alone in this process, there's lots and lots of young people your age who	

	have had a very similar experience during their GCSEs, and during school in general, which is what we're trying to explore. With an idea to try and help things feel easier for children in the future. **Olivia:** Yeah.	

Appendix 10: Example of the grouping of experiential statements (Step 4 of IPA; Smith et al., 2022).
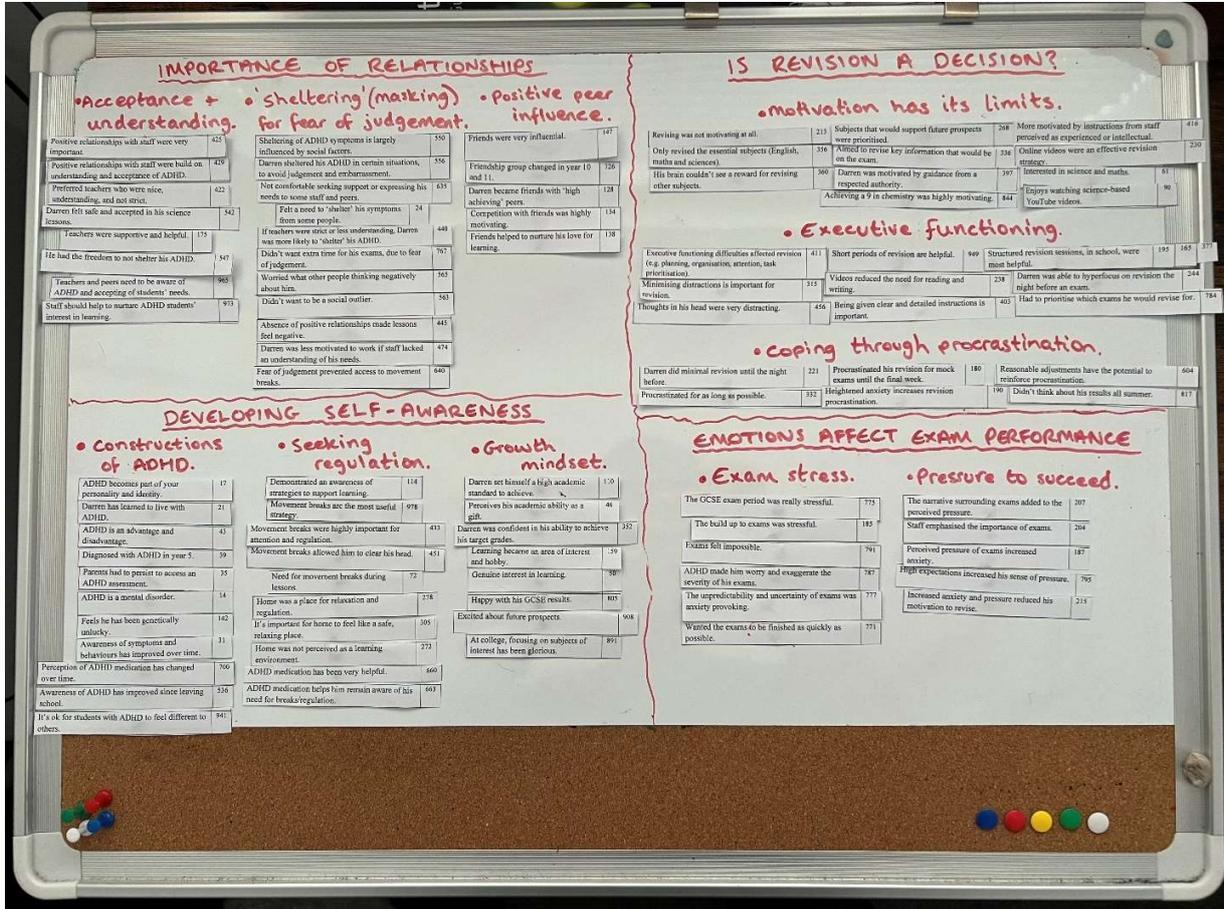
Appendix 12: *Example of the PETs presented in a table (Step 5 of IPA; Smith et al., 2022).*

<u>**Personal Experiential Themes (PETS) for 'Darren' (P4).**</u>

Each PET is displayed in **UPPERCASE BOLD.** Subthemes are displayed in **lowercase bold**, followed by the associated experiential statements, and key quotes from the transcript, with line number/s in brackets.

A. IMPORTANCE OF RELATIONSHIPS

Acceptance and understanding.

Positive relationships with staff were very important.

"Probably that they treated me as so. So, they understood that I had ADHD and tried to work around it…" (Lines 419-420).

Positive relationships with staff were built on understanding and acceptance of ADHD.

"my teachers were very aware of my ADHD in school, and they were aware that sometimes I would get up and walk around and talk to some people because I can't sit and do something for an extended period of time, which definitely helped me…" (Lines 406-409).

"Yeah, I just went straight up to them and told them at the start of year 10 that I had ADHD and then in year 11, I think my science teachers gained a greater understanding and more acceptance of what that actually was like when they experienced it." (Lines 509-512).

Preferred teachers who were nice, understanding, and not strict.

"Well, my biology, well, all my science teachers were very nice and they weren't strict with their...like they were understanding…" (Lines 401-402).

Darren felt safe and accepted in his science lessons.

"they were understanding. So, I think I think that helped cause it kind of...it made it more open for me to actually access resources when I did." (Lines 402-404).

Teachers were supportive and helpful.

"my teachers were very helpful because I was in top set, so I felt like I had all the support I needed…" (Lines 167-168).

He had the freedom to not shelter his ADHD.

"Yeah. I felt like I had that freedom to not shelter my ADHD as much, which obviously meant that I wasn't storing any of like those passing thoughts." (Lines 519-521).

Teachers and peers need to be aware of ADHD and accepting of students' needs.

"Just like my experience, the teachers being aware and also you should...your friends being accepting of who you are and being accepting that you may be a little bit different." (Lines 937-939).

'Sheltering' (masking) for fear of judgement.

Sheltering of ADHD symptoms is largely influenced by social factors.

"it was kind of a subconscious social influence that would have just, like, ruined a reputation, if that makes sense. I'm very affected socially by how I shelter it." (Lines 525-528).

Darren sheltered his ADHD in certain situations, to avoid judgement and embarrassment.

"Yeah. it would probably be...my first thought is embarrassing if I just acted like I did in my science classes. Because everyone would think I'm special and it's like a normal response to me to not want to feel like that, but also feel accepted, it's kind of weird. It's a weird balance." (Lines 531-534)

Not comfortable seeking support or expressing his needs to some staff and peers.

"I just never wanted to justify that, and I assume that's because I didn't want to be a social outlier." (Lines 611-612).

Didn't want extra time for his exams, due to fear of judgement.

D: "Oh yeah, like extra time?"

I: "Yeah, yeah. So, did you access anything like that?"

D: "No. I think, I just, apart from being a social outlier, I think I wanted to get all my exams done." (Lines 741-744).

Worried what other people thinking negatively about him.

"nobody wants to be socially shunned" (Line 537).

Didn't want to be a social outlier.

"it's like not wanting to be a social outlier, which is understandable as a social creature." (Lines 543-544).

Absence of positive relationships made lessons feel negative.

"my computer science teacher, he was aware of the fact that I had it, but he was a lot more strict about it, so it kind of put me off. Because it ended up being like the association of that repetitiveness and that you know, I mean like I associated him with just like sitting down and just generally negative thoughts if that makes sense?" (Lines 421-425).

Darren was less motivated to work if staff lacked an understanding of his needs.

Appendix 13: *Example of the grouping of PETs to form GETs (Step 7 of IPA; Smith et al., 2022).*

Developing/constructing GETs

Lily's PETS	Olivia's PETS	Ben's PETS	Darren's PETS
IMPORTANCE OF RELATIONSHIPS ○ Lack of understanding ○ The value of trust PREPARATION FOR EXAMS ○ Feeling motivated ○ Revision strategies THE PRESSURE OF EXAMS ○ Under pressure ○ Exam stress	IMPORTANCE OF RELATIONSHIPS ○ Feeling heard and understood. ○ Feeling ignored and misunderstood. ○ Developing self-awareness through communication. ADULTS HOLD THE POWER ○ No choice but to conform. ○ Key adults acting as advocates. REASONABLE ADJUSTMENTS WERE ONLY SOMEWHAT EFFECTIVE ○ The pressure and stress of exams. ○ Some strategies were helpful.	IMPORTANCE OF RELATIONSHIPS ○ Restorative approaches. ○ Absence of pupil voice. A CYCLE OF PROCRASTINATION ○ Motivation existed elsewhere. ○ A lack of revision. DIFFICULTIES WITH LEARNING ○ Executive functioning. ○ Academic demands. IMPACT OF EMOTIONS ○ Exam stress. ○ Self-worth protection. ○ Under pressure.	IMPORTANCE OF RELATIONSHIPS ○ Acceptance and understanding. ○ 'Sheltering' (masking) for fear of judgement. ○ Positive peer influence. DEVELOPING SELF-AWARENESS ○ Constructions of ADHD. ○ Seeking regulation. ○ Growth mindset. IS REVISION A DECISION? ○ Motivation has its limits. ○ Executive functioning. ○ Coping through procrastination. EMOTIONS AFFECT EXAM PERFORMANCE ○ Exam stress. ○ Pressure to succeed.

THE IMPORTANCE OF RELATIONSHIPS		
Positive relationships	**Lack of understanding**	**Sense of agency**
The value of trust (Lily) Feeling heard and understood. (Olivia) Feeling ignored and misunderstood. (Olivia) Restorative approaches (Ben) Acceptance and understanding (Darren) Positive peer influence (Darren)	Lack of understanding (Lily) Feeling ignored and misunderstood (Olivia). Lack of understanding (Lily)	ADULTS HOLD THE POWER (Olivia). No choice but to conform (Olivia). Absence of pupil voice (Ben) Key adults acting as advocates (Olivia).
THE IMPACT OF EMOTIONS		
Exam stress	**Coping strategies**	**Pressure**
EMOTIONS AFFECT EXAM PERFORMANCE (Darren) IMPACT OF EMOTIONS (Ben) Exam stress (Lily) Exam stress (Ben) Exam stress (Darren)	Coping through procrastination (Darren) 'Sheltering' (masking) for fear of judgement. (Darren). A CYCLE OF PROCRASTINATION (Ben) Self-worth protection (Ben)	THE PRESSURE OF EXAMS (Lily) Under pressure (Lily) The pressure and stress of exams (Olivia) Under pressure (Ben) Pressure to succeed (Darren)
EXAM PREPARATION IS WIDER THAN REVISION		
Academic attainment	**Is revision a decision?**	**Developing self-awareness**
DIFFICULTIES WITH LEARNING (Ben) PREPARATION FOR EXAMS (Lily) REASONABLE ADJUSTMENTS WERE ONLY SOMEWHAT EFFECTIVE (Olivia) Revision strategies (Lily) Some strategies were helpful. (Olivia) A lack of revision (Ben) Academic demands (Ben)	IS REVISION A DECISION? (Darren) Feeling motivated (Lily) Motivation existed elsewhere (Ben) Motivation has its limits (Darren) Executive functioning (Ben) Executive functioning (Darren)	DEVELOPING SELF-AWARENESS (Olivia) Developing self-awareness through communication. (Olivia) Constructions of ADHD (Darren) Seeking regulation. (Darren) Growth mindset (Darren)
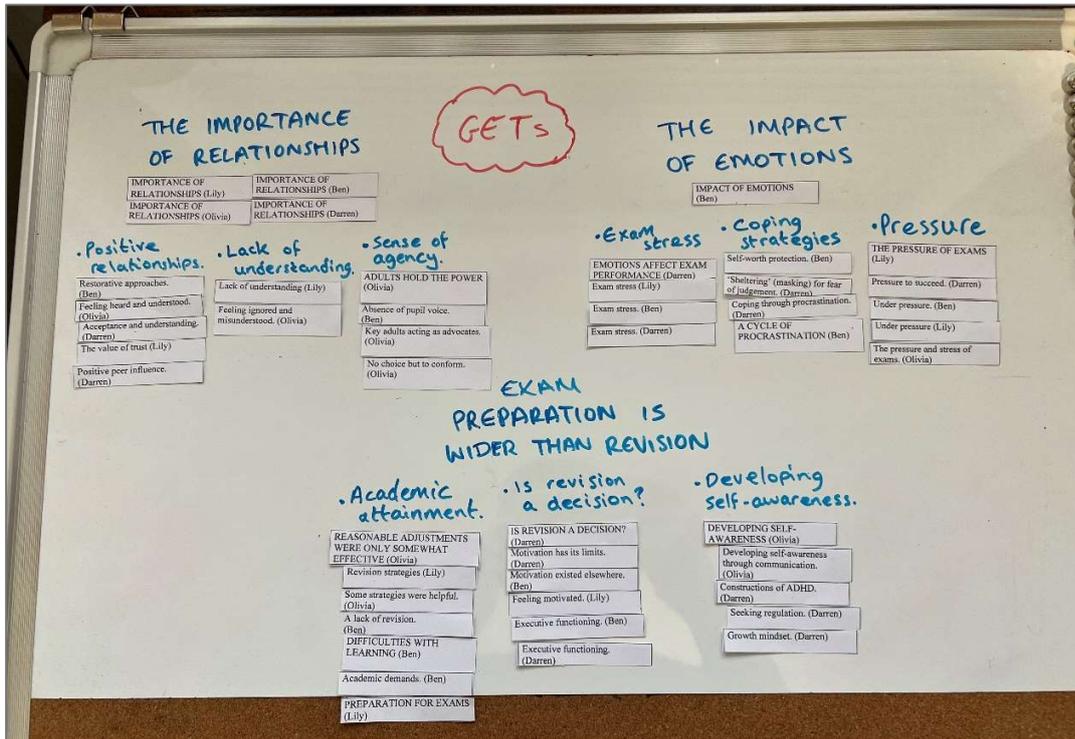
Appendix 14: GETs generated through cross-case analysis (Step 7 of IPA; Smith et al., 2022).